

## **Washoe County District Board of Health Meeting Notice and Agenda**

### **Members**

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

**Thursday, March 28, 2019  
1:00 p.m.**

**Washoe County Administration Complex  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

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**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 – (For possible action)**

March 28, 2019

**5. \*Recognitions**

**A. Retirements**

- i. Lei Chen, 3/29/2019, Epidemiology Program Manager - EPHP

**B. Years of Service**

- i. Lauri Mendoza, 25 years, Hired 3/7/1994 - AQM
- ii. Nancy Kerns Cummins, 20 years, Hired 3/29/1999 - AHS
- iii. Steve Fisher, 15 years, Department Systems Specialist, Hired 3/22/2004 - AHS

**C. New Hires**

- i. Rachel Cord, Account Clerk, 3/4/19 - AHS
- ii. Christabell Sotelo-Zecena, Environmental Health Specialist Trainee, 3/4/19 - EHS
- iii. Sunhwa Lee, AmeriCorps VISTA Member, began a one-year assignment with WCHD on 3/18/2019 - CCHS

**D. Shining Star**

- i. Birdiana Chaidez-Mendoza
- ii. Lynn Shore

**6. Consent Items – (For possible action)**

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

**A. Approval of Draft Minutes – (For possible action)**

- i. February 28, 2019

**B. Budget Amendments/Interlocal Agreements – (For possible action)**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2019 to March 31, 2020 in the total amount of \$168,633.06 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program IO# 11563 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve an Award from the National Environmental Health Association (NEHA) for the period March 30, 2019 through June 30, 2019 in the total amount of \$1,900 in support of the Environmental Health Services Division (EHS) Food Safety Program– National Environmental Assessment Reporting System (NEARS) IO-TBD; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Jennifer Pierce

**C. Acceptance of the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority. - (For possible action)**

Staff Representative: James English

**D. Acceptance of the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Air Quality Management Division. - (For possible action)**

Staff Representative: Charlene Albee

**E. Appointment of Mr. Paul Kaplan to the Air Pollution Control Hearing Board for a 3-year term beginning March 29, 2019, and ending March 28, 2022. - (For possible action)**

Staff Representative: Charlene Albee

**F. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2019 – (For possible action)**

Staff Representative: Anna Heenan

**7. Update and Possible Direction to Staff Regarding Reno Fire Department EMS Response Data Submission – (For possible action)**

Staff Representative: Christina Conti

**8. Regional Emergency Medical Services Authority**

Presented by: Dean Dow

**A. Review and Acceptance of the REMSA Operations Report for February, 2019 – (For possible action)**

**B. \*Update of REMSA’s Public Relations during February 2019**

**9. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. – (For possible action)**

Staff Representative: Kevin Dick

## 10. \*Staff Reports and Program Updates

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

Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

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

Divisional Update – 2019 World TB Day; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

### C. Environmental Health Services, Chad Westom, Director

Environmental Health Services (EHS) Division Program Updates – Childcare, Community Development, Epidemiology, Food, Land Development, Schools, Vector and Inspections

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

Program Updates for Communicable Disease, Outbreaks, Unusual Occurrence of Illness, Hospital-Based Electronic Lab Reporting, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, PHP Program Trainings and Exercises, Inter-Hospital Coordinating Council, Medical Reserve Corps, Community Assessment for Public Health Emergency Response (CASPER), Emergency Medical Services, EMS Strategic Planning Initiatives\_Mutual Aid Evacuation Annex (MAEA) Update and Trainings and Exercises

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

District Health Officer Report – City and County Budget Meeting, Public Health Accreditation, Customer Satisfaction Survey, County Health Rankings, Community Health Improvement Plan, Quality Improvement Team, TMHC, Legislative Session, Other Events and Activities and Health District Media Contacts

## 11. \*Board Comment

Limited to announcements or issues for future agendas.

## 12. \*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.

## 13. Adjournment – (For possible action)

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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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, 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  
Downtown Reno Library, 301 S. Center 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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@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

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

Thursday, February 28, 2019  
1:00 p.m.

Washoe County Administration Complex  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV

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

Chair Novak called the meeting to order at 1:01 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Michael Brown, Vice Chair

Kristopher Dahir

Dr. Reka Danko

Marsha Berkgigler

Tom Young

(departed from the meeting at 2:02 p.m.)

Members absent: Oscar Delgado

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

Staff present: Kevin Dick, District Health Officer  
Leslie Admirand, Deputy District Attorney  
Charlene Albee  
Steve Kutz  
Chad Westom  
Dr. Randall Todd  
Andrea Esp  
Erin Dixon  
Christina Conti  
Nick Florey  
Rayona LaVoie  
Catrina Peters

### 2. \*Pledge of Allegiance

Mr. Young led the pledge to the flag.

### 3. \*Public Comment

#### **Chair Novak opened the public comment period.**

Mr. Michael Pitkin stated housing is healthcare and informed of the issues he and others have in obtaining housing.

He opined that a majority of therapists and psychiatrists in this area are engaged in drug rehabilitation/prevention via surveillance programs which focuses on patients as addicts, noting that this is not a healthy provider/patient relationship.

Mr. Pitkin stated that persons who admit to certain illegal behaviors are denied housing from one to five years and possibly for their lifetime, and inquired if these persons have civil rights. He requested the Board work to change codes to provide for better access to housing, which would provide for the stability and consistency needed for these persons to heal.

#### **Chair Novak closed the public comment period.**

### 4. Approval of Agenda

February 28, 2019

Mr. Dahir moved to approve the agenda for the February 28, 2019, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

### 5. Recognitions

#### A. Years of Service

- i. Jacqueline Chaidez, 15 years, Hired 2/3/2004 – CCHS

Mr. Dick informed that Ms. Chaidez has fifteen years of service in the WIC Program and congratulated her on her service.

- ii. Brittany Dayton, 5 years, Hired 2/19/2014, EPHP

Mr. Dick thanked Ms. Dayton for her five years of service.

- iii. Latricia Lord, 5 years, Hired 2/24/2014 – EHS

Mr. Dick informed Ms. Lord was not in attendance due to her involvement with the EHS Hazard Analysis and Critical Control Points Training, and thanked her for her service.

#### B. New Hires

- i. Prenu Skaria, AmeriCorps VISTA Member, began a one-year assignment with WCHD on 1/22/2019 – CCHS

Mr. Kutz introduced Ms. Skaria, informing that she has had a passion for public health since medical school and working as an internist in India. He stated she holds a Master's Degree in Public Health from Purdue Global University, and that tobacco was one of her topics of research in her Master's Program. He opined her work in smoke-free housing and CCHS' Chronic Disease Program is a great fit for her. He welcomed her to the Washoe County Health District.

#### C. Shining Star

- i. Rebecca Gonzales
- ii. Latricia Lord
- iii. Lorena Solorio

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Ms. Gonzales and Ms. Lord were not in attendance; Mr. Dick informed they both have three Shining Star Awards.

Mr. Dick introduced Ms. Solorio and informed that she has ten Shining Star Awards and congratulated them all on their exceptional service to the Health District.

**D. Air Pollution Control Hearing Board Service**

- i. Mr. Joseph Serpa, 2/1/1996 – 2/28/2019, Air Pollution Control Hearing Board Member

Mr. Dick informed that Mr. Serpa has been a loyal member of the Air Pollution Control Hearing Board, stating the members of this Board are members of the community that volunteer their time to hear appeals of enforcement actions and make recommendations to provide waivers as necessary.

Mr. Dick congratulated Mr. Serpa for his service from February of 1996 to February of 2019 and informed he will be presented with a plaque for his twenty-three years of service to the Health District.

**6. Consent Items**

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

**A. Approval of Draft Minutes**

- i. January 24, 2019

**B. Budget Amendments/Interlocal Agreements**

- i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.

Staff Representative: Nancy Kerns Cummins

- C. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05.  
Staff Representative: James English
- D. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20.  
Staff Representative: James English
- E. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07.  
Staff Representative: James English
- F. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.  
i. Desert Wind Homes LP – Case No. 1209, NOV No. 5694  
Staff Representative: Charlene Albee
- G. Re-Appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022.  
Staff Representative: Charlene Albee
- H. Approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University and all division of the Health District.  
Staff Representative: Jennifer Pierce
- I. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2019  
Staff Representative: Anna Heenan

**Mr. Young moved to accept the Consent Agenda as presented. Ms. Berkbigler seconded the motion which was approved six in favor and none against.**

**7. \*Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments**

Staff Representative: - Andrea Esp and Tammy Oliver

Ms. Oliver introduced herself as the Member at Large for the IHCC, and Ms. Esp informed she is the Public Health Emergency Response Coordinator for Washoe County Health District.

Ms. Esp informed this presentation will highlight the accomplishments of the IHCC in the past year and plans for the coming year.

The presentation showed a listing of the IHCC partners, ranging from larger hospitals



such as Renown, to Home Health Dialysis, opining that the breadth of partnerships within the group and its accomplishments are not well understood.

Ms. Esp informed IHCC's first resource and gap analysis was completed to guide plans for accomplishments 2018, and highlighted some of those.

Ms. Esp stated the IHCC was developed in 1994; she informed it has grown significantly in the past few years and the organization has worked to meet grant and accreditation requirements. She explained their focus has been to develop the resiliency of the community, to prepare for the worst-case scenario and make sure IHCC has appropriately planned for residents and visitors, alike.

Ms. Esp outlined the structure and activities of IHCC around attainment of goals set to meet the needs identified in the community.

Ms. Esp informed of exercises conducted to improve the resiliency of the community and ability to respond in the event of a disaster. The no-notice exercises involving Mutual Aid Evacuation Annex IHCC partners, such as REMSA, were for evacuation of inpatient facilities including long term care, Northern Nevada Adult Mental Health Services and hospitals. She explained the patients were "paper patients", and that the exercise involved identifying where these fictitious patients would be moved and the method of transport within a ninety minute time frame.

An Alternate Care Site Plan was drafted last fall to allow for set up of non-healthcare facilities for care of patients in the event of an emergency. Ms. Esp informed of a two week long exercise in April to test this Plan. She stated Washoe County is leading the way nationally in this area of patient care and hopes these efforts will set the model for the rest of the Nation.

Ms. Esp informed of a survey conducted in January to measure partner's satisfaction with IHCC services such as trainings and exercises. She stated the overall response was very positive, noting that any negative feedback is taken seriously and steps are taken to address them.

Mr. Dahir thanked Ms. Esp for her presentation and stated it is impressive to see the region come together so well in times of emergency. He stressed that planning, preparation and the efforts put forth by community partners will enable the community to respond in a unified manner.

Mr. Dahir inquired how the Plan works to allow the jurisdictions to know what is being done in IHCC. Ms. Esp stated Emergency Managers from the jurisdictions are invited to participate and often attend IHCC meetings, and the Council tries to send information back through these Managers to the jurisdictions. She informed IHCC also participates in the Local Emergency Response Commission (LEPC) and information is shared with that group, as well. Ms. Esp explained IHCC meetings are open to anyone wishing to attend.

Chair Novak commended the work of Ms. Esp and the IHCC. He stressed their meetings are very interesting and encouraged the Board Members to attend.

Ms. Esp informed the next meeting is on March 8<sup>th</sup> at 8:15 a.m. at Northern Nevada Medical Center.

Mr. Dahir requested a schedule of their meetings be shared with the Board.

## **8. \*Presentation: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

Staff Representative: Erin Dixon

Ms. Dixon introduced herself as a Health District Public Health Supervisor, informing she had the honor of speaking on the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Ms. Dixon informed WIC has ten full time staff members and one intermittent hourly employee, and have one of the most experienced teams in Nevada with a combined 212 years of experience. She informed there are three WIC locations; 9<sup>th</sup> Street, Moana Lane, and that once per month, staff travel to Incline Village Hospital to serve those residents.

Ms. Dixon explained WIC is a federal program that began in 1972 as a pilot program in response to concern over malnutrition among poverty stricken mothers and young children. By 1974, she informed that WIC had been established in forty states. Ms. Dixon informed it has been proven that one dollar spent in WIC saves three dollars in Medicaid.

Ms. Dixon detailed the health benefits of WIC and informed in the last year their caseload had increased; a monthly unduplicated caseload of 4,476 was the highest month's count. She stated the Health District is not the only WIC provider in Washoe County, informing Community Health Alliance and Intertribal Council of Nevada also provide WIC services.

Ms. Dixon informed there are four main services provided by WIC; information specific to the client's nutritional needs and situation, encourage breastfeeding and offer support and supplies, provide supplemental foods to meet nutritional needs of clients and connect clients to other community resources. She noted WIC does not meet all of the nutritional needs of their clients.

Ms. Dixon explained the eligibility criteria for WIC, noting immigration status or citizenship is not required at this time to receive WIC services, and participation in the WIC Program should not impact a person's ability to receive other services or attain citizenship.

Ms. Dixon highlighted services provided to clients ranging from medical monitoring, nutritional counseling and foods provided, to smoking cessation and online access to complete education.

Ms. Dixon expressed it is fortunate that the State office supports new technology, informing the Nevada Wish Program, an electronic medical records program, has eliminated the paper files and streamlined services. She stated online information and education are available to clients to provide access to individual trainings, choose topics most beneficial to them and complete classes in their own time.

Ms. Dixon stated the WIC Farmer's Market Nutrition Program began in 2016 with the Health District partnering with Minton Family Farms in 2017, to provide WIC clients access to fresh fruits and vegetables. Farmer's markets are held every other week in the County Complex parking lot during the summer from June through September. Staff developed recipes and the State provided thirty dollar coupons to help provide produce for clients. Ms. Dixon informed that six recurring farmer's markets in Washoe County, including the Health District's, participate in the State's program. She noted that staff enjoy access to this farmer's market, as well.

Mr. Dahir inquired how residents are informed of the WIC Program benefits, and Ms. Dixon informed their surveys show most learn of it by word of mouth, although some advertising and outreach have been done.

**9. \* Regional Emergency Medical Services Advisory Board February Meeting Summary**  
Staff Representative: Christina Conti

Ms. Conti informed there had not been an update on the status of the CAD to CAD system at the February 7<sup>th</sup> meeting and invited the City of Reno to provide any information that may have developed since then. She stated the five year Strategic Plan included in the Board's packets includes the current goals of the regional committee, noting that if the Board had direction for any change in this Plan, this would be an opportune time to do so by either contacting herself or Ms. Dayton who is lead on this project.

Ms. Conti informed that the staff report contains a memo from Mr. Dick requested by the EMS Advisory Board to update the District Board of Health, as overseer of the interlocal agreement, on the lack of data submission from Reno Fire Department, and informed them the item Mr. Dick just distributed to the Board members was the response that was just received from the City of Reno that had also been requested at the EMS Advisory Board Meeting.

Mr. Dick informed that, when the EMS Advisory Board met at the beginning of February, the Health District had been informed that the City of Reno Fire had still not provided their response data to the EMS Oversight Board. He stated the Health District is now a year behind in getting response data from Reno Fire, which is a part of the interlocal agreement that each of the governing bodies agreed to. He stated the response today from the City of Reno refers to the memo the Health District had been provided in September 2018 informing data would be received within sixty days.

Mr. Dick stated the Health District cannot provide oversight without receiving this data from the City of Reno. He stated Ms. Conti informed of data presented by the City of Reno on their EMS response on several occasions in the last few weeks, which is a point of confusion as to why that data is not made available to the Health District.

Chair Novak directed that this issue be placed on the DBOH Meeting agenda for the next few months until this issue is resolved. He opined it is necessary to have conversations around complying with the provisions of the interlocal agreement, stating the information is vital to emergency planning and response.

Ms. Conti expressed her appreciation to Chair Novak, stating that the EMS Oversight Committee had been working to resolve the issue but had to involve the EMS Advisory Board when they could no longer do their job.

Chair Novak thanked Ms. Conti for following that path of action and stated the DBOH would continue to be involved toward resolution of the issue.

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

Presented by: Cindy Green

### **A. Review and Acceptance of the REMSA Operations Report for January, 2019**

Ms. Green, Manager of the Education Department and Community Outreach at REMSA, informed she was available to answer questions regarding the January Operations Report.

**Mr. Brown moved to accept the REMSA Operations Reports for January 2019. Mr. Dahir seconded the motion which was approved six in favor and none against.**

### **B. \*Update of REMSA's Public Relations during January 2019**

Ms. Green informed that REMSA has recently announced the achievements and addition of several new employees across the organization, including the appointment of the Clinical Communications Manager as a regional instructor for the International Academy of Emergency Dispatchers and the addition of Deborah Kotrady as the new Clinical Nurse Educator.

Ms. Green stated REMSA's Center for Prehospital Education recently completed a site visit for the re-accreditation of the Paramedic Program. She explained it is a rigorous two-day site visit that takes place after all required documentation has been submitted, wherein students, clinical partners and regional partners are interviewed and the Education Center is completely examined. She expressed her excitement that the site visitors did not find any violations or citations for the Paramedic Program. She informed that, in order to graduate the Paramedic Program and take national registry, the student

has to complete a program that is accredited. Because there were no findings, the site visitors will ask for REMSA's Paramedic Program to be re-accredited for five years.

Ms. Green informed the site visitors stated that they had not had the pleasure of such an easy and well-prepared survey in a very long time and highlighted the commitment, passion and engagement of the entire Education Department, commending them for such an incredible survey.

Mr. Brown congratulated the REMSA Paramedic Program on their accreditation and acknowledged it is a big undertaking, noting that Ms. Green was highly involved in their success.

**11. Possible Board approval of continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event.**

Staff Representative: Nick Florey

Mr. Florey, Senior Environmental Health Specialist in the Special Events Program for the Health District, informed that Environmental Health Services is seeking the Board's approval for continued implementation of the Tasting Event permitting process. He stated additional detail regarding Tasting Events and permitting criteria were included in the staff report.

Mr. Florey explained that between June 2017 and November 2018, EHS conducted a pilot program to evaluate if staff costs were adequately covered under the Tasting Event permitting method. During this period, he informed that staff time was accounted for in three phases including pre-event planning, operational inspection time and post-event closure. Data collected indicated staff time was approximately equal to the existing Temporary Food Permitting structure, which was the original intent of the development of this permitting method.

Mr. Florey stated EHS staff have reported the permitting method was beneficial based on the single point of contact with the event organizer rather than contacting event participants individually, and it reduced the overall amount of paperwork associated with these types of events. He explained event organizers were given the opportunity to provide feedback on the permitting method and informed the feedback was overwhelmingly positive.

Because of the positive outcomes for both the regulated community and staff, Mr. Florey requested the Board's approval to continue to implement this permitting method until a more permanent fee can be developed.

Mr. Young inquired when this permitting model would be taken to the next step to be implemented. Mr. Florey informed the existing fee structure is being used in this method, and that processes such as time accounting are necessary to develop permanent fees.

Mr. Dick informed the timeframe for the Health District to bring the schedule of fees to the District Board of Health for review, possible adjustment and/or the addition of new fees is in 2020. He explained the last fee revision was done in 2015 and the direction from the Board at that time was to bring the schedule back in five years.

Mr. Dahir expressed his appreciation for staff reaching out to the community to get their opinion of this new process.

Chair Novak inquired if Mr. Young had experience with this type of permitting. Mr. Young informed he had obtained individual permits in the past, but that this method sounds as though it would be a better process.

**Ms. Berkbigler moved to approve continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a**

**larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event. Mr. Brown seconded the motion which was approved six in favor and none against.**

## **12. Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report**

Staff Representatives: Rayona LaVoie

Ms. LaVoie informed that this 2018 Community Health Improvement Plan (CHIP) Report covers the Washoe County Health District and community partner's accomplishments in the first six months of CHIP implementation. She stated the Focus Areas included in the CHIP are Housing and Homelessness, Behavioral Health and Physical Activity and Nutrition, and that these were identified in conjunction with Truckee Meadows Healthy Communities (TMHC), a cross sectoral coalition.

Ms. LaVoie explained that each focus area has objectives and related strategies and tactics, and that there are fourteen objectives and thirty-one strategies in the CHIP.

Regarding Housing and Homelessness, Ms. LaVoie stated that ten of twelve strategies had been met, the Enterprise Affordable Housing Regional Strategy has been completed and the Executive Team is working to identify the organization that will implement the Regional Strategy.

Ms. LaVoie detailed the CHIP Housing Committee's work to identify alternative funding models, informed of the Youth Homeless Roadmap that had been developed and of housing initiatives that were submitted as BDRs in the current legislative session.

In Behavioral Health, Ms. LaVoie informed that ten of eleven strategies were met, stating some of the strategies in this focus area mirror those of housing in the effort to support those with a serious mental health illness who also need housing support.

Ms. LaVoie informed the Washoe County Health District had provided \$100,000 in 2018 to support the Signs of Suicide (SOS) Program, which is a nationally recognized, evidence-based suicide prevention program for middle and high school aged students. She stated it has been implemented in four middle schools with just under 1,500 students having watched the video. Of the three hundred students screened afterward; thirty percent screened positive for high risk. Follow up services were provided for those students at that time.

For the Physical Activity and Nutrition Focus Area, seven of eight strategies were met. Ms. LaVoie informed of a four day training that had been organized with 5210 Let's Go! Headquarters in Maine for community partners in Washoe County. This training covered implementation of the 5210 plan in the community in various settings, and subsequent implementation plans were developed by the 5210 Healthy Washoe Team for presentation in work places and youth organizations.

Ms. LaVoie informed a survey will be deployed in conjunction with the Reno and Sparks Chamber of Commerce to assess the community's interest in workplace wellness.

Ms. LaVoie provided an overview of services provided at the two Family Health Festivals that had been held and of continued efforts to improve processes.

Overall, Ms. LaVoie stated great progress had been made with twenty-seven strategies met in the first six months of CHIP implementation. Going forward, she informed strategies and tactics outlined in the CHIP will continue to be implemented and quarterly meetings held to track and report on progress to the Board.

Ms. LaVoie reiterated that this report is a product of six months of collaboration between the Washoe County Health District and over fifty-five community partners dedicated to making Washoe County a healthier community. She thanked the community partners for their contributions and expertise as these accomplishments would not have been possible

without them.

Ms. Berkbigler expressed concern of the percentage of students that were assessed as high risk and inquired what is being done to address this issue.

Mr. Dick opined there is not an easy answer to that question, but noted the Health District's funding made possible the continuation of the Signs of Suicide Program, without which the students could not have been screened. He informed of legislation this Session that will strengthen the School District's approach and provide for more education around SOS and screening. While these are positive steps, Mr. Dick stated that these programs provide treatment after the child is experiencing symptoms.

Mr. Dick spoke of the data that shows the impact of Adverse Childhood Experiences (ACEs) and of local data showing correlation between ACEs and adverse behavior such as bullying that those children experience.

Ms. Berkbigler opined that it is extremely important to raise the priority of programs and projects to help these children when considering how to allot budget funding.

Mr. Dahir opined investment in the family unit is the most important priority and promotes positive change.

Mr. Dahir spoke to the homeless portion of the report, and encouraged that committee to attend the CHAB Meeting on April 1<sup>st</sup>. He stated CHAB is working on a plan for homelessness but want to align with plans in the community for the best impact.

Ms. Berkbigler expressed agreement with Mr. Dahir's comment regarding CHAB, noting they are a committee whose goal is to bring groups together for the benefit of the underprivileged in the community. She opined Mr. Dahir is doing a great job as Chair of CHAB.

Mr. Dick informed Ms. Peters is lead on that workgroup area and will follow up.

Ms. Peters stated she has been attending the CHAB meetings regularly, noting that the Youth Homelessness work started through the CHIP planning process in recognizing there were existing groups doing this work. She informed a group was assembled who researched and engaged those existing groups. Ms. Peters noted it was Reno Area Alliance for the Homeless (RAAH) that pointed out youth had not been included in the objectives.

Ms. Peters informed that a federal HUD grant had been submitted for the youth homelessness objective, but they had not been successful in obtaining those funds. She stated they have heavily engaged those working on the Youth Homelessness issue and opined they are gaining momentum, noting the Youth Homelessness Roadmap lists strategies and names responsibilities as a guideline for progress.

Mr. Dahir agreed there would be a time for Ms. Peters to share the Roadmap with CHAB and stated this issue is not one that can be done by the government alone, but through opening doors for the community to step up and help.

**Mr. Dahir moved to accept the 2018-2020 Community Health Improvement Plan Annual Report. Mr. Brown seconded the motion which was approved six in favor and none against.**

Dr. Danko departed from the meeting at 2:02 p.m.

### **13. Presentation and possible acceptance of the semi-annual progress report on the 2018-2021 Strategic Plan.**

Staff Representative: Catrina Peters

Ms. Peters, Director of Programs and Projects, stated her report is on the progress of implementing the Strategic Plan within the first six months of FY19.

Ms. Peters informed that 131 of 143 items within the Plan have been achieved or are on

target, and detailed accomplishments in each of the six priorities.

Some of the highlights detailed by Ms. Peters included the expansion of smoke and vape free park policies and outreach events to provide vaccines, the submission of BDRs in the current legislative session for increased per capita funding for public health from the state and for CHIP and Regional Behavioral Health Board items, and the focused efforts of community partners around Housing/Homelessness, Behavioral Health and Nutrition/Physical Activity. She informed the 2018-2020 CHIP had been unveiled at a successful event that honored community partners, and that Ms. Gutman had been hired as the new Government Affairs Liaison for the Health District, enabling the Health District to engage at the legislature and locally on a level that was not previously possible.

Ms. Peters commented on the Signs of Suicide Program covered in Ms. LaVoie's presentation, informing that because the ability for a child to be screened depends on a permission slip being signed by the parent and returned to the school, staff are actively working with the Children's Cabinet who implement the Program, and the School District, to identify opportunities to increase the number of parent permission slips that are returned.

Mr. Young expressed the appreciation of the progress made on the plan in the first six months.

Mr. Dahir inquired of the status on items that had not been achieved. Ms. Peters stated she would be happy to give the detail, informing their tracking system would quickly provide that information, but in general, they are program items not planned to be started in the first six months. She informed these items will continue to be monitored and, if possible, worked to completion within the fiscal year.

Mr. Dahir requested information to be included on items not achieved in reports going forward.

**Mr. Young moved to accept the semi-annual progress report on the 2018-2021 Strategic Plan. Ms. Berkbigler seconded the motion which was approved five in favor and none against.**

#### **14. Approval of the Fiscal Year 2019-2020 Budget**

Staff Representative: Kevin Dick

Mr. Dick expressed thanks to staff who worked to prepare the FY19-20 budget, in particular, to Supervisors and Division Directors who worked with their Fiscal Compliance Officers, and to Ms. Heenan, Administrative Health Services Officer, for compiling the data presented in this report.

Mr. Dick highlighted the Health District's recent accomplishments, and stated there is much work that remains to be done. He explained the budget is framed around funding to continue the twenty-two existing programs within the Health District.

Mr. Dick detailed each program's number of employees, revenues and expenses, and explained the components for the funding of programs. He noted cost recovery has increased in CCHS, helping to fund this Division along with grants received.

Mr. Dick informed budgeted revenues of \$23.5M in FY20 are in excess of the current adopted budget by over \$500,000 or 2.5%, with \$9.5M or 40.5% of the budget coming from the County's General Fund transfer.

Expenditures for FY20 are budgeted at nearly \$24M, an increase of \$450,000 or 1.9% over the current adopted budget. Mr. Dick informed \$500,000 for one-time funding projects is included in that amount. He mentioned this provided an opportunity built into the FY 20 budget similar to the list of one-time funding requests that was presented at the Strategic Planning Retreat in November 2018 for the Board's approval that was then presented to the

BCC for budget augmentation.

Mr. Dick presented a chart showing approximately 78% of the budget is allocated to costs for staff that he opined is the Health District's greatest resource.

Mr. Dick detailed the list of Above Base Requests will be supported through the Health Fund, reiterating the budget had been built on level funding from the County General Fund transfer. The request for two new positions in CCHS were built around the ability to provide more appointments and more comprehensive services, while providing an offset for the expense with an enhancement for cost recovery.

Mr. Dick informed that additional biologicals for the Immunization Program will allow a shingles vaccination to be added to those available at the Health District while also providing a cost recovery aspect for the cost of providing these immunizations.

Mr. Dick stated the one-time funding for anticipated retirements in FY20 was budgeted to cover the cost of the pay out of benefits earned during the retiree's tenure for several anticipated retirements.

The request for flexibility to fund staff through fee-based revenue is based on the decline in restricted grant funding and the increased fee-based revenue resulting from increased activity in both AQM and EHS Divisions.

Mr. Dick informed the ending fund balance projected in the FY20 budget is just under six million dollars, or 25% of the fund balance, and the ending fund balance in FY23 is projected to grow, barring unforeseen expenses. He stated these future year projections do not include the \$500,000 one-time funding projects, but that they could be incorporated if the Health District continues to have a healthy financial position.

Regarding the development of the budget, Mr. Dick explained they were cautious in building a higher level of internal staffing due to the long term investment involved with the continuing cost of living adjustments, healthcare costs, etc., preferring instead to invest in effective partners to support some of the work.

Mr. Dick stated there are some unknowns in the budget at this time, and they are the cost of living adjustments for staff and OPEB healthcare costs for retirees.

Mr. Dick outlined the next steps in the process for budget approval, requesting approval of the District Board of Health for this proposed budget which will then be presented to the Cities and County Managers on March 1st as required by the interlocal agreement. The presentation to the County Senior Management is scheduled for March 8<sup>th</sup> and an update will be provided to the Board from this meeting at the March 28<sup>th</sup> DBOH Meeting. He informed the Health District budget goes through the County Manager's office and will be presented to the Board of County Commissioners at their April 23<sup>rd</sup> meeting as part of the County's budget, at which time the General Fund transfer to the Health District should be finalized. Possible adoption of the budget for the County will be on the agenda of the May 21<sup>st</sup> BCC Meeting.

Mr. Dick informed that staff recommends the District Board of Health approve the budget. He stated that adjustments will be made as costs become known for COLAs and OPEB, as well as adjustments required as the budget goes through the County process with BCC.

In light of the recent Signs of Suicide (SOS) screening, Mr. Dahir requested the Health District keep the welfare of the community's at-risk youth in mind to assure sufficient funding to help them.

While Mr. Brown agreed with Mr. Dahir's comments; he opined that partnering with other agencies is impactful in the effort to mitigate the causes and effects of the issues for these youth and noted that he has seen this practice implemented within the Health District.



He appreciated the fact that the fiscal health of the Health District has improved steadily within the past four years and that the budget is presented in a comprehensible manner, and expressed he saw no issues with the budget as presented.

**Mr. Brown moved to approve the Fiscal Year 2019-2020 Budget. Ms. Berkbigler seconded the motion which was approved five in favor and none against.**

Ms. Berkbigler expressed that Health Officer and staff are doing a great job and that she was excited to be on both the Health District and CHAB Boards, opining their work for the health and wellbeing of the community is the most important work going on in the county.

Ms. Berkbigler agreed with Mr. Dahir that, going forward and as possible, it would be good to more heavily support programs such as SOS, while understanding there are so many issues that need to be addressed. She thanked Mr. Dick for all of his work.

Chair Novak stated the Health District and Board have done a tremendous job with the focus of efforts being primarily on the residents of our community. He opined the work on Strategic Planning has refocused efforts and guided next steps, and, in spite of other advancements, feels it is time to focus on the youth of the community and continue efforts on housing.

Chair Novak stated the financial health is much improved from when he and Mr. Brown started on the Board four years ago. He commended Ms. Heenan for putting the information in such a format as to make it comprehensible.

#### **15. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.**

Staff Representative: Kevin Dick

Mr. Dick stated this item may be a good continuation of the discussion around how the Health District could fund initiatives.

Mr. Dick informed the spreadsheet used to track the very large number of bills introduced is to identify for the Board the level of Health District engagement and position. He informed it would be distributed electronically for the ease of viewing all of the comments and text.

Mr. Dick stated he would highlight bills the Health District has been engaged in at the session and a few significant items that will be coming forward.

AB1 is a bill that would eliminate the current air quality management requirement for publishing a public notice in the newspaper three times before actions such as regulation changes can be made. The text of this bill would allow posting on the Health District website and other forms of media more commonly used. Mr. Dick informed the Health District has been working with NDEP and the Committee on a friendly amendment to change language that would remove State requirements that apply to NDEP from local governments. He noted the Health District is in support of this bill and Ms. Albee had provided testimony at the Legislature.

AB76, from the Southern Nevada Regional Behavioral Health Policy Board, was heard on February 27<sup>th</sup> and is supported by the Health District. Mr. Dick informed Senator Yeager introduced this bill that provides for staffing for the Regional Behavioral Health Policy Boards (RBHPB) to allow for additional tracking and posting of data by the Policy Boards. It removes the requirement for an RBHPB to meet during the Legislative Session.

AB97 is the bill for Public Health funding from the Healthcare Committee based on the work each of the local health authorities had done in promoting public health funding in conjunction with the Nevada Public Health Association. Mr. Dick informed he had the opportunity to introduce this bill on February 18<sup>th</sup> with Assemblyman Sprinkle, and that it would provide a \$15M appropriation for Public Health with funding to be distributed based

on population to Health Districts. The funds are to be used to support the needs identified in the Community Health Needs Assessment (CHNA), and for Washoe County, the amount would be just over \$2.3M. He stated that would be a good sum of money to invest toward priorities identified in the Community Health Improvement Plan (CHIP) which was developed from the CHNA.

Mr. Dahir inquired where this money would come from, and Mr. Dick informed that has yet to be determined as it is not within the Governor's budget. He stated the Department of Health and Human Services had requested a budget enhancement to support this initiative, but it had not been provided. He informed there will be legislation introduced to incorporate e-cigarettes within the existing tax statute for other tobacco products and expressed hope that bill would be passed to potentially provide a revenue source that could support AB97 and tobacco prevention.

Mr. Dick stated that, even if funding is not achieved this year for Public Health, he was encouraged with the amount of support the bill was given. He informed his opening remarks during testimony before the Committee included a comparison between the amount provided by the state for K-12 education funding versus the amount provided for Public Health; 74% of the national average is invested in K-12 in Nevada. He noted that, if Public Health were funded at that same level of 74% of the national average, the investment would be approximately \$26 per capita instead of the six dollars that is currently invested.

Mr. Dahir opined increased funding for Public Health could help the schools and Mr. Dick agreed, stating that a higher attendance level and improved health would help children learn better.

Mr. Young opined that, for the low level of funding, the Health District does an awfully good job, stating he didn't know how it was accomplished.

Mr. Dick informed the Health District is proposing a few amendments to AB97. One is to include Carson City Health and Human Services in the language to receive a distribution; the other is to amend the bill so the total of unspent funds after the biennium won't all revert to the General Fund, but rather to allow for some accumulation in the Account for Public Health Improvement to occur for emergencies.

AB123 is the immunization bill which would provide for parents to submit their medical or religious exemption from vaccinations to the schools on an annual basis rather than an exemption that is filed once. It would also require the schools to maintain information on the vaccinations and vaccination rates so this information can be used to quickly identify unvaccinated children in the event of an outbreak. Mr. Dick informed that Mr. Kutz provided testimony in support of this bill on February 19<sup>th</sup>. He informed there had been a large anti-vaccination contingent present, noting that this is now a national focus involving people flying in from around the country to attempt to misinform the legislature.

Mr. Dick opined AB123 to be a positive step, particularly against the backdrop of the Clark County (WA) measles outbreak with sixty-one cases reported last week. He informed it is a multi-million dollar cost for the Public Health response for an outbreak such as this, let alone the effect on children and adults that are impacted.

SB37, a bill from the Marriage and Family Therapists Board, would expand the licensing process to include other services be provided by therapists. Mr. Dick informed Nevada is the only state in the nation to prevent therapists from providing counseling for psychotic disorders, which creates a disincentive to move to and practice in Nevada at the same time Nevada has a shortage of therapists to provide care. He informed it was highly supported at that Committee meeting and that Ms. Gutman provided testimony in support.

SB42 eliminates obsolete provisions for alternative fuels that are in current statute as it

was found that emissions were increased by driving farther to obtain alternative fuels. Mr. Dick noted it is becoming better understood that electric vehicles are a better choice for the vehicles of the future. He informed Ms. Albee had been present to testify in support of this bill and that it was largely supported by that Committee

SB159 is the bill that would remove the requirement of children having to visit the school nurse to use sunscreen and provides for them to use sun hats regardless of the dress code. Mr. Dick informed Ms. Gutman provided testimony in support of this bill.

AB231 is a bill of concern on the smog check program whose text was just received. Mr. Dick informed that comment has not been provided at this time. The bill would exempt all vehicles that were manufactured before 1996 from smog check requirements and is apparently driven by a company that sells tablets used for on-board diagnostic system smog checks. The pre-1996 vehicles don't have the on-board diagnostic systems and comprise approximately ten percent of Washoe County's fleet. He noted Washoe County is right on the edge of Ozone attainment and Clark County is out of attainment, and that this bill would impact both areas negatively. Mr. Dick stated that the Health District is opposed to this bill and anticipate an approximately \$23,000 negative fiscal impact due to the loss of the fee distributed to the Health District charged at each smog check.

Mr. Dick reminded of this situation mentioned by Mr. Dahir at the last DBOH meeting of the Health District's work to decouple Air Quality Management's revenue from the State smog check program and to have that fee collected at the same time vehicle registration is processed. He stated this would provide for a stable funding source for AQM that is not tied to a particular industry or method of smog check.

AB85 and AB47, both from the Regional Behavioral Health Policy Boards, will be heard on Monday, March 4<sup>th</sup>. Mr. Dick informed that AB47 is from the Rural Policy Boards and will provide for alternative transportation for patients from the rural communities. He informed that, at this time, people having a behavioral health crisis have only the option of being transported by ambulance or law enforcement to a facility in Washoe County. He stated that this bill would provide for these persons to receive more immediate crisis care and alternative transport that might be in a more caring and less stigmatizing environment. The bill would also provide for case management for continuing care in their area when they can be released back to their community, versus having to move to receive care.

AB85 is from the Northern Regional Behavioral Health Policy Board, Carson City and the Counties surrounding it, and removes destigmatizing language from the current statute and provides for better clarification around the legal 2000 hold requirements that are in statute now. Mr. Dick stated the Health District will be supporting those two bills.

Mr. Duarte and Ms. Edwards of the Washoe County Regional Behavioral Health Policy Board are continuing their work on AB66, the bill for Crisis Stabilization Centers. They are working on a set of parameters to develop a sweet spot for better reimbursement within Medicaid and Medicare for a short-term psychiatric hospital and would allow EMS providers to collect Medicare for delivering a patient to that facility. Mr. Dick informed these efforts are to eliminate the \$5M fiscal note that had previously been attached to the bill and support the bill through the Medicaid budget.

Mr. Dick stated this approach of using a Crisis Stabilization Center will allow for rapid turn-around times for law enforcement to drop a patient in minutes versus being delayed for hours at the emergency room, and would also provide for more immediate care to the person in crisis. He informed there would also be significant Medicaid savings by using a Center versus paying emergency room rates. Mr. Dick stated Mr. Duarte had been working with Assemblyman Sprinkle and he has delayed the hearing of this bill to allow Mr. Duarte and

Ms. Edwards to complete their work that will hopefully move this bill forward.

On AB38, the opioid bill, Mr. Brown opined it should be watched closely and potentially suggest language due to the time limit for reporting and the misdemeanor penalty that would be sustained by EMS responders.

Mr. Brown informed that Mr. Dick, District Health Officer, gave a presentation two weeks ago at the beginning of the Session and that he had been fortunate enough to be in the audience. He stated Mr. Dick did an excellent job representing Washoe County and the entire State, and that he had presented an overview of Clark and Washoe Counties and Carson City. He opined it was good to see our District Health Officer's engagement and that it was appreciated.

**Mr. Dahir moved to accept the Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. Ms. Berkbigler seconded the motion which was approved five in favor and none against.**

## **16. \*Staff Reports and Program Updates**

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

Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Ms. Albee wished to provide information on AQM's Strategic Plan Priority 2, addressing the question of the Strategic Plan initiatives that have not been started. She informed AQM had planned to expand its air monitoring network out to Verdi, but that project had to be suspended while working on the relocation of the downtown Reno air monitoring site. She stated that project will be started as soon as possible.

Regarding the Reno 4 site, the Washoe County School District has given AQM a project manager and there has been a management team meeting with the engineer and School District and AQM staff. A preliminary site plan has been set and details are being finalized. Construction for installation of the fence and power is being planned during spring break.

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

Divisional Update – WIC Program Update; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

Mr. Kutz stated he had nothing further to add but would be happy to answer any questions.

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

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Waste Management, and Inspections.

Mr. Westom stated he had nothing to add to his report, but would be happy to answer any questions the Board might have.

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

Program Updates for Communicable Disease, Outbreaks, Invasive Pneumococcal Disease, First Responder Fact Sheets, Outbreak Response Volunteer Training, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, Public Health Preparedness, Exercises, Medical Reserve Corps, Inter-

Hospital Coordinating Council, CASPER, Emergency Medical Services, WebEOC Training, Mutual Aid Evacuation Annex (MAEA) Training, EMS Strategic Plan, Emergency Department (ED) Consortium

Regarding the portion of his report under Communicable Disease for Outbreak Response Volunteer Training, Dr. Todd stated it had become apparent additional persons were needed to respond to investigations such as the measles outbreak from last year, and that those persons would need to be trained on HIPPA regulations.

In relation to this and as was mentioned earlier, Dr. Todd stated the count had risen to sixty-five in the measles outbreak in Clark County, Washington.

Dr. Todd informed of the article in the Morbidity and Mortality Weekly Report (MMWR) on last year's measles outbreak in Nevada and Northern California.

Dr. Todd informed the seasonal influenza numbers had peaked in December, declined, and now have gradually risen back to the number of cases in December. He noted that he has never seen so many school aged children with the flu, nor does he recall having seen the number of schools with outbreaks of influenza.

Under Public Health Preparedness, Dr. Todd informed EPHP is getting ready for a CASPER exercise, the acronym standing for Community Assessment for Public Health Emergency Response. This exercise will be held March 12-17, having been preceded by CASPERs held in Carson City and Las Vegas, and that it is a CDC methodology in which teams go into the community to conduct the survey. He stated these surveys can be done either prior to a disaster to prepare for emergency response, or afterward, to help determine needs associated with the disaster.

Chair Novak inquired of the prevalent type of flu in the area. Dr. Todd informed it is predominantly the H1N1 virus in this area with a few cases of H3N2, which is beneficial in light of the increased efficacy of the vaccine on H1N1 over H3N2.

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

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Workforce Development, Open Burning, Land Development and Plan Reviews, Legislative Session, Other Events and Activities and Health District Media Contacts.

Mr. Dick stated Mr. Brown had asked at the last DBOH Meeting for an update on open burning and the Health District's work with the Fire Districts. He informed there had been a meeting on February 25<sup>th</sup> and Ms. Albee would present the details.

Ms. Albee informed that a workgroup had been organized in the meeting with the Fire Chiefs to begin reviewing the burn code regulations. She presented a map that had been developed during the workgroup's first meeting on February 25<sup>th</sup>.

Ms. Albee informed regulations currently prohibit any outdoor pile burning from November 1<sup>st</sup> through the end of February due to the inversion season.

The Know the Code Program was set up to regulate wood combustion in fireplaces and prohibit open burning because, at the time, the region could not sustain the emissions of both of those activities at the same time. Ms. Albee indicated the Truckee Meadows Hydrographic Basin area of the map, informing they have proposed regulations not be changed is this maintenance area and burning will be continue to be prohibited.

Certain areas proposed for regulation change would allow for open burning year around at the discretion of the fire districts and in cooperation with AQM should higher concentrations of particulates become present.

Another area more closely surrounding the Truckee Meadows Hydrographic Basin

would be open to burning during the Know the Code season dependent on the fire district's discretion and the Code; if the Code were yellow or red, burning would be prohibited.

Ms. Albee opined the structure is in place to revise regulations to reflect those ideas, and commented that the feedback has been extremely positive from the fire agencies.

Mr. Dick informed that, with the TMWA interlocal agreement in place for water plan review, the method used in Washoe County for tentative and final map review is the same as the process used in Southern Nevada through Southern Nevada Health District.

Mr. Dick stated the objective for this interlocal agreement was to have Washoe County processing plans in the same manner as Clark County. He informed of a meeting with Mr. Foree, General Manager of TMWA, and Mr. Thomas, Assistant City Manager, City of Reno, in which dissatisfaction was expressed that Washoe County was looking at these maps for the final map certification. Mr. Dick agreed that the Health District would explore the issue to see if there were any additional ways to streamline the process, but informed the Board that the process now is consistent with the process in Southern Nevada and Southern Nevada Health District.

Regarding bills related to the Housing and Homelessness Priority of the CHIP, one of those was the expansion of the 1915(i) Program. This Program is for Medicaid reimbursement for wraparound services for tenancy for the severely mentally ill to provide them the services they need to stay housed, and was included in the Governor's budget.

Mr. Dick stated the Affordable Housing Tax Credits is another of the items the Health District will advocate for through the CHIP, and is one of the first things the Governor announced in his remarks for the State of the State Address.

Mr. Dahir informed that he sits on both the TMWA Board and this District Board of Health, and there is a perception that there may still be inconsistencies in the process and stressed the importance of not adding undue difficulty to the process. He inquired Mr. Dick's opinion as to the status of plan review processes. Mr. Dick stated that, since the Health District is just a few months into the implementation, he suspects there are still some details that need to be improved. He expressed agreement with Mr. Dahir that the goal is to make the process as smooth as possible, and reiterated the Health District has reached consistency with how Southern Nevada Health District approaches this process, but wants to continue to examine and refine.

Mr. Young informed of a meeting he'd had that morning with an engineering group in which they were complementing the Health District and improvements in the water plan processes.

## **17. \*Board Comment**

### **Chair Novak opened the Board comment period.**

Chair Novak informed that the NALBOH meeting that he will attend, held in conjunction with NACCHO and ASTHO in Washington DC in early March, will represent the Health Officers, Boards and tribes and other health services. He opined this collaboration will form a cohesive group representing all of Public Health and could possibly provide for additional federal funds for Public Health.

Mr. Dahir requested Chair Novak to inform of his appointments with Congress and to relay information that may be beneficial to speak about in his meetings.

### **Chair Novak closed the Board comment period.**

## 18. \*Public Comment

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

## 19. Adjournment

Chair Novak adjourned the meeting at 3:16 p.m.

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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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 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

Downtown Reno Library, 301 S. Center 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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@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.

|      |     |    |     |
|------|-----|----|-----|
| AHSO | ___ | AH | ___ |
| DHO  | ___ |    | KD  |
| DA   | ___ |    |     |
| Risk | ___ |    |     |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; nkcummins@washoecounty.us

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2019 to March 31, 2020 in the total amount of \$168,633.06 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program IO# 11563 and authorize the District Health Officer to execute the Notice of Subaward.

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**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on February 26, 2019 to support the HIV Prevention Program. The funding period is effective April 1, 2019 to March 31, 2020. A copy of the Notice of Subaward is attached.

**Health District Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Ryan White HIV/AIDS - Part B Early Intervention Services Program

**Scope of the Project:** Funding to support staffing, travel, operating expenses to include advertising and incentives (transportation, healthy snacks, etc.) and indirect expenses

**Benefit to Washoe County Residents:** HIV testing, counseling and referral services to communities of color; linkage to care for people living with HIV in Washoe County.

**On-Going Program Support:** The Health District will apply for continuation funding to support this program.



Subject: Approve Ryan White Notice of Subaward

Date: March 28, 2019

Page 2 of 2

**Award Amount:** \$168,633.06 (includes \$15,330.28 indirect)

**Grant Period:** April 1, 2019 through March 31, 2020

**Funding Source:** 90% Pharmaceutical Rebates; 10% HRSA grant

**Pass Through Entity:** State of Nevada Department of Health and Human Services,  
Division of Public & Behavioral Health

**CFDA Number:** HRSA 93.917

**Grant ID Number:** HD# 17027

**Match Amount and Type:** No match required.

**Sub-Awards and Contracts:** No Sub-Awards or contracts are anticipated.

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY19 budget. As such, there is no fiscal impact to the FY19 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2019 to March 31, 2020 in the total amount of \$168,633.06 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program IO# 11563 and authorize the District Health Officer to execute the Notice of Subaward.

### **POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be “move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2019 to March 31, 2020 in the total amount of \$168,633.06 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program IO# 11563 and authorize the District Health Officer to execute the Notice of Subaward.”

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NOTICE OF SUBAWARD**



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

Agency Ref. #: **HD 17027**  
Budget Account: 3215  
Category: 24  
GL: 8516  
Job Number: \_\_\_\_\_

**NOTICE OF SUBAWARD**

|   |   |
|---|---|
| <b>Program Name:</b><br>Ryan White HIV/AIDS Program – Part B<br>Disease Prevention & Investigation Unit | <b>Subrecipient's Name:</b><br>Washoe County Health District (WCHD)<br>Kevin Dick, District Health Officer (775) 328-2400 |
| <b>Address:</b><br>4126 Technology Way, Suite 200<br>Carson City, NV 89706-2009                         | <b>Address:</b><br>1001 E. Ninth Street, Building B<br>Reno, NV 89512   |
| <b>Subaward Period:</b><br>April 1, 2019 through March 31, 2020   | <b>Subrecipient's:</b><br>EIN: <u>88-60000138</u><br>Vendor #: <u>T40283400</u><br>Dun & Bradstreet: <u>073786998</u>     |

**Purpose of Award:** Early Intervention Services (EIS)

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

| <b>Approved Budget Categories:</b>        | <b>FEDERAL AWARD COMPUTATION:</b>   |
|---|---|
| 1. Personnel <b>\$131,054.54</b>          | Total Obligated by this Action: \$ 16,863.31  |
| 2. Travel <b>\$1,160.00</b>               | Cumulative Prior Awards this Budget Period: \$ 0.00   |
| 3. Supplies <b>\$600.24</b>               | Total Federal Funds Awarded to Date: \$ 16,863.31   |
| 4. Equipment <b>\$0.00</b>                | Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |
| 5. Contractual/Consultant <b>\$0.00</b>   | Amount Required this Action: \$ 0.00  |
| 6. Other <b>\$20,488.00</b>               | Amount Required Prior Awards: \$ 0.00   |
| <b>TOTAL DIRECT COSTS \$153,302.78</b>    | Total Match Amount Required: \$ 0.00  |
| 7. Indirect Costs <b>\$15,330.28</b>      | Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| <b>TOTAL APPROVED BUDGET \$168,633.06</b> | <b>Budget Period:</b><br>April 1, 2019 through March 31, 2020                                   |
|   | <b>Project Period:</b><br>April 1, 1991 through March 31, 2022                                  |
|   | <b>FOR AGENCY USE ONLY</b>  |

| <b>Source of Funds:</b>                                | % Funds: | CFDA:  | FAIN: | Federal Grant #: |
|--|----------|--------|-------|------------------|
| 1. Pharmaceutical Rebates                              | 90%      | N/A    | N/A   | N/A              |
| 2. Health Resources and Services Administration (HRSA) | 10%      | 93.917 |       |                  |

**Federal Grant Award Date by Federal Agency:**

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

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
 Section B: Description of Services, Scope of Work and Deliverables;  
 Section C: Budget and Financial Reporting Requirements;  
 Section D: Request for Reimbursement;

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|            |   |
|------------|---|
| Section E: | Audit Information Request;                    |
| Section F: | Current/Former State Employee Disclaimer; and |
| Section G: | DPBH Business Associate Addendum              |

|   | Signature | Date |
|---|-----------|------|
| Kevin Dick<br>District Health Officer   |           |      |
| for Kyle Devine, MSW<br>Clinical Program Manager II                                   |           |      |
| for Julie Kotchevar, PhD.<br>Administrator,<br>Division of Public & Behavioral Health |           |      |

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**SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

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

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
4150 Technology Way, Suite 300  
Carson City, NV 89706-2009  
[contractunit@health.nv.gov](mailto:contractunit@health.nv.gov)***

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

8. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
  9. No funding associated with this grant will be used for lobbying.
  10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
  11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
    1. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
    2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
    3. Any attempt to influence:
      - (a) The introduction or formulation of federal, state or local legislation; or
      - (b) The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
    4. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
    5. Any attempt to influence:
      - (a) The introduction or formulation of federal, state or local legislation;
      - (b) The enactment or modification of any pending federal, state or local legislation; or
      - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of

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the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
    1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
    2. Not specifically directed at:
      - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
      - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
      - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

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

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**SECTION B**

Washoe County Health District  
Services Work Plan  
EIS

|   |   |
|---|---|
| <b>Estimated number of unique clients to be served: 475</b> | <b>Estimated number of service units (activities) to be provided:</b><br><b>HIV Testing: 400 units</b><br><b>Newly Identified Cases: 10</b><br><b>OOB Clients: 75</b> |
|---|---|

**Goal 1: Identify newly diagnosed people living with HIV through targeted HIV testing among communities of color in Washoe County and link them into HIV care services.**

| <b>Outcome Objective 1:</b> By March 30, 2020, Rapid HIV testing will be offered to at least <b>400</b> people through offsite events targeting communities of color.  |                    | <b>Percent Funding: 100%</b>  |
|--|--------------------|---|
| <b>Activities</b>  | <b>Date due by</b> | <b>Documentation</b>  |
| 1. Continue to identify partners within communities of color to provide locations and support for HIV testing  | End of Contract    | <ul style="list-style-type: none"> <li>• Meeting minutes</li> <li>• # community partners contacted per priority population</li> <li>• # community partners engaged in project through hosting/assisting with HIV testing event</li> </ul> |
| 2. Develop, receive approval, and publish social media and advertising to promote HIV testing among people of color.   | End of Contract    | <ul style="list-style-type: none"> <li>• Approved ads, social media postings</li> <li>• Listing of media outlets</li> <li>• Proof of publishing</li> <li>• # media posts, impressions</li> </ul>  |
| 3. Provide Rapid and confirmatory HIV testing at identified, non-clinical, new or not-currently utilized sites, identified by community partners as sites where high-risk, people of color are known to congregate | End of Contract    | <ul style="list-style-type: none"> <li>• Client testing record</li> <li>• Tracking of testing sites</li> <li>• Tracking of number of tests provided at each site</li> <li>• Tracking of HIV tests</li> </ul>                              |

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|  |                 |   |
|--|-----------------|---|
| 4. Offer referrals for medical and supportive services to individuals contacted through testing events.                      | End of Contract | <ul style="list-style-type: none"> <li>• Client testing record</li> <li>• Community referral tracking</li> <li>• CAREWare</li> <li>• RW Client Form/tracking/spreadsheet</li> </ul> |
| 5. Track HIV testing data in EvaluationWeb. Identified HIV positive individuals will also be entered in CAREWare.            | End of Contract | <ul style="list-style-type: none"> <li>• Evaluation Web</li> <li>• CAREWare</li> </ul>  |
| 6. Conduct community survey (n =50) assessing knowledge, attitude, and beliefs regarding HIV testing in communities of color | End of Contract | <ul style="list-style-type: none"> <li>• Paper and online surveys</li> </ul>  |

**Evaluation:**

***Performance Measures:***

- # community partners contacted
- # engaged community partners
- # testing sites
- # testing events
- # people tested
- # positive test results
- Client demographic and risk data
- # Media Outlets
- # Ads, posts, impressions
- Community surveys
- # HIV cases linked to HIV care

***Monitoring & Quality Assurance:***

- Review of efforts with community partners
- Review and analysis of community survey results to drive site selection, community knowledge, attitude and beliefs
- Identify quality improvement projects and implement
- Weekly review of measures documented in SHP tracking spreadsheet at team meetings



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|  |                    |   |
|--|--------------------|---|
| <b>Outcome Objective 1.2: By March 30, 2020, at least 90% of PLWH identified through HIV testing events in communities of color will be linked to HIV care services.</b>   |                    | <b>Percent Funding: 5%</b>  |
| <b>Activities</b>  | <b>Date due by</b> | <b>Documentation</b>  |
| 1. Link newly identified HIV cases to HIV care.  | March 30, 2020     | <ul style="list-style-type: none"> <li>• Client testing record</li> <li>• Client chart</li> <li>• Tracking spreadsheet</li> <li>• CAREWare</li> </ul> |
| 2. Identify previously diagnosed HIV positive individuals that are out of HIV care through these testing events and link them into HIV care.   | March 30, 2020     | <ul style="list-style-type: none"> <li>• Client chart</li> <li>• eHARS</li> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul>  |
| 3. Follow lab and care appointment in eHARS and with HIV care provider to ensure follow up   | March 30, 2020     | <ul style="list-style-type: none"> <li>• eHARS</li> <li>• CAREWare</li> </ul>   |
| 4. Make contact with client and care provider if appointments are missed or there is a gap in lab activity.  | March 30, 2020     | <ul style="list-style-type: none"> <li>• Client chart</li> <li>• eHARS</li> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul>  |
| <b>Evaluation:</b><br><b>Performance Measures:</b> <ul style="list-style-type: none"> <li>• # positive test results</li> <li>• # HIV cases linked to HIV care</li> </ul> <b>Monitoring &amp; Quality Assurance:</b><br>Review of HIV testing data<br>Appropriate reporting |                    |   |

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**Goal 2: Identify people living with HIV in Washoe County that are not engaged in HIV care and work with the client to link, engage, and be retained in HIV care.**

| <b>Outcome Objective 2.1:</b> By March 30, 2020, WCHD will identify 75 people living with HIV in Washoe County that are out of HIV care (OOC).  |                    | <b>Percent Funding: 50%</b>   |
|---|--------------------|---|
| <b>Activities</b>   | <b>Date due by</b> | <b>Documentation</b>  |
| 1. Continue to receive from the DPBH's HIV Surveillance program and receive eHARS report on PLWH in Washoe County that have not had a lab report in 15 months. Receive and research status of clients in RWPB disseminated client lists (certification lapse, upcoming certification due, 45 day RX list). Determine actual status of client (OOC, moved out of jurisdiction, deceased) and document in CAREWare and eHARS.   | Ongoing            | <ul style="list-style-type: none"> <li>• eHARS reports</li> <li>• CAREWare</li> <li>• LexisNexis searches</li> <li>• CSTE record searches</li> <li>• Medicaid searches</li> <li>• RWPB spreadsheet notes</li> </ul> |
| 2. Daily check of Washoe County Detention Center booking report for PLWHA who have been identified as OOC   | Ongoing            | <ul style="list-style-type: none"> <li>• Daily booking report emails</li> </ul>   |
| 3. Review of reported hospital records identifying PLWHA that have been admitted to local hospitals to identify HIV care status   | Ongoing            | <ul style="list-style-type: none"> <li>• Disease reporting forms</li> <li>• Client hospital records</li> </ul>  |
| 4. Review incoming HIV related labs to identify OOC or re-engaged clients HIV care status based on viral load and CD4 activity.   | Ongoing            | <ul style="list-style-type: none"> <li>• Review of labs through HIV surveillance activities</li> </ul>  |
| 5. Collect data on linkage, retention, and engagement activities for each PLWHA identified as OOC   | Ongoing            | <ul style="list-style-type: none"> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul>   |
| <p><b>Evaluation:</b></p> <p><b>Performance Measures:</b></p> <ul style="list-style-type: none"> <li>• Establish baseline of OOC clients through investigation of the RWPB lists and surveillance OOC lists if not completed from 2018/2019 funding.</li> <li>• # of PLWHA that are OOC</li> <li>• # clients reporting good to excellent service by WCHD staff</li> </ul> <p><b>Monitoring &amp; Quality Assurance:</b></p> <ul style="list-style-type: none"> <li>• Review of RW Client activity documentation for accuracy and completeness by Program Coordinator</li> <li>• Clients entered into CAREWare by Program Coordinator</li> <li>• Identify quality improvement projects and implement</li> <li>• Weekly review of measures documented in SHP tracking spreadsheet at team meetings</li> </ul> |                    |   |

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|  |                    |   |
|--|--------------------|---|
| <b>Outcome Objective 2.2:</b> By March 30, 2020, at least 90% of PLWH that are identified as not being engaged in HIV care will be linked to HIV care services.  |                    | <b>Percent Funding: 18%</b>   |
| <b>Activities</b>  | <b>Date due by</b> | <b>Documentation</b>  |
| 1. Contact clients to determine barriers for accessing HIV care  | Ongoing            | <ul style="list-style-type: none"> <li>• RW Client Form/tracking/spreadsheet</li> </ul>                     |
| 2. Work through challenges/barriers using a modified case management (ARTAS intervention) focusing on client strengths as a mechanism to work through current strengths  | Ongoing            | <ul style="list-style-type: none"> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul> |
| 3. Utilize RWPB provider, social services, and supportive service provider partnerships to facilitate referrals and linkages that support clients' engagement to HIV care  | Ongoing            | <ul style="list-style-type: none"> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul> |
| 4. Review incoming HIV related labs to identify OOC or re-engaged clients HIV care status based on viral load and CD4 activity.  | Ongoing            | <ul style="list-style-type: none"> <li>• Review of labs through HIV surveillance activities</li> </ul>      |
| 5. Collect data on linkage, retention, and engagement activities for each PLWHA identified as OOC  | Ongoing            | <ul style="list-style-type: none"> <li>• RW Client Form/tracking/spreadsheet</li> <li>• CAREWare</li> </ul> |
| <p><b>Evaluation:</b></p> <p><b>Performance Measures:</b></p> <ul style="list-style-type: none"> <li>• # clients referred to RWPB eligibility services</li> <li>• #of PLWHA that are linked back to HIV care</li> <li>• # clients completing satisfaction survey</li> <li>• # clients reporting good to excellent service provided by WCHD staff</li> </ul> <p><b>Monitoring &amp; Quality Assurance:</b></p> <ul style="list-style-type: none"> <li>• Review of RW Client activity documentation for accuracy and completeness by Program Coordinator</li> <li>• Outreach cases entered into CAREWare by Program Coordinator</li> <li>• Identify quality improvement projects and implement</li> <li>• Weekly review of measures documented in SHP tracking spreadsheet at team meetings</li> </ul> |                    |   |

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

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**Required Deliverables Chart**

| <b>Deliverable</b>   | <b>Due Date</b>   | <b>Reference Section</b><br>(review for more information) | <b>Responsible Party</b> |
|--|---|---|--------------------------|
| Request for Reimbursement (RFR)  | No later than fifteen (15) calendar days following the end of the month.                                      | Financial Reporting Requirements                          | Subrecipient             |
| CAREWare Data Entry  | Encounter or service data must be entered within three (3) business days of delivery of client service.       | Program Requirements <i>and</i> Reporting Requirements    | Subrecipient             |
| Ryan White Services Report (RSR)   | Around *February of 2020.   | Reporting Requirements                                    | Subrecipient             |
| Quarterly Report (QR) Submission to Office of HIV/AIDS (OHA)   | OHA will send the QR to the Subrecipient each quarter to complete. Submission is due within 10 business days. | Reporting Requirements                                    | Subrecipient             |
| Quality Improvement Project NEW  | Within sixty (60) days of the executed sub-award.   | Quality Management (QM) Requirements                      | Subrecipient             |
| Quality Management Plan  | Within sixty (60) days of the executed sub-award.   | Quality Management (QM) Requirements                      | Subrecipient             |
| Notify the Office of HIV/AIDS of preexisting websites, social media pages, blogs, etc. and of future marketing plans | No later than one (1) month after the start of the grant year.  | Media, Marketing, and Communication Requirements          | Subrecipient             |
| Communications and marketing materials pre-approval  | No later than ten (10) business days prior to press deadline, printing submission, or display date.           | Media, Marketing, and Communication Requirements          | Subrecipient             |

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**Program Requirements**

- **Subrecipient** shall provide Core and Support Services to people living with HIV/AIDS regardless of age, race, color, national origin or ethnicity, religion, veteran status, disability, genetic information, sex (including pregnancy), gender, gender identity or gender expression and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
- **Subrecipient** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such person as to the grievance procedure. Subrecipient shall submit resolved grievances to the Ryan White Part B Grantee staff quarterly by the 15<sup>th</sup> of the month following the end of the quarter.
- **Subrecipient** shall obtain written approval from RWPB prior to making programmatic changes in the scope of the project.
- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall ensure that 100% of clients served are eligible and enrolled in RWPB.
- **Subrecipient** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subrecipient** must work in partnership with all Ryan White HIV/AIDS Program providers, local health authorities or districts, HIV Prevention programs, and Housing Opportunities for Persons with AIDS (HOPWA) funded programs. Upon enrollment each client signs a consent for release of information for all named providers.
- **Subrecipient** shall present to RWPB a copy of the most recent Office of Management and Budget Single Audit in compliance with 2 CFR 200 / 45 CFR 75 and compliance supplement for CFDA 93.917 within three (3) months of start of sub-award period or immediately upon receipt of audit if this sub-award places the agency within the scope of 2 CFR 200 / 45 CFR 75.
- Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10<sup>th</sup> Street Jefferson, IN 47132 PHONE: (310) 4571551, (800) 2530696 toll free <https://harvester.census.gov/facweb/default.aspx/> and to the Manager of the Nevada Office of HIV/AIDS.
- **Subrecipient** and its employees or subcontractors, if applicable, shall avoid real or perceived conflicts of interest. Furthermore, no employee, agent, consultant, officer, board member, or subcontractor of the Subrecipient should be in a position to obtain a financial interest or benefit from an activity or performance of work. The Subrecipient warrants that it is not now aware of any facts that create a conflict of interest. If the Subrecipient hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the grantee office. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.
- **Subrecipient** shall engage in ethical practices when exercising any functions or responsibilities in connection with the carrying out of the project. As such, the following are specific prohibitions: accepting gifts, favors, employment or economic opportunities from unethical behavior; accessing unwarranted privileges; using confidential information for personal gain; suppressing information for pecuniary interests; and using government resources for personal use.
- **Subrecipient** shall not engage in prohibited "marketing" activities, as defined in 45 CFR 164.508, outlined hereunto, the Subrecipient may not sell protected health information to a business associate or any other third party for that party's own purposes. Moreover, the Subrecipient may not sell lists of clients or enrollees to third parties without obtaining written authorization from the grantee and written authorization from each person on the list each time disclosure is expected to be made. As such, an annual and broad release of information, that does not specifically disclose the sale of client information to a specific entity on a specific occasion, does not constitute a client's consent to the sale of client information for marketing purposes. Further, in accordance with Program Policy No. 12-01, grant

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funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose, or 2) broad-scope awareness activities about HIV services that target the general public.

- **Subrecipient** shall not use RWHAP funds to make cash payments to the intended recipients of services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g. food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives or to provide services to eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
- **Subrecipient** must use RWPB funds in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov/programgrantsmanagement/policynoticesandprogramletters>.
- **Subrecipient** shall comply with all Federal, State, and local laws, ordinances, rules, and regulations.
- **Subrecipient** shall acknowledge any activities performed under the sub-award that the funding was provided through the Division by Grant No. X07HA00001 from the Health Resources and Services Administration.
- Funds may not be used for the following: purchasing or construction of real property, international travel, HIV test kits, or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
- Executive Order 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/reviseblep.html>.
- This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
- The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$187,000, effective January, 2017. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of

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reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

- That fiscal, administrative, quality management, and programmatic site visits will occur no earlier than six months after the execution of the sub-award and no later than 11 months after the execution of the sub-award.

**Reporting Requirements**

- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall complete and submit to RWPB and/or HRSA all federally mandated program data no later than the due dates specified by RWPB and/or HRSA.
- **Subrecipient** shall submit the following reports to RWPB electronically in the format provided and/or requested by RWPB.  
**Ryan White Part B Quarterly Reports** – After the grant-year quarter has ended, Subrecipients have until the 10<sup>th</sup> of the month, following the close of the quarter, to enter all outstanding CAREWare data. The Quarterly Report will be generated by the State office using the data within CAREWare and distributed to providers. Subrecipients are required to submit the completed reports to the Quality Assurance and Evaluation Analyst by the 10<sup>th</sup> business day from the date the report was sent to Subrecipient by email.  
**RSR** – This report covers the calendar year from January 1, 2019 – December 31, 2019. HRSA's submission due date for all providers will be expected around \*February of 2020.

\*This date is subject to change pending HRSA's guidelines for the 2020 RSR data submission timeline.

**Quality Management (QM) Requirements**

- **Subrecipient** shall actively engage in at least one Quality Improvement Project at the Subrecipient's agency per grant year. A subrecipient funded by multiple Ryan White Part B funding streams (Part B base, ADAP, Part B Supplemental) may create one Quality Improvement Project to be inclusive of all funding streams. The Subrecipient is responsible to document and monitor the Quality Improvement Project's progress throughout the grant year.
- **Subrecipient** shall encourage their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups, and/or needs assessment for the purpose of ongoing or periodic assessment of client needs to improve the quality of care.
- **Subrecipient** shall provide the RWPB with an updated annual Quality Management Plan within sixty (60) days of the executed sub-award.
- **Subrecipient** agrees, pursuant to Health Resources and Services Administration and HIV/AIDS Bureau (HRSA/HAB) and the RWPB Quality Management requirements, to maintain and annually update a written Quality Management Plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the RWPB's Quality Management Plan Review Tool and in accordance HAB/HRSA's Clinical Quality Management Policy Clarification Notice (PCN) #15-02. The work plan shall have a planned, systematic process for monitoring, evaluating, improving, and a measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subrecipient shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the

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quality of care provided and the coordination of benefits. The Quality Management Plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.

- **Subrecipient** shall ensure that services are provided in accordance with HIV/AIDS Bureau, Division of State HIV/AIDS Programs, National Monitoring Standards for Ryan White Part B Program, and Fiscal services.
- **Subrecipient** shall provide Quality Management updates in the Ryan White Part B Quarterly Reports and Final Year-End Report.
- **Media, Marketing, and Communication Requirements**
- **Subrecipient** shall not engage in broad scope awareness activities or campaigns about HIV services that target the general public. Outreach and marketing activities may be funded provided that they are targeted and contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.
- **Subrecipient**, within one (1) month of the start of the grant year or no later than one (1) month after the start of the grant year, must notify the Office of HIV/AIDS Marketing Coordinator of any preexisting websites, social media pages, blogs, etc. and of any future marketing plans targeted at Ryan White Part B clientele.
- **Subrecipient** will have their websites, social media pages, blogs, etc. reviewed on a monthly basis and/or without prior notice. Advice and technical assistance to increase engagement will be provided, if necessary.
- **Subrecipient** must target all publications to intended audience, speaking to the Ryan White clientele. Publications must be well-designed, easily readable, without typographical errors, and have a clear plan for distribution. For design and creation assistance, contact the Office of HIV/AIDS Marketing Coordinator.
- **Subrecipient** shall apply the Ryan White All Parts logo to all printed and published marketing materials.
- **Subrecipient** shall identify the source of funding on all products produced by HRSA grant funds:
  - *“This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under X07HA00001- (Ryan White Care Act Title II) through the Nevada State Division of Public and Behavioral Health Grant Number HD#17027 from the Nevada Office of HIV/AIDS. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, the U.S. Government, nor the Nevada Department of Health and Human Services or any of its subsidiaries.”*
- Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
- **Subrecipient** shall submit for prior approval of *any* Ryan White-funded communications or marketing materials, no later than ten (10) business days prior to press deadline, printing submission, or display date. This includes, but is not limited to: promotional items, advertisements, reprints of current materials, public service announcements, or website/blog/social media posts. Failure to get pre-approval on materials may result in a denial of reimbursement for that item.
- **Subrecipient** must return updated materials with any corrections to the Office of HIV/AIDS Marketing Coordinator no later than three (3) business days after notification.
- **Subrecipient** shall not add/edit/update any Ryan White Part B-funded publications without prior approval of the Marketing Coordinator.
- **Subrecipient** must report anticipated places and quantities of distribution at the time of materials approval.



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- **Subrecipient** shall not order and/or distribute materials without final approval. This applies to all new materials and reprints of existing materials, as well as web sites, public service announcements, advertisements, promotional items, and health communications campaigns.

**Outcome Measures**

State of Nevada, Ryan White Part B has adopted and aligned the Subrecipient measured outcomes with national, state, and local initiatives. These initiatives include, but are not limited to:

- Nevada Integrated HIV Prevention and Care Plan 2017-2021
- National HIV/AIDS Strategy for the United States; Updated to 2020

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

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**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under . It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor HRSA."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number from HRSA.

Subrecipient agrees to adhere to the following budget:

| <b>Category</b>                                  | <b>Total cost</b>    | <b>Detailed cost</b>         | <b>Details of expected expenses</b>  |
|--|----------------------|------------------------------|--|
| <b>1. Personnel</b>                              | <b>\$ 131,054.54</b> |                              |  |
| Health Education Coordinator                     | Salary<br>Fringe     | \$ 13,125.00<br>\$ 6,075.00  | .15 FTE Salary \$87,500; 46.28572% Fringe \$40,500<br>Provides project oversight, coordination, and implementation as well as monitoring and evaluation activities. Back up for testing and case finding activities.   |
| Public Health Investigator / Public Health Nurse | Salary<br>Fringe     | \$ 64,500.00<br>\$ 25,800.00 | 1.0 FTE Salary \$64,500; 40% Fringe \$25,800<br>Provides active case finding for clients that are out of HIV care, links clients to care and performs modified case management to achieve client retention in care.  |
| Hourly Registered Nurse                          | Salary<br>Fringe     | \$ 12,500.00<br>\$ 187.50    | .20 FTE Hourly Rate \$30.05; Fringe 1.5%<br>Provides HIV testing to communities of color at non-traditional, non-clinical sites to identify new HIV cases. (\$30.05 x 40 hrs per week x 52 weeks per year x .20 FTE)   |
| Hourly Health Educator                           | Salary<br>Fringe     | \$ 8,736.00<br>\$ 131.04     | .15 FTE Hourly Rate \$28; Fringe 1.5%<br>Provides program planning, implementation, and evaluation to engage and provide HIV testing to communities of color to identify new HIV cases. (see above calculation)  |
| Public Health Nurse Supvsr                       | Salary<br>Fringe     | In kind<br>In kind           | Supervision of professional nursing and health education staff. Duties include planning, developing, managing and implementing public health nursing programs.<br><br><i>*Fringe includes PERS, health insurance, Medicare, workers compensation and unemployment compensation</i> |
| <b>2. Travel</b>                                 | <b>\$ 1,160.00</b>   |                              |  |
| Auto - mileage reimbursement                     |                      | \$ 1,160.00                  | Local travel for outreach/offsite testing: 2000 miles @ \$0.58 per mile  |
| <b>3. Supplies</b>                               | <b>\$ 600.24</b>     |                              |  |

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|                           |                      |   |
|---------------------------|----------------------|---|
| Printing                  | \$ 300.12            | \$16.67 per 1.5 FTE per month x 12 months   |
| Office supplies           | \$ 300.12            | \$16.67 per 1.5 FTE per month x 12 months   |
| <b>4. Equipment</b>       | <b>\$ 0.00</b>       |   |
| 5. Contractual Consultant | \$ 0.00              |   |
| <b>6. Other</b>           | <b>\$ 20,488.00</b>  |   |
| Lab/Outpatient            | \$ 9,708.00          | Approx. \$809 per month x 12 months   |
| Advertising               | \$ 6,000.00          | Targeted efforts to priority populations \$500 monthly                                    |
| Cell Phone                | \$ 780.00            | 1 cell phone for all positions to use while in the field @ \$65/month x 12 months = \$780 |
| Incentives                | \$ 4,000.00          | \$10 per test x 400 tests (taxi vouchers, bus passes, gas cards, healthy snacks, etc.)    |
| <b>7. Indirect</b>        | <b>\$ 15,330.28</b>  |   |
| Indirect costs            | \$ 15,330.28         | 10% of direct costs (10% of \$153,302.78)   |
| <b>Total Cost</b>         | <b>\$ 168,633.06</b> |   |

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

**The Subrecipient agrees:**

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

- Total reimbursement through this subaward will not exceed \$168,633.06;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD 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.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

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**The Division agrees:**

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- The Division shall provide the Health Resources and Services Administration (HRSA) with all Single Audit Reports submitted by the subrecipient, as applicable.

**Both parties agree:**

- Annual program monitoring will occur with technical assistance available throughout the grant period. Site monitoring tools will be provided prior to the annual subrecipient site review.
- That fiscal, administrative, quality management, and programmatic site visits will occur no earlier than six months after the execution of the subgrant and no later than 11 months after the execution of the subgrant.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the 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 basis, based on the terms of the subaward 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 Subaward.

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

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Agency Ref. #: **HD 17027**  
 Budget Account: 3215  
 GL: 8516  
 Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

|   |   |
|---|---|
| <b>Program Name:</b><br>Ryan White HIV/AIDS Program – Part B<br>Disease Prevention & Investigation Unit | <b>Subrecipient Name:</b><br>Washoe County Health District (WCHD)<br>Kevin Dick, District Health Officer (775) 328-2400 |
| <b>Address:</b><br>4126 Technology Way, Suite 200<br>Carson City, NV 89706-2009                         | <b>Address:</b><br>1001 E. Ninth Street, Building B<br>Reno, NV 89512   |
| <b>Subaward Period:</b><br>April 1, 2019 through March 31, 2020   | <b>Subrecipient's:</b><br>EIN: 88-6000138<br>Vendor #: T40283400  |

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

Month(s) Calendar year

| Approved Budget Category  | A<br>Approved Budget | B<br>Total Prior Requests | C<br>Current Request | D<br>Year to Date Total | E<br>Budget Balance | F<br>Percent Expended |
|---------------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------|-----------------------|
| 1. Personnel              | \$131,054.54         | \$0.00                    | \$0.00               | \$0.00                  | \$131,054.54        | 0.0%                  |
| 2. Travel                 | \$1,160.00           | \$0.00                    | \$0.00               | \$0.00                  | \$1,160.00          | 0.0%                  |
| 3. Supplies               | \$600.24             | \$0.00                    | \$0.00               | \$0.00                  | \$600.24            | 0.0%                  |
| 4. Equipment              | \$0.00               | \$0.00                    | \$0.00               | \$0.00                  | \$0.00              | -                     |
| 5. Contractual/Consultant | \$0.00               | \$0.00                    | \$0.00               | \$0.00                  | \$0.00              | -                     |
| 6. Other                  | \$20,488.00          | \$0.00                    | \$0.00               | \$0.00                  | \$20,488.00         | 0.0%                  |
| 7. Indirect               | \$15,330.28          | \$0.00                    | \$0.00               | \$0.00                  | \$15,330.28         | 0.0%                  |
| <b>Total</b>              | <b>\$168,633.06</b>  | <b>\$0.00</b>             | <b>\$0.00</b>        | <b>\$0.00</b>           | <b>\$168,633.06</b> | <b>0.0%</b>           |

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

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

**FOR DIVISION USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_

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

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

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

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

Date

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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 division. Electronic copies are preferred and can be sent to [contractunit@health.nv.gov](mailto:contractunit@health.nv.gov). Mail hard copies to the following address:

***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? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2018
7. What time-period did your last audit cover? July 1, 2017 to June 30, 2018
8. Which accounting firm conducted your last audit? Eide Bailly

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

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**SECTION F**

**Notification of Utilization of Current or Former State Employee**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

| Name  | Services |
|-------|----------|
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |

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

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

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**SECTION G**

**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,



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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 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

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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

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

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

**2. Prohibited Uses and Disclosures:**

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

**IV. OBLIGATIONS OF COVERED ENTITY**

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

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3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

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

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

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

**FROM:** Jennifer Pierce, Fiscal Compliance Officer  
775-328-2418, [jpierce@washoecounty.us](mailto:jpierce@washoecounty.us)

**SUBJECT:** Approve an Award from the National Environmental Health Association (NEHA) for the period March 30, 2019 through June 30, 2019 in the total amount of \$1,900 in support of the Environmental Health Services Division (EHS) Food Safety Program– National Environmental Assessment Reporting System (NEARS) IO-TBD; and if approved, authorize the District Health Officer to execute the Agreement.

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**SUMMARY**

The Washoe County Health District received the award letter from NEHA in conjunction with the Centers for Disease Control (CDC) on March 5, 2019, the funding will support food safety program’s initiatives related to environmental assessments and help improve the food safety program capacity in foodborne illness investigations. A copy of the award letter is attached.

**District Health Strategic Priorities supported by this item:**

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** National Environmental Assessment Reporting System (NEARS)

**Scope of the Project:** The scope of work addresses the following:

- Washoe County Health District (WCHD) will use the funding to cover staff time to learn about the NEARS system and purchase environmental sampling and investigation equipment to support foodborne illness outbreak investigations. The foodborne illness investigation results will be entered in the NEARS database and the system will generate annual data reports on foodborne illness investigation activities in Washoe County and will help improve food safety programs.

- **Benefit to Washoe County Residents:** This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards and Centers for Disease Control (CDC). Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

**On-Going Program Support:** These funds will be used for one-time program expenditures.

**Award Amount:** Total award is \$1,900 (\$1,900direct/\$0 indirect)  
**Grant Period:** March 30, 2019 – June 30, 2019  
**Funding Source:** Centers for Disease Control (CDC)  
**Pass Through Entity:** National Environmental Health Association (NEHA)  
**CFDA Number:** 93.421  
**Grant ID Number:** CDC-RFA-OT18-1802  
**Match Amount and Type:** None  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$1,900 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY19 budget will be increased by \$1,900 in the following accounts:

| <u>Account Number</u> | <u>Description</u>                | <u>Amount of Increase/(Decrease)</u> |
|-----------------------|-----------------------------------|--------------------------------------|
| <b>2002-IO-TBD</b>    | <b>-431100 Federal Revenue</b>    | <b>\$1,900</b>                       |
|                       | <b>Total Revenue</b>              | <b>\$1,900</b>                       |
| <b>2002-IO-TBD</b>    | <b>-701412 Salary Adjustment</b>  | <b>\$1,186.37</b>                    |
|                       | <b>-705360 Benefit Adjustment</b> | <b>\$543.43</b>                      |
|                       | <b>-710300 Operating Supplies</b> | <b>\$170.20</b>                      |
|                       | <b>Total Expenditures</b>         | <b>\$1,900</b>                       |

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Award from the National Environmental Health Association (NEHA) for the period March 30, 2019 through June 30, 2019 in the total amount of \$1,900 in support of the Environmental Health Services Division (EHS) Food Safety Program –National Environmental Assessment Reporting System (NEARS) IO-TBD; and if approved, authorize the District Health Officer to execute the Agreement.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Award from the National Environmental Health Association (NEHA) for the period March 30, 2019 through June 30, 2019 in the total amount of \$1,900 in support of the Environmental Health Services Division (EHS) Food Safety Program –National Environmental Assessment Reporting System (NEARS) IO-TBD; and if approved, authorize the District Health Officer to execute the Agreement."



DM  
CWH

**National Environmental Health Association  
CONTRACTUAL AGREEMENT -  
Support of National Environmental Assessment  
Reporting System (NEARS) Activities  
NEHA CDC-RFA-OT18-1802 / CFDA 93.421**

This is a contractual agreement (hereafter agreement) between the National Environmental Health Association (hereafter "NEHA") and Washoe County Health District (hereafter "sub-contractor").

**Purpose and Scope**

NEHA has been awarded a cooperative agreement by The Centers for Disease Control and Prevention/National Center for Environmental Health (hereafter CDC) to perform specific services in support of CDC's mission and goals. In order to assure timely and competent completion of these services, NEHA will, when at its sole discretion it determines there is a need to do so, retain the professional services of a sub-contractor. This agreement is designed to structure, define and establish the specific terms and provisions between NEHA and the sub-contractor for accomplishing this work.

**Services of the Sub-Contractor**

The total compensation due the sub-contractor for services provided under the terms of this agreement is **One Thousand Nine Hundred dollars (\$1,900.00)** only and during the Period of Performance March 30, 2019 through June 30, 2019. The sub-contractor understands and agrees that the sub-contractor will be responsible for making any changes or modifications to the sub-contractors work plan, tasks, and/or budget that either NEHA or CDC may request should that be necessary during approval of sub-contractor's proposal and for subsequent changes or modifications that may be needed as determined by mutual agreement of the parties. The services to be provided by the sub-contractor under this agreement are referenced directly from the CDC Order for Supplies and Services award made to NEHA and are as follows:

**Project Objective**

This funding will support state and local health department food safety program initiatives related to environmental assessments and will allow the health department the opportunity to learn more about NEARS.

**Scope of Work**

Funding will support food safety program initiatives to explore involvement in CDC's National Environmental Assessment Reporting Systems. Supported activities include:

- Staff time to learn about NEARS, such as
  - Taking Environmental Assessment Training (EATS) to conduct environmental assessments
  - Participating in a NEARS webinar training session
  - Attending a regional or national NEARS presentation

- Purchase of environmental sampling/other investigation equipment to build capacity in foodborne outbreak investigation.
- Activities that encourage local programs within the state to participate.

### **Technical Requirements**

The contract between NEHA and sub-contractor is to be performed March 30, 2019 through June 30, 2019. Sub-contractor shall provide the following technical requirements:

1. Have a state or local food safety program.
2. The ability to attend online trainings and webinars.
3. Have the ability to register for NEARS.

### **Reporting Schedule**

Sub-contractor shall submit a final summary report using the provided and approved NEHA final report template. Report shall be submitted, along with the invoice, to Natalie Brown at [NBrown@neha.org](mailto:NBrown@neha.org) no later than June 30, 2019.

### **Deliverables**

The deliverables for the work to be performed include the following:

1. Completion of the online Environmental Assessment Training Series (EATS)
2. Completion of the Introduction to NEARS webinar
3. Registered as a NEARS site
4. Final report and invoice submitted to NEHA by June 30, 2019

### **Payment for Services**

The sub-contractor shall include the following information on each invoice, as applicable:

1. Sub-contractor name and address
2. Sub-contractor tax identification number
3. Purchase order/contract number
4. Invoice number
5. Invoice date
6. Contract line item number and description of item
7. Unit price and extended amount for each line item, if applicable
8. Total amount of invoice
9. Name, title and E-mail address and telephone number of person to be notified in the event of a defective invoice
10. DUNS + 4 number

All invoicing under this contract will be completed by June 30, 2019. Invoices should be submitted upon deliverable completion, utilizing the provided approved NEHA invoice template.

### **Sub-Contractor Monitoring**

NEHA reserves the right to request monthly or as needed sub-contractor reports, results of audit reports as they related to work performed under this agreement, and all reasonable requests for expense and time verification as they relate to services performed,

or expenses incurred in the performance of sub-contractor's obligations under this contract.

### **Term and Termination**

This agreement will become effective upon the date that it is signed by both parties. This agreement shall be in effect until the completion and acceptance by NEHA of the sub-contractors work performed under this agreement. Upon completion by the sub-contractor of all work outlined in the "Services of Sub-Contractor" section of this agreement, and upon acceptance of that work by NEHA, based on acceptance by the CDC project manager, this agreement will terminate. Notwithstanding any other provision within this agreement, under no condition shall this agreement remain in effect beyond the end of the Period of Performance (POP) which is July 31, 2019. It may be extended by prior mutual agreement of the parties provided that the proposed extension is reduced to writing and signed by both parties.

### **Modification and Assignment**

This agreement is not subject to modification or assignment unless the proposed modification and/or assignment is agreed to by both parties and reduced to writing and signed by both parties.

### **Indemnification**

It is agreed and understood by both parties that neither party shall assume any liability for the actions of the other party in the fulfillment of the terms of this contract. This shall include but is not limited to any act of negligence, or error or omission whether intentional or not, on the part of either party to this agreement.

### **Point of Contact for NEHA:**

Questions about payments:

Gail Vail, Finance Director

NEHA

720 S. Colorado Blvd, Suite 1000-N

Denver, CO 80246

303-756-9090 x309

[GVail@neha.org](mailto:GVail@neha.org)

### **All other NEHA questions:**

Elizabeth Landeen, Associate Director, PPD

NEHA

245 S 17<sup>th</sup> St

Las Vegas, NV 89101

702-802-3924

[ELandeen@neha.org](mailto:ELandeen@neha.org)

### **Point of Contact for Subcontractor:**

Chantelle Batton  
Registered Environmental Health Specialist  
Washoe County Health District  
775-328-2626  
cbatton@washoecounty.us

**Sub-Contractor:**

\_\_\_\_\_  
Kevin Dick  
Health Officer, Washoe County Health District

\_\_\_\_\_  
Date

**NEHA:**

\_\_\_\_\_  
Gail Vail  
Finance Director

\_\_\_\_\_  
Date

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

**FROM:** James English, Environmental Health Specialist Supervisor  
775-328-2610; jenglish@washoecounty.us

**SUBJECT:** Acceptance of the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

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**SUMMARY**

In accordance with the Nevada Revised Statutes 278.0286, the Division of Environmental Health Services of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County has completed the 2018 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year.

**District Health Strategic Priority supported by this item:**

- 2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

**PREVIOUS ACTION**

The 2017 Annual Report was approved on March 22, 2018.

**BACKGROUND**

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2017 as the current recycling and tonnage reports are not calculated until on or after April 1 for the previous year.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY19 budget should the Board approve this annual report.

**RECOMMENDATION**

Environmental Health Services Staff recommends that the Washoe County District Board of Health (Board) accept the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

Subject: Acceptance of the 2018 Annual Report to the Truckee Meadows Regional Planning Agency

Date: March 28, 2019

Page 2 of 2

**POSSIBLE MOTION**

Should the Board agree with staff recommendations, a possible motion would be “Move to accept the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.”

**2018 ANNUAL REPORT TO  
THE REGIONAL PLANNING COMMISSION**  
(Reporting Period: January – December 2017)

**By the Washoe County Health District (WCHD) as the Solid Waste Management Authority**

**C. Public Services and Facilities**

**3. Solid Waste Management (Appendix I, 2012 Regional Plan Version 13)**

Solid waste collected in Washoe County is disposed primarily in the Lockwood Regional Landfill with a small amount of waste going to the Russel Pass and Carson City Landfills. The cities and the unincorporated areas have franchise agreements to provide for solid waste collection, transportation, disposal and recycling services. The franchised waste hauler pays franchise fees to the cities of Reno and Sparks, Washoe County and the Incline General Improvement District.

At the present rate of waste generation, the existing transfer stations are adequate. WCHD has been in discussions with Waste Management about the need for additional transfer stations in our community. From a transportation perspective, the region needs to look at additional transfer stations in the southern Northeastern portions of the County.

The data below continues to demonstrate the growth in the region's economy. Overall waste generation is up over 12.9% in 2017 from 2016, recycled MSW is down and diverted C & D waste is up year over year. Overall recycling rates dropped in 2017 from 2016 by over a full percentage point.

**2017 Dataset Inventory:**

**The amount of domestic solid waste disposed at the landfill: MSW = 455,950.0 T**

**The amount of industrial and special waste generated: I & P = 460,228 T**

**The total amount of MSW generated in the county: 612,143.65 T**

**The total waste generated in the county: 1,298,934.13 T**

**(Note: Total waste generated is the sum of the recycled MSW and C & D, plus the quantity of MSW which was reported as generated in the county plus the I & P and special wastes disposed of in the county.)**

**The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 166,193.65 T**

**The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 226,562.49 T**

**The total recycled material collected: Recycled MSW + C&D = 392,756.13 T**

**MSW recycling rate = 27%**

**MSW + C & D recycling rate = 30%**

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| DA   | _____    |
| Risk | _____    |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

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

**SUBJECT:** Acceptance of the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Air Quality Management Division.

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**SUMMARY**

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement for Calendar Year 2018.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

The DBOH has accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report each year since 2013 and most recently on March 22, 2018.

**BACKGROUND**

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the Regional Plan by April 1 of each year.



The attached report summarizes the progress made in Calendar Year 2018 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2019. Additionally, the report includes projects or policies that are planned to begin in early 2019 that further or assist in carrying out the Regional Plan.

### **FISCAL IMPACT**

There will be no fiscal impact from the Board accepting this report.

### **RECOMMENDATION**

Staff recommends the Board accept the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District Air Quality Management Division.

### **POSSIBLE MOTION**

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

“Move to accept the 2018 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District Air Quality Management Division.”

**2018 Regional Plan Annual Report**  
**Washoe County Health District - Air Quality Management Division**  
**(Reporting Period: January - December 2018)**

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). The goal of the Washoe County Health District, Air Quality Management Division (AQMD) is to develop and implement programs to meet these NAAQS. As of February 2019, all areas of Washoe County meet all NAAQS for all pollutants and averaging times with the exception of ozone.

Ozone is our local air pollutant that is closest to violating the NAAQS. The standard is 0.070 ppm and preliminary monitoring data for 2018 shows that we are at 0.071 ppm. (Note: This excludes six days in 2015 and 2016 that EPA agrees were influenced by wildfire smoke.) EPA is evaluating several additional days in 2017 that could be eligible for Exceptional Events and lower the 2016-2018 design value calculation.

AQMD's efforts in 2018 were focused on implementing Ozone Advance, which is a collaborative effort to encourage voluntary initiatives that improve air quality. Ozone Advance's five primary goals are to:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Educate and empower local jurisdictions to make good long-term decisions that improve air quality

Incorporating Ozone Advance goals in the Regional Plan Update will further support these plans, policies, and priorities.

A: Regional Form and Patterns  
B: Natural Resource Management  
C: Public Services and Facilities

The built environment determines transportation choices in our area. On-road motor vehicles such as cars and trucks are the largest category of ozone precursors. Managing vehicle trips and vehicle miles traveled (VMT) will have the greatest impact on ozone concentrations. The AQMD has continued to collaborate with stakeholders that influence the Truckee Meadows' regional form and pattern. These stakeholders include community development departments, planning commissions, governing boards, and other organizations. The primary goals of AQMD's collaboration with stakeholders are to: 1) Emphasize the connection between the built environment, transportation, and air quality; and 2) ensure “. . . public health impacts related to land use decisions” (Policy 1.2.21) are included in the planning process.

AQMD has collaborated with local jurisdictions to incorporate Ozone Advance goals into their master, comprehensive, and long-range plans. Implementation relied on the collective impact of including Ozone Advance's five goals into other plans, policies, and priorities. The City of Reno Planning Commission has included air quality as one of its top priorities since 2016.

The Ozone Advance program encourages increasing transportation choices to reduce our community's dependence on the automobile. Strategically expanding the open space and greenway network provides active transportation options such as walking and biking. Strategies that address stormwater management (i.e., managing impervious surfaces) and food desert (i.e., edible landscaping) issues also support Ozone Advance's goal to reduce urban heat island impacts.

While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions have co-benefits for the environment, public health, and the economy.

#### Topic D: General Review of 2012 Truckee Meadows Regional Plan

Historically, portions of Washoe County have not met federal air quality standards for ozone (1-hour), carbon monoxide (8-hour), and particulates (24-hour). Local control strategies implemented in the 1980's such as the smog check and woodstove programs helped improve air quality and we currently meet all air quality standards.

Since motor vehicles are the largest category of air pollutants in our area, the Regional Transportation Plan (RTP) includes motor vehicle emission budgets (MVEB) for carbon monoxide and particulates. These budgets were approved by EPA and ensure that transportation related emissions do not contribute to another "non-attainment" designation. Transportation conformity must be demonstrated before the Federal Highway Administration can approve the RTP.

Budgets for ozone (1-hour) were not developed because the 1-hour standard was rescinded when the 8-hour standard was promulgated in 1997. If our area violates the 2015 ozone standard and designated as "non-attainment", then a MVEB for ozone will be developed. The MVEB will likely force a reduction of VMT in the RTP.

The next Regional Plan update should acknowledge the impact of VMT and transportation related emissions with respect to future growth.

## Topic E: A Preview of 2019

The federal standard for ozone is 0.070 ppm and the certified 2015-2017 monitoring data is 0.070 ppm. All areas of Washoe County are designated as “Attainment/Unclassifiable” for the 2015 ozone standard. Based on preliminary 2016-2018 air monitoring data, three monitors (Reno3, Sparks, and Lemmon Valley) have design values of 0.071 ppm and will violate the standard. EPA is evaluating several additional days in 2017 that could be eligible for Exceptional Events and lower the 2016-2018 design value calculation.

The AQMD is committed to providing input to ensure region-wide, master, and long-range plans support Ozone Advance goals. The AQMD will also provide comments on land-use projects to incorporate specific Ozone Advance initiatives that improve air quality. Two examples are recommendations to include conditions for: 1) Smart Trips (aka, Employee Trip Reduction) programs for all businesses, and 2) all new residential construction to be Electric Vehicle charging ready. These recommendations will reduce the vehicle trips, vehicle miles traveled, and tailpipe emissions.

The Clean Air Act has statutory timelines for “non-attainment” areas to improve air quality and meet the federal standards. Long-term “non-attainment” not only means an increase in chronic disease rates, our area could be less attractive than neighboring counties to businesses seeking to expand or relocate to Washoe County.

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| DHO |    | KD |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

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

**SUBJECT:** Appointment of Mr. Paul Kaplan to the Air Pollution Control Hearing Board for a 3-year term beginning March 29, 2019, and ending March 28, 2022.

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**SUMMARY**

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board appoint Mr. Paul Kaplan for a 3-year term beginning March 29, 2019, and ending March 28, 2022. This appointment will fill the seat vacated by Mr. Joseph Serpa on February 28, 2019.

**District Health Strategic Priority supported by this item:**

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

February 28, 2019. District Board of Health recognized Mr. Joseph Serpa for 23 years of service on the Air Pollution Control Hearing Board (APCHB). Staff reported, by statute, the vacancy would have to be filled by a member of the public licensed in the state of Nevada as a general engineering or general building contractor. In order to fill the vacancy, staff had prepared an announcement of the vacancy and posted it on the website, OurCleanAir.com. Additionally, notice was provided to the Associated General Contractors of Northern Nevada and the Builders Association of Northern Nevada.

**BACKGROUND**

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the Air Quality Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivisions. The membership is required to include one attorney, one professional engineer registered in Nevada, one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be 3-year terms.

As a result of the outreach efforts Mr. Paul Kaplan, President of Kap Construction, Inc., contacted AQMD expressing an interest in serving on the APCHB. On March 1, 2019, Mr. Kaplan submitted an email confirming his interest for consideration for appointment to the APCHB and a biography (attached). At that time, Mr. Kaplan was the only person to respond to the vacancy announcement. Staff conducted a phone interview where Mr. Kaplan demonstrated knowledge of the construction industry, air quality regulatory requirements, and an appreciation of the mission of the AQMD.

Many years ago, Mr. Kaplan had first-hand experience with the AQMD asbestos regulations as the result of water damage from a roof leak at the Kap Construction office. The delaminated ceiling materials tested positive for asbestos resulting in a full abatement of the office. The incident provided Mr. Kaplan with an insight into the significance of protecting public health. The combination of his experience in the local construction field since 1985, accomplishments including green building awards, and appreciation for the protection of public health should provide the APCHB with a valuable member.

### **FISCAL IMPACT**

As this is a voluntary position, there will be no fiscal impact to the Washoe County Health District associated with this appointment.

### **RECOMMENDATION**

Air Quality Management Division staff recommends the Washoe County District Board of Health appoint Mr. Paul Kaplan to the Air Pollution Control Hearing Board for a 3-year term beginning March 29, 2019, and ending March 28, 2022.

### **POSSIBLE MOTION**

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

“Move to appoint Mr. Paul Kaplan to the Air Pollution Control Hearing Board for a 3-year term beginning March 29, 2019, and ending March 28, 2022.”

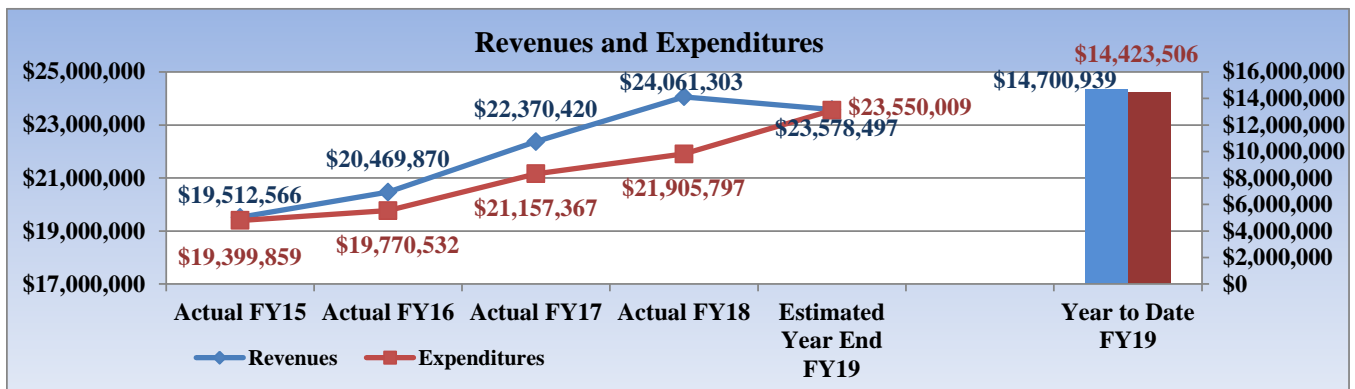
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| DD   | NA    | _____ |
| DHO  | _____ | _____ |
| DA   | NA    | _____ |
| Risk | NA    | _____ |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**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 Fund Financial Review for February, Fiscal Year 2019

**SUMMARY**

The eight months of fiscal year 2019, (FY19) ended with a cash balance of \$6,808,415. Total revenues of \$14,700,939 were 62.8% of budget and a decrease of \$297,132 over FY18. The expenditures totaled \$14,423,506 or 57.3% of budget and down \$192,885 compared to FY18.



**District Health Strategic Priority supported by this item:**

- 5. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

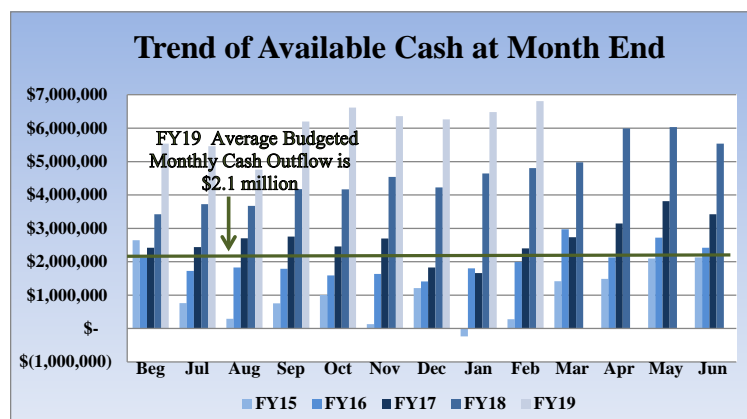
**PREVIOUS ACTION**

Fiscal Year 2019 Budget was adopted May 22, 2018.

**BACKGROUND**

**Review of Cash**

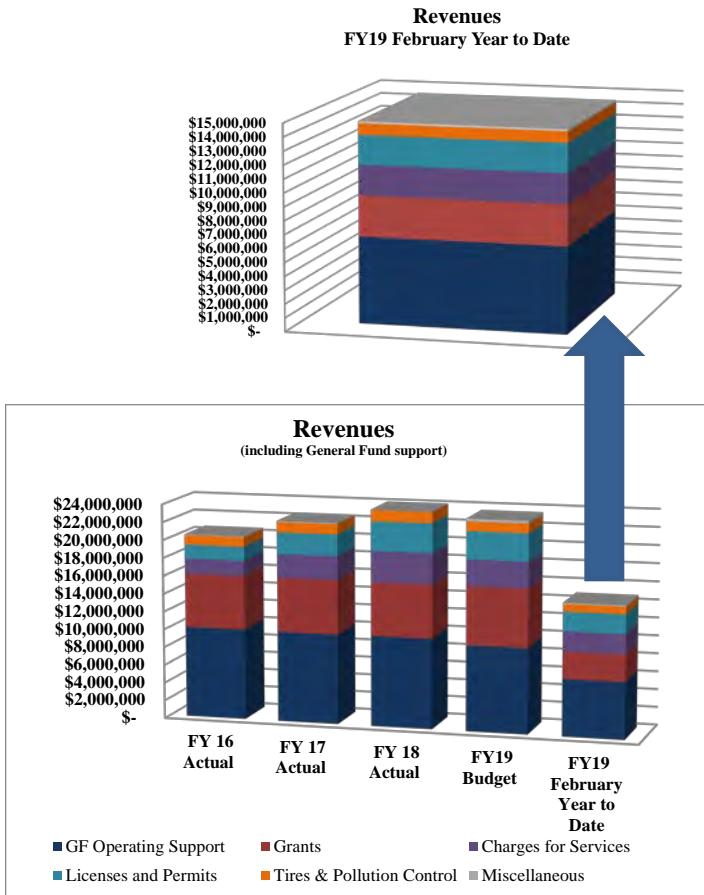
The available cash at the end of February, FY19, was \$6,808,415 which is enough to cover approximately 3.2 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.4 million; the cash restricted as to use is approximately \$1.1 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$4.3 million.



Note: January FY15 negative cash is due to no County General Fund support

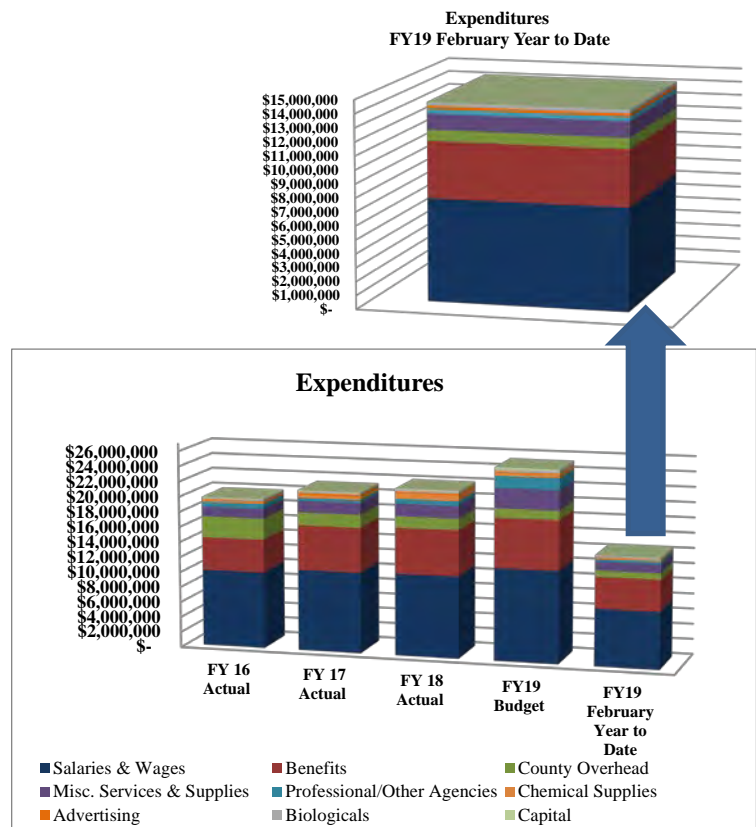


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$14,700,939 down \$297,132 or 2.0% compared to February FY18. The revenue categories up over FY18 were: licenses and permits of \$2,153,173 up \$169,326 or 8.5%; charges for services of \$2,227,110 up \$72,660 or 3.4%; and, miscellaneous revenues of \$143,780 up \$105,181 due to the closing of the Environmental Health Hazardous Materials oversight checking account. Revenue categories down compared to FY18 were: Federal and State grants of \$3,003,553 down \$18,558 or 0.6%; tire and pollution control funding of \$828,753 down \$90,905; and, the County General Fund support of \$6,344,571 down \$534,835 due to the contingency transfer in FY18 for mosquito abatement chemicals not needed in FY19.

The total year to date **expenditures** of \$14,423,506 decreased by \$192,885 or 1.3% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$11,632,243 up \$316,615 or 2.8% over the prior year and 62.3% of budget. The total services and supplies of \$2,787,949 down \$493,783 or 15.0% compared to FY18 and 44.2% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional/other agency services, which totaled \$337,262 down \$15,987 over FY18; chemical supplies of \$231,052 down \$535,257 or 69.8%; the biologicals of \$224,029, were up \$34,335; and, County overhead charges of \$812,053 were down \$201,694 or 19.9%. There has been \$3,315 in capital expenditures.





**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$788,756 up \$146,003 or 47.6% over FY18 mainly due to funding in FY19 not in FY18 for The Children’s Cabinet for the support for Signs of Suicide, installation of staff badge reader access into the facility, furniture beyond its useful life requiring replacement, and increased funding in FY19 for Truckee Meadows Healthy Communities public health initiatives.

**AHS** has spent \$728,995 down \$38,481 or 5.0% compared to FY18 mainly due to salary savings from a vacant position and a decline in utilities and County overhead charges.

**AQM** revenues were \$2,115,136 down \$8,868 or 0.4%. The Division spent \$1,934,808 up \$59,106 or 3.2% over FY18 due to the annual licensing payment for the Regional Permitting System, an employee retirement payout for accrued vacation and sick leave, and filling vacant positions.

**CCHS** revenues were \$2,271,804 down \$120,085 or 5.0% over FY18 due to a decline in grant reimbursements, Medicaid, and insurance reimbursements. The division spent \$4,988,806 or \$54,125 more than FY18 mainly due to the cost of a payout on accrued benefits for an employee that retired.

**EHS** revenues were \$2,861,895 up \$347,911 or 13.8% over FY18 mainly in food service permits and the deposit of Hazardous Material funds due to closing a bank account from a 1995 settlement agreement for a Tank Farm Litigation. EHS spent \$4,278,795 a decline of \$461,428 over last year due to an inventory of chemical supplies in the Vector program allowing for a chemical supply expenditure reduction compared to FY18. With excluding Vector costs from FY18 and FY19 the total expenditures are up \$159,759 or 5% over FY18 mainly due to the annual licensing payment for the Regional Permitting System and the purchase of computer equipment needed for field inspections.

**EPHP** revenues were \$1,107,533 up \$22,111 over last year due to increased grant funding and spent \$1,703,346 up \$47,791 over FY18 due to temporary help to assist during the recruitment of a vacant position and additional operating expenditures from the increased grant funding.

| Washoe County Health District<br>Summary of Revenues and Expenditures<br>Fiscal Year 2014/2015 through February Year to Date Fiscal Year 2018/2019 (FY19)  |                      |                      |                      |                       |                       |                       |                       |                   |                         |
|--|----------------------|----------------------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------|-------------------------|
|  | Actual Fiscal Year   |                      |                      | Fiscal Year 2017/2018 |                       | Fiscal Year 2018/2019 |                       |                   |                         |
|  | 2014/2015            | 2015/2016            | 2016/2017            | Actual Year End       | February Year to Date | Adjusted Budget       | February Year to Date | Percent of Budget | FY19 Increase over FY18 |
| <b>Revenues (all sources of funds)</b>   |                      |                      |                      |                       |                       |                       |                       |                   |                         |
| ODHO   | -                    | 15,000               | 51,228               | 3,365                 | 3,365                 | -                     | -                     | -                 | -100.0%                 |
| AHS  | 151                  | -                    | -                    | -                     | -                     | -                     | -                     | -                 | -                       |
| AQM  | 2,427,471            | 2,520,452            | 2,979,720            | 3,543,340             | 2,124,004             | 3,086,133             | 2,115,136             | 68.5%             | -0.4%                   |
| CCHS   | 3,520,945            | 3,506,968            | 3,872,898            | 4,179,750             | 2,391,889             | 4,321,392             | 2,271,804             | 52.6%             | -5.0%                   |
| EHS  | 2,008,299            | 2,209,259            | 3,436,951            | 4,428,294             | 2,513,984             | 4,332,380             | 2,861,895             | 66.1%             | 13.8%                   |
| EPHP   | 1,555,508            | 2,141,334            | 2,027,242            | 1,854,862             | 1,085,422             | 2,166,533             | 1,107,533             | 51.1%             | 2.0%                    |
| GF support   | 10,000,192           | 10,076,856           | 10,002,381           | 10,051,691            | 6,879,406             | 9,516,856             | 6,344,571             | 66.7%             | -7.8%                   |
| <b>Total Revenues</b>  | <b>\$ 19,512,566</b> | <b>\$ 20,469,870</b> | <b>\$ 22,370,420</b> | <b>\$ 24,061,303</b>  | <b>\$ 14,998,071</b>  | <b>\$ 23,423,294</b>  | <b>\$ 14,700,939</b>  | <b>62.8%</b>      | <b>-2.0%</b>            |
| <b>Expenditures (all uses of funds)</b>  |                      |                      |                      |                       |                       |                       |                       |                   |                         |
| ODHO   | 481,886              | 594,672              | 904,268              | 826,325               | 642,753               | 1,656,566             | 788,756               | 47.6%             | 22.7%                   |
| AHS  | 1,096,568            | 996,021              | 1,119,366            | 1,016,660             | 767,476               | 1,188,894             | 728,995               | 61.3%             | -5.0%                   |
| AQM  | 2,587,196            | 2,670,636            | 2,856,957            | 2,936,261             | 1,875,702             | 3,670,794             | 1,934,808             | 52.7%             | 3.2%                    |
| CCHS   | 6,967,501            | 6,880,583            | 7,294,144            | 7,538,728             | 4,934,681             | 8,156,778             | 4,988,806             | 61.2%             | 1.1%                    |
| EHS  | 5,954,567            | 5,939,960            | 6,366,220            | 7,030,470             | 4,740,223             | 7,496,886             | 4,278,795             | 57.1%             | -9.7%                   |
| EPHP   | 2,312,142            | 2,688,659            | 2,616,411            | 2,557,352             | 1,655,555             | 2,986,667             | 1,703,346             | 57.0%             | 2.9%                    |
| <b>Total Expenditures</b>  | <b>\$ 19,399,859</b> | <b>\$ 19,770,532</b> | <b>\$ 21,157,367</b> | <b>\$ 21,905,797</b>  | <b>\$ 14,616,391</b>  | <b>\$ 25,156,585</b>  | <b>\$ 14,423,506</b>  | <b>57.3%</b>      | <b>-1.3%</b>            |
| <b>Revenues (sources of funds) less Expenditures (uses of funds):</b>  |                      |                      |                      |                       |                       |                       |                       |                   |                         |
| ODHO   | (481,886)            | (579,672)            | (853,040)            | (822,960)             | (639,388)             | (1,656,566)           | (788,756)             |                   |                         |
| AHS  | (1,096,417)          | (996,021)            | (1,119,366)          | (1,016,660)           | (767,476)             | (1,188,894)           | (728,995)             |                   |                         |
| AQM  | (159,725)            | (150,184)            | 122,763              | 607,078               | 248,302               | (584,661)             | 180,328               |                   |                         |
| CCHS   | (3,446,556)          | (3,373,615)          | (3,421,246)          | (3,358,978)           | (2,542,792)           | (3,835,386)           | (2,717,002)           |                   |                         |
| EHS  | (3,946,268)          | (3,730,701)          | (2,929,269)          | (2,602,176)           | (2,226,239)           | (3,164,506)           | (1,416,900)           |                   |                         |
| EPHP   | (756,634)            | (547,325)            | (589,169)            | (702,490)             | (570,133)             | (820,134)             | (595,813)             |                   |                         |
| GF Operating   | 10,000,192           | 10,076,856           | 10,002,381           | 10,051,691            | 6,879,406             | 9,516,856             | 6,344,571             |                   |                         |
| <b>Surplus (deficit)</b>   | <b>\$ 112,707</b>    | <b>\$ 699,338</b>    | <b>\$ 1,213,053</b>  | <b>\$ 2,155,505</b>   | <b>\$ 381,680</b>     | <b>\$ (1,733,291)</b> | <b>\$ 277,433</b>     |                   |                         |
| <b>Fund Balance (FB)</b>   | <b>\$ 2,268,506</b>  | <b>\$ 2,967,844</b>  | <b>\$ 4,180,897</b>  | <b>\$ 6,336,402</b>   |                       | <b>\$ 4,603,111</b>   |                       |                   |                         |
| FB as a % of Expenditures  | 11.7%                | 15.0%                | 19.8%                | 28.9%                 |                       | 18.3%                 |                       |                   |                         |
| 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 Fund financial review for February, Fiscal Year 2019.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for February, Fiscal Year 2019.

Attachment:  
Health District Fund financial system summary report



Period: 1 thru 8 2019 P&L Accounts  
 Accounts: GO-P-L  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

| Accounts                      | 2019 Plan   | 2019 Actuals | Balance    | Act% | 2018 Plan   | 2018 Actual | Balance    | Act% |
|-------------------------------|-------------|--------------|------------|------|-------------|-------------|------------|------|
| 460529 Assessments-AOM        | 111,765-    | 80,379-      | 31,386-    | 72   | 106,866-    | 77,805-     | 29,061-    | 73   |
| 460530 Inspector Registr-AQ   | 4,175-      |              | 4,175-     |      | 6,750-      |             | 6,750-     |      |
| 460531 Dust Plan-Air Quality  | 362,521-    | 418,047-     | 55,526     | 115  | 334,771-    | 329,596-    | 5,175-     | 98   |
| 460532 Plan Rvw Hotel/Motel   |             | 6,507-       | 6,507      |      |             | 6,279-      | 6,279      |      |
| 460534 Child Care Inspection  | 22,470-     | 15,392-      | 7,078-     | 68   | 21,169-     | 14,954-     | 6,215-     | 71   |
| 460535 Pub Accomod Inspectn   | 28,380-     | 29,456-      | 1,076      | 104  | 46,666-     | 28,613-     | 18,053-    | 61   |
| 460570 Education Revenue      |             |              |            |      |             |             |            |      |
| 460723 Other Fees             | 193,032-    | 147,187-     | 45,845-    | 76   | 197,528-    | 60,515-     | 137,013-   | 31   |
| * Charges for Services        | 2,906,932-  | 2,227,110-   | 679,822-   | 77   | 2,553,979-  | 2,154,450-  | 399,529-   | 84   |
| 481150 Interest-Non Pooled    |             | 4-           | 4          |      |             | 1-          | 1          |      |
| 484000 Donation,Contrib.      | 10-         | 10-          |            | 100  | 5,000-      |             | 5,000-     |      |
| 484050 Donation Fed Pgm Inc   | 6,500-      | 5,035-       | 1,465-     | 77   | 16,050-     | 7,787-      | 8,263-     | 49   |
| 484197 Non-Gov. Grants-Ind.   | 14,804-     | 3,473-       | 11,331-    | 23   | 14,428-     | 9,413-      | 5,015-     | 65   |
| 485100 Reimbursements         | 48,283-     | 26,823-      | 21,460-    | 56   | 46,084-     | 21,195-     | 24,889-    | 46   |
| 485300 Other Misc Govt Rev    | 258,426-    | 108,426-     | 150,000-   | 42   |             | 203-        | 203        |      |
| ** Miscellaneous              | 328,023-    | 143,772-     | 184,251-   | 44   | 81,562-     | 38,599-     | 42,963-    | 47   |
| Revenue                       | 13,906,438- | 8,356,361-   | 5,550,077- | 60   | 12,983,044- | 8,118,665-  | 4,864,378- | 63   |
| 701110 Base Salaries          | 10,644,138  | 6,705,990    | 3,938,147  | 63   | 10,324,398  | 6,593,475   | 3,730,923  | 64   |
| 701120 Part Time              | 302,258     | 230,429      | 71,829     | 76   | 230,398     | 176,625     | 53,764     | 77   |
| 701130 Pooled Positions       | 549,606     | 297,150      | 252,456    | 54   | 419,740     | 292,356     | 127,385    | 70   |
| 701140 Holiday Work           | 4,319       | 1,868        | 2,451      | 43   | 4,319       | 1,443       | 2,875      | 33   |
| 701150 xContractual Wages     |             |              |            |      |             |             |            |      |
| 701199 Lab Cost Sav-Wages     | 166,100     | 76,533       | 89,567     | 46   | 164,408     | 79,419      | 84,989     | 48   |
| 701200 Incentive Longevity    | 114,569     | 54,383       | 60,186     | 47   | 68,241      | 44,491      | 23,749     | 65   |
| 701300 Overtime               | 300         | 173          | 127        | 58   | 300         | 244         | 56         | 81   |
| 701403 Shift Differential     | 38,000      | 21,389       | 16,611     | 56   | 38,000      | 21,312      | 16,688     | 56   |
| 701406 Standby Pay            | 5,000       | 1,257        | 3,743      | 25   | 5,000       | 1,539       | 3,461      | 31   |
| 701408 Call Back              |             |              |            |      |             |             |            |      |
| 701410 Detective Pay          |             |              |            |      |             |             |            |      |
| 701412 Salary Adjustment      | 168,046     |              | 168,046    |      | 100,893     |             | 100,893    |      |
| 701413 Vac Payoff Sick Term   | 67,722      | 78,124       | 10,403-    | 115  | 73,676      | 11,333      | 62,344     | 15   |
| 701414 Vacation Denied-Payoff |             |              |            |      | 1,101       | 1,101       |            | 100  |
| 701417 Comp Time              | 16,320      | 20,141       | 3,822-     | 123  | 2,069       | 3,159       | 1,090-     | 153  |
| 701419 Comp Time - Transfer   |             |              |            |      | 7,194       |             | 7,194      |      |
| 701500 Merit Awards           |             |              |            |      |             |             |            |      |
| * Salaries and Wages          | 12,076,376  | 7,487,438    | 4,588,938  | 62   | 11,439,728  | 7,226,497   | 4,213,231  | 63   |
| 705110 Group Insurance        | 1,676,674   | 992,211      | 684,463    | 59   | 1,648,117   | 1,031,480   | 616,638    | 63   |
| 705115 ER HSA Contribs        | 88,000      | 149,782      | 61,782-    | 170  | 66,000      | 93,717      | 27,717-    | 142  |
| 705190 OPEB Contribution      | 1,286,542   | 857,695      | 428,847    | 67   | 1,305,189   | 870,126     | 435,063    | 67   |
| 705199 Lab Cost Sav-Benef     |             |              |            |      |             |             |            |      |
| 705210 Retirement             | 3,120,662   | 1,968,895    | 1,151,766  | 63   | 3,001,406   | 1,923,666   | 1,077,740  | 64   |
| 705215 Retirement Calculation |             |              |            |      |             |             |            |      |
| 705230 Medicare April 1986    | 151,817     | 103,273      | 48,543     | 68   | 148,683     | 99,416      | 49,267     | 67   |



Period: 1 thru 8 2019 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

| Accounts                     | 2019 Plan  | 2019 Actuals | Balance    | Act% | 2018 Plan  | 2018 Actual | Balance   | Act% |
|------------------------------|------------|--------------|------------|------|------------|-------------|-----------|------|
| 710529 Dues                  | 21,555     | 13,261       | 8,294      | 62   | 32,129     | 30,478      | 1,651     | 95   |
| 710535 Credit Card Fees      | 52,457     | 40,648       | 11,809     | 77   | 51,157     | 35,608      | 15,549    | 70   |
| 710546 Advertising           | 151,745    | 30,982       | 120,763    | 20   | 173,119    | 77,052      | 96,067    | 45   |
| 710551 Cash Discounts Lost   |            | 48           | 48         |      |            | 6           | 6         |      |
| 710563 Recruitment           |            |              |            |      |            | 771         | 771       |      |
| 710571 Safety Expense        | 56,279     | 28,186       | 28,093     | 50   | 57,891     | 25,468      | 32,423    | 44   |
| 710577 Uniforms & Special C  | 2,700      | 1,849        | 851        | 68   | 4,200      | 4,290       | 90        | 102  |
| 710585 Undesignated Budget   | 543,923    | 5,605        | 543,923    | 96   | 794,954    | 794,954     |           |      |
| 710594 Insurance Premium     | 5,815      | 51,071       | 210        | 96   | 5,815      | 5,605       | 210       | 96   |
| 710600 LT Lease-Office Space | 75,813     |              | 24,742     | 67   | 76,607     | 51,071      | 25,536    | 67   |
| 710620 LT Lease-Equipment    |            |              |            |      |            |             |           |      |
| 710703 Biologicals           | 356,681    | 224,029      | 132,652    | 63   | 282,612    | 189,694     | 92,918    | 67   |
| 710714 Referral Services     | 6,780      | 7,232        | 452        | 107  | 6,780      | 3,164       | 3,616     | 47   |
| 710721 Outpatient            | 94,259     | 69,998       | 24,261     | 74   | 124,693    | 49,157      | 75,536    | 39   |
| 710872 Food Purchases        | 3,244      | 1,458        | 1,786      | 45   | 2,744      | 669         | 2,075     | 24   |
| 711008 Combined Utilities    | 71,118     | 47,412       | 23,706     | 67   | 90,800     | 60,533      | 30,267    | 67   |
| 711010 Utilities             |            |              |            |      |            |             |           |      |
| 711100 ESD Asset Management  | 50,274     | 33,858       | 16,416     | 67   | 40,091     | 28,224      | 11,867    | 70   |
| 711113 Equip Srv Replace     | 60,891     | 31,020       | 29,871     | 51   | 55,159     | 32,665      | 22,493    | 59   |
| 711114 Equip Srv O & M       | 61,103     | 38,088       | 23,014     | 62   | 64,486     | 49,001      | 15,485    | 76   |
| 711115 Equip Srv Motor Pool  | 5,000      | 6,750        | 1,750      | 135  | 5,000      |             | 5,000     |      |
| 711117 ESD Fuel Charge       | 31,839     | 19,360       | 12,479     | 61   | 27,852     | 19,884      | 7,968     | 71   |
| 711119 Prop & Liab Billings  | 82,007     | 54,671       | 27,336     | 67   | 82,007     | 54,671      | 27,336    | 67   |
| 711210 Travel                | 181,890    | 58,551       | 123,339    | 32   | 172,135    | 54,387      | 117,748   | 32   |
| 711213 Travel-Non Cnty Pers  | 32,500     | 1,718        | 30,782     | 5    |            | 1,944       | 1,944     |      |
| 711300 Cash Over Short       |            | 3            | 3          |      |            | 0           | 0         |      |
| 711399 ProCard in Process    |            |              |            |      |            |             |           |      |
| 711400 Overhead - GenFund    | 1,218,080  | 812,053      | 406,027    | 67   | 1,520,621  | 1,013,747   | 506,874   | 67   |
| 711410 Overhead - Admin      |            |              |            |      |            |             |           |      |
| 711504 Equipment nonCapital  | 146,989    | 98,761       | 48,227     | 67   | 83,270     | 69,892      | 13,377    | 84   |
| 711508 Computers nonCapital  | 220,130    | 79,626       | 140,504    | 36   | 20,000     | 1,944       | 18,056    | 10   |
| 711509 Comp Sftw nonCap      | 4,281      | 18,362       | 14,081     | 429  | 2,631      | 4,770       | 2,139     | 181  |
| * Services and Supplies      | 6,260,990  | 2,736,734    | 3,524,256  | 44   | 5,797,533  | 3,281,732   | 2,515,801 | 57   |
| 781002 Build Imprv Capital   | 35,000     |              | 35,000     |      |            |             |           |      |
| 781004 Equipment Capital     | 100,000    |              | 100,000    |      |            |             | 100,000   |      |
| 781007 Vehicles Capital      |            |              |            |      |            |             |           |      |
| 781009 Comp Sftw Capital     | 45,000     | 3,315        | 41,686     | 7    | 25,000     | 19,031      | 5,970     | 76   |
| * Capital Outlay             | 180,000    | 3,315        | 176,686    | 2    | 125,000    | 19,031      | 105,970   | 15   |
| ** Expenses                  | 25,083,462 | 14,372,292   | 10,711,170 | 57   | 23,716,926 | 14,616,391  | 9,100,535 | 62   |
| 485192 Surplus Equip Sales   |            | 8            | 8          |      |            |             |           |      |
| * Other Fin. Sources         |            | 8            | 8          |      |            |             |           |      |
| 621001 Transfer From General | 9,516,856  | 6,344,571    | 3,172,285  | 67   | 10,051,691 | 6,879,406   | 3,172,285 | 68   |

Period: 1 thru 8 2019 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-I Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

| Accounts                    | 2019 Plan  | 2019 Actuals | Balance    | Act% | 2018 Plan   | 2018 Actual | Balance    | Act% |
|-----------------------------|------------|--------------|------------|------|-------------|-------------|------------|------|
| * Transfers In              | 9,516,856- | 6,344,571-   | 3,172,285- | 67   | 10,051,691- | 6,879,406-  | 3,172,285- | 68   |
| 812230 To Reg Permits-230   | 73,123     | 51,215       | 21,908     | 70   | 100,271     |             | 100,271    |      |
| 814430 To Reg Permits Capit |            |              |            |      |             |             |            |      |
| * Transfers Out             | 73,123     | 51,215       | 21,908     | 70   | 100,271     | 6,879,406-  | 100,271    | 69   |
| ** Other Financing Src/Use  | 9,443,733- | 6,293,364-   | 3,150,369- | 67   | 9,951,420-  |             | 3,072,014- |      |
| *** Total                   | 1,733,291  | 277,433-     | 2,010,724  | 16-  | 782,463     | 381,680-    | 1,164,143  | 49-  |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health  
**FROM:** Christina Conti, Preparedness & EMS Oversight Program Manager  
775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**SUBJECT:** Update and Possible Direction to Staff Regarding Reno Fire Department EMS Response Data Submission

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**SUMMARY**

During the February 28, 2019 District Board of Health meeting, an agenda item regarding the quarterly EMS Advisory Board meeting was heard. During the discussion, Chairman Novak asked for a monthly agenda item regarding the status of Reno Fire Departments submittal of EMS response data to the Regional EMS Oversight Program as required by the Interlocal agreement for Regional EMS Oversight. At the time of this staff report submission, no communication or receipt of data from the City of Reno has occurred.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

No previous action on this item.

**BACKGROUND**

The Interlocal Agreement (ILA) for EMS Oversight outlines the duties of the program, as well as the signatories. The signatories of the ILA are the City of Reno, City of Sparks, Washoe County, District Board of Health, and Truckee Meadows Fire Protection District. The first listed duty of the signatories is “providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services for review, study and evaluation by DISTRICT.”

The last data submitted by Reno Fire Department was January 2018, received on February 9, 2018. During the April 4, 2018 EMS Advisory Board (EMSAB) meeting, EMSAB member Manager Driscoll implored Reno to submit their data, as it was already impacting the data reports being



provided to the EMSAB. City of Reno Division Chief Nolan explained to the EMSAB that the employee who submits the data reports to the EMS Oversight Program was on leave unexpectedly.

The RFD employee had returned to the office by the beginning of May and replied to an email from the EMS Oversight Program Statistician on May 9, 2018 on when to expect data. The employee stated the City of Reno lost the program utilized to compile the data. However, a new contractor was working on it and the data report was one of the listed needs.

The EMS Oversight Program followed up again on June 27, 2018 and it was stated that the contractor should begin mid-July and the EMS Oversight Program should have the data by mid-August. An email exchange with City of Reno Fire Chief Cochran occurred at the beginning of July. The purpose was to restate the understanding of the EMS Oversight Program that we would have 6 months' worth of data on August 15, 2018 (the agreed upon regional data submission date). The EMS Oversight Program suggested that as the report was developed, rather than send all six months of data at once, perhaps the City of Reno could send it as soon as possible in increments as the amount of data to process would be overwhelming. The Fire Chief reiterated the contractor was hired and as soon as they were able they would begin sending data. On August 21, 2018 the EMS Oversight Program initiated communication again but did not receive any date on when to expect the data.

During the October EMSAB, it was brought to the attention of the Board that the EMS Oversight Program missed the deadline for the annual data report (a requirement of the ILA) and had also not been able to update the regional GIS heat map due to the failure of the Reno Fire Department to provide their EMS response data. Prior to the meeting, City of Reno Fire Department provided a memorandum that EMSAB member Manager Newby entered into the record. The memorandum, dated September 26, 2018, outlined the issues with the data management system and stated that "as of this date, we are within 60 days of having our reports finalized for distribution."

On January 8, 2019 the EMS Program initiated communication regarding the anticipated submittal of data. The EMS Oversight Program received a draft set of data on January 11, 2019. Feedback was provided to the City of Reno for the viability of the data and asked some clarifying information. At the February 2019 EMSAB meeting, the issue of data was discussed because in addition to the required annual report, the region is currently unable to utilize data for the regional strategic plan objectives, as the City of Reno accounts for over 50% of the calls for Fire partners. As such, the lack of data provided from the City of Reno is impacting the region, regional projects, requests for information from partners, and the ILA intent that regional decisions are driven by data.

During the EMSAB, it was directed that the District Board of Health (DBOH) be informed of the issue and impacts of the City of Reno failure to provide their EMS response data in the form of a memorandum from the District Health Officer. It was also requested that the City of Reno provide a memorandum to the EMSAB Chairman on the status on the suggested idea of possibly submitting CAD data in the interim as well as the issues with the system that should be providing the data, the identified solutions and the timeframes associated. The memorandum was received on February 28, 2019 and provided at the DBOH meeting.

Subject: Reno Fire Department Data Submission  
Date: March 20, 2019  
Page 3 of 3

An agenda item for the DBOH on the EMSAB February meeting was heard and the issue of the City of Reno data was discussed. Chairman Novak requested that this be a monthly agenda item so that it can continue to be tracked. At the time of this staff report, the City of Reno has not initiated any communication, submitted corrected data from the January submission, nor have they answered the questions on the submitted data.

### **FISCAL IMPACT**

There is not fiscal impact should the District Board of Health approve the presentation.

### **RECOMMENDATION**

Staff recommends the Board approve this report.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the update (*and possible direction to staff*) regarding Reno Fire Department EMS response data submission."



**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**FEBRUARY 2019**



**REMSA Accounts Receivable Summary  
Fiscal 2019**

| Month  | #Patients    | Total Billed        | Average Bill      | YTD Average | Average Collected 35% |
|--|--------------|---------------------|-------------------|-------------|-----------------------|
| July   | 3982         | \$4,876,285.40      | \$1,224.58        | \$1,224.58  | \$ 428.60             |
| August   | 4120         | \$5,042,259.20      | \$1,223.85        | \$1,224.21  | \$ 428.47             |
| September  | 3900         | \$4,741,010.00      | \$1,215.64        | \$1,221.43  | \$ 427.50             |
| October  | 3934         | \$4,811,199.20      | \$1,222.98        | \$1,221.81  | \$ 427.63             |
| November   | 4104         | \$4,999,093.60      | \$1,218.10        | \$1,221.05  | \$ 427.37             |
| December   | 4146         | \$5,090,365.00      | \$1,227.78        | \$1,222.20  | \$ 427.77             |
| January  | 4209         | \$5,410,215.20      | \$1,285.39        | \$1,231.57  | \$ 431.05             |
|  |              |                     |                   |             |                       |
| <b>Totals</b>  | <b>28395</b> | <b>\$34,970,428</b> | <b>\$1,231.57</b> |             |                       |
| Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08 |              |                     |                   |             |                       |
| Franchise increase 1/1/19 - 1/5/19: \$1255.00          |              |                     |                   |             |                       |
| Franchise increase 1/5/19 - 12/31/19: \$1294.87        |              |                     |                   |             |                       |

**Year to Date: July 2018 through February 2019**

| <b>COMPLIANCE</b> |   |                   |                        |
|-------------------|---|-------------------|------------------------|
| Month             | Priority 1 System - Wide Avg. Response Time | Priority 1 Zone A | Priority 1 Zones B,C,D |
| Jul-18            | 5 Minutes 48 Seconds                        | 91%               | 97%                    |
| Aug-18            | 5 Minutes 52 Seconds                        | 90%               | 95%                    |
| Sep-18            | 5 Minutes 47 Seconds                        | 92%               | 97%                    |
| Oct-18            | 5 Minutes 47 Seconds                        | 92%               | 95%                    |
| Nov-18            | 5 Minutes 56 Seconds                        | 92%               | 94%                    |
| Dec-18            | 6 Minutes 04 Seconds                        | 91%               | 90%                    |
| Jan-19            | 5 Minutes 52 Seconds                        | 91%               | 98%                    |
| Feb-19            | 5 Minutes 48 Seconds                        | 91%               | 92%                    |

**Year to Date: July 2018 through February 2019**

| Priority 1 System - Wide Avg. Response Time | Priority 1 Zone A | Priority 1 Zones B,C,D |
|---|-------------------|------------------------|
| 5 Minutes 55 Seconds                        | 91%               | 95%                    |



**Year to Date: July 2018 through February 2019**

| <b>Average Response Times by Entity</b> |                 |             |               |                      |
|---|-----------------|-------------|---------------|----------------------|
| <b>Month/Year</b>                       | <b>Priority</b> | <b>Reno</b> | <b>Sparks</b> | <b>Washoe County</b> |
| <b>Jul-18</b>                           | <b>P-1</b>      | 5:14        | 6:02          | 7:45                 |
|   | <b>P-2</b>      | 5:22        | 6:16          | 8:23                 |
| <b>Aug-18</b>                           | <b>P-1</b>      | 5:16        | 5:52          | 8:23                 |
|   | <b>P-2</b>      | 5:23        | 6:12          | 8:12                 |
| <b>Sep-18</b>                           | <b>P-1</b>      | 5:06        | 6:00          | 7:51                 |
|   | <b>P-2</b>      | 5:12        | 6:09          | 7:20                 |
| <b>Oct-18</b>                           | <b>P-1</b>      | 5:06        | 5:56          | 7:45                 |
|   | <b>P-2</b>      | 5:13        | 6:14          | 7:40                 |
| <b>Nov-18</b>                           | <b>P-1</b>      | 5:17        | 6:13          | 8:14                 |
|   | <b>P-2</b>      | 5:23        | 6:19          | 7:55                 |
| <b>Dec-18</b>                           | <b>P-1</b>      | 5:24        | 6:09          | 8:17                 |
|   | <b>P-2</b>      | 5:40        | 6:25          | 8:15                 |
| <b>Jan-19</b>                           | <b>P-1</b>      | 5:12        | 6:16          | 7:35                 |
|   | <b>P-2</b>      | 5:14        | 6:15          | 8:48                 |
| <b>Feb-19</b>                           | <b>P-1</b>      | 5:10        | 6:08          | 8:16                 |
|   | <b>P-2</b>      | 5:23        | 7:01          | 7:02                 |

**Year to Date: July 2018 through February 2019**

| <b>Priority</b> | <b>Reno</b> | <b>Sparks</b> | <b>Washoe County</b> |
|-----------------|-------------|---------------|----------------------|
| <b>P-1</b>      | 5:16        | 6:07          | 8:13                 |
| <b>P2</b>       | 5:25        | 6:21          | 8:17                 |



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 07/01/2018 THRU 2/28/2019**

| <b>CORRECTIONS REQUESTED</b> |                 |                 |      |                        |                       |
|------------------------------|-----------------|-----------------|------|------------------------|-----------------------|
| Zone                         | Clock Start     | Clock Stop      | Unit | Response Time Original | Response Time Correct |
| Zone A                       | 2/1/2019 23:51  | 2/1/2019 23:55  | 1C01 | -00:00:13              | 0:03:53               |
| Zone A                       | 2/2/2019 12:43  | 2/2/2019 12:51  | 1C24 | 0:08:25                | 0:08:25               |
| Zone A                       | 2/2/2019 18:10  | 2/2/2019 18:14  | 1C31 | -00:00:05              | 0:04:12               |
| Zone A                       | 2/10/2019 3:40  | 2/10/2019 3:42  | 1C24 | -00:00:04              | 0:02:18               |
| Zone A                       | 2/10/2019 14:42 | 2/10/2019 14:42 | 1C44 | -00:00:16              | 0:00:25               |
| Zone A                       | 2/11/2019 0:30  | 2/11/2019 0:33  | 1C33 | -00:00:06              | 0:02:47               |
| Zone A                       | 2/11/2019 8:57  | 2/11/2019 9:00  | 1C02 | 0:03:37                | 0:03:37               |
| Zone A                       | 2/17/2019 3:17  | 2/17/2019 3:17  | 1C17 | -00:00:20              | 0:00:22               |
| Zone A                       | 2/23/2019 21:42 | 2/23/2019 21:46 | 1C18 | 0:00:00                | 0:03:50               |
| Zone A                       | 2/23/2019 21:58 | 2/23/2019 22:01 | 1C44 | -00:00:29              | 0:03:08               |

| <b>UPGRADE REQUESTED</b> |      |             |            |      |           |                |
|--------------------------|------|-------------|------------|------|-----------|----------------|
| Response Area            | Zone | Clock Start | Clock Stop | Unit | Threshold | Response Time. |
| No Upgrades              |      |             |            |      |           |                |



| EXEMPTIONS REQUESTED |                                  |                  |        |               |         |
|----------------------|----------------------------------|------------------|--------|---------------|---------|
| Incident Date        | Approval                         | Exemption Reason | Zone   | Response Time | Overage |
| 2/4/2019 17:32       | Exemption Approved               | Weather          | Zone A | 0:09:28       | 0:00:29 |
| 2/5/2019 1:08        | Exemption Approved               | Weather          | Zone A | 0:09:42       | 0:00:43 |
| 2/5/2019 8:07        | Exemption Approved               | Weather          | Zone A | 0:09:06       | 0:00:07 |
| 2/5/2019 8:50        | Exemption Approved               | Weather          | Zone A | 0:09:03       | 0:00:04 |
| 2/9/2019 20:19       | Exemption Approved               | Status 99        | Zone A | 0:10:09       | 0:01:10 |
| 2/9/2019 23:01       | Exemption Approved               | Weather          | Zone B | 0:24:23       | 0:08:24 |
| 2/9/2019 23:55       | Exemption Approved               | Weather          | Zone A | 0:10:05       | 0:01:06 |
| 2/10/2019 0:22       | Exemption Approved               | Weather          | Zone C | 0:58:56       | 0:37:57 |
| 2/10/2019 0:23       | Exemption Approved               | Weather          | Zone A | 0:15:10       | 0:06:11 |
| 2/10/2019 0:24       | Exemption Approved               | Weather          | Zone A | 0:13:00       | 0:04:01 |
| 2/10/2019 2:41       | Exemption Approved               | Weather          | Zone A | 0:10:43       | 0:01:44 |
| 2/10/2019 3:42       | Exemption Approved               | Weather          | Zone A | 0:16:31       | 0:07:32 |
| 2/10/2019 6:47       | Exemption Approved               | Weather          | Zone A | 0:12:07       | 0:03:08 |
| 2/10/2019 7:58       | Exemption Approved               | Weather          | Zone A | 0:12:53       | 0:03:54 |
| 2/10/2019 8:46       | Exemption Approved               | Weather          | Zone A | 0:14:45       | 0:05:46 |
| 2/10/2019 9:20       | Exemption Approved               | Weather          | Zone A | 0:12:12       | 0:03:13 |
| 2/10/2019 9:44       | Exemption Approved               | Weather          | Zone A | 0:12:12       | 0:03:13 |
| 2/10/2019 9:50       | Exemption Approved               | Weather          | Zone A | 0:09:53       | 0:00:54 |
| 2/10/2019 9:55       | Exemption Approved               | Weather          | Zone A | 0:13:01       | 0:04:02 |
| 2/10/2019 10:22      | Exemption Approved               | Weather          | Zone A | 0:11:22       | 0:02:23 |
| 2/10/2019 10:53      | Exemption Approved               | Weather          | Zone A | 0:09:13       | 0:00:14 |
| 2/10/2019 11:34      | Exemption Approved               | Weather          | Zone A | 0:09:59       | 0:01:00 |
| 2/15/2019 5:21       | Exemption Approved               | Weather          | Zone A | 0:12:16       | 0:03:17 |
| 2/15/2019 5:35       | Exemption Approved               | Weather          | Zone A | 0:09:28       | 0:00:29 |
| 2/15/2019 6:55       | Exemption Approved               | Weather          | Zone A | 0:13:56       | 0:04:57 |
| 2/15/2019 7:53       | Exemption Approved               | Weather          | Zone A | 0:11:24       | 0:02:25 |
| 2/17/2019 6:55       | No Exemption<br>Appeal Requested | Weather          | Zone C | 0:32:30       | 0:11:31 |
| 2/17/2019 8:22       | Exemption Approved               | Weather          | Zone A | 0:09:02       | 0:00:03 |
| 2/17/2019 8:26       | Exemption Approved               | Weather          | Zone B | 0:16:31       | 0:00:32 |
| 2/17/2019 8:30       | Exemption Approved               | Weather          | Zone A | 0:20:57       | 0:11:58 |
| 2/17/2019 8:47       | Exemption Approved               | Weather          | Zone A | 0:15:02       | 0:06:03 |
| 2/17/2019 10:23      | Exemption Approved               | Weather          | Zone A | 0:15:17       | 0:06:18 |
| 2/17/2019 10:24      | Exemption Approved               | Weather          | Zone A | 0:14:58       | 0:05:59 |
| 2/17/2019 10:53      | Exemption Approved               | Weather          | Zone A | 0:14:45       | 0:05:46 |



| EXEMPTIONS REQUESTED |                    |                  |        |               |         |
|----------------------|--------------------|------------------|--------|---------------|---------|
| Incident Date        | Approval           | Exemption Reason | Zone   | Response Time | Overage |
| 2/17/2019 10:56      | Exemption Approved | Weather          | Zone A | 0:11:02       | 0:02:03 |
| 2/17/2019 11:16      | Exemption Approved | Weather          | Zone A | 0:09:33       | 0:00:34 |
| 2/17/2019 11:38      | Exemption Approved | Weather          | Zone A | 0:09:37       | 0:00:38 |
| 2/17/2019 13:45      | Exemption Approved | Weather          | Zone A | 0:09:02       | 0:00:03 |
| 2/17/2019 19:12      | Exemption Approved | Weather          | Zone A | 0:09:40       | 0:00:41 |
| 2/17/2019 20:12      | Exemption Approved | Weather          | Zone A | 0:09:59       | 0:01:00 |
| 2/17/2019 21:11      | Exemption Approved | Weather          | Zone A | 0:13:00       | 0:04:01 |
| 2/17/2019 22:37      | Exemption Approved | Weather          | Zone A | 0:10:08       | 0:01:09 |
| 2/17/2019 22:54      | Exemption Approved | Weather          | Zone A | 0:11:09       | 0:02:10 |
| 2/17/2019 23:04      | Exemption Approved | Weather          | Zone A | 0:09:57       | 0:00:58 |
| 2/18/2019 0:48       | Exemption Approved | Weather          | Zone A | 0:12:19       | 0:03:20 |
| 2/18/2019 4:09       | Exemption Approved | Weather          | Zone A | 0:11:33       | 0:02:34 |
| 2/18/2019 6:04       | Exemption Approved | Weather          | Zone A | 0:09:54       | 0:00:55 |
| 2/18/2019 8:16       | Exemption Approved | Weather          | Zone A | 0:13:07       | 0:04:08 |
| 2/18/2019 8:35       | Exemption Approved | Weather          | Zone A | 0:13:46       | 0:04:47 |
| 2/18/2019 9:38       | Exemption Approved | Weather          | Zone A | 0:09:43       | 0:00:44 |
| 2/21/2019 6:00       | Exemption Approved | Weather          | Zone B | 0:19:09       | 0:03:10 |
| 2/21/2019 6:38       | Exemption Approved | Weather          | Zone A | 0:11:19       | 0:02:20 |
| 2/21/2019 7:25       | Exemption Approved | Weather          | Zone A | 0:12:40       | 0:03:41 |
| 2/21/2019 7:44       | Exemption Approved | Weather          | Zone A | 0:11:25       | 0:02:26 |
| 2/21/2019 10:11      | Exemption Approved | Weather          | Zone A | 0:12:29       | 0:03:30 |
| 2/25/2019 18:35      | Exemption Approved | Weather          | Zone A | 0:09:16       | 0:00:17 |
| 2/26/2019 7:02       | Exemption Approved | Weather          | Zone B | 0:18:01       | 0:02:02 |





## GROUND AMBULANCE OPERATIONS REPORT FEBRUARY 2019

### 1. Overall Statics

- a) Total number of system responses: 6065
- b) Total number of responses in which no transports resulted: 2298
- c) Total number of System Transports (including transports to out of county):  
3767

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.60%
- b) Medical: 55.40%
- c) Obstetrics (OB): 0.50%
- d) Psychiatric/Behavioral: 8.80%
- e) Transfers: 11.90%
- f) Trauma – MVA: 11.90%
- g) Trauma – Non MVA: 6.20 %
- h) Unknown: 3.60%

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts or STEMI rhythms
  - 100% of deliveries and neonatal resuscitation
  - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 1558

Total number of above calls receiving QA Reviews: 202

Percentage of charts reviewed from the above transports: 12.9%



**REMSA EDUCATION  
FEBRUARY 2019 MONTHLY COURSE AND STUDENT REPORT**

| Discipline  | Total Classes | Total Students | REMSA Classes | REMSA Students | Site Classes | Site Students |
|-------------|---------------|----------------|---------------|----------------|--------------|---------------|
| ACLS        | 4             | 25             | 3             | 21             | 1            | 4             |
| ACLS EP     | 0             | 0              | 0             | 0              | 0            | 0             |
| ACLS EP I   | 0             | 0              | 0             | 0              | 0            | 0             |
| ACLS I      | 0             | 0              | 0             | 0              | 0            | 0             |
| ACLS P      | 0             | 0              | 0             | 0              | 0            | 0             |
| ACLS R      | 10            | 40             | 0             | 0              | 10           | 40            |
| ACLS S      | 2             | 7              | 0             | 0              | 2            | 7             |
| AEMT        | 0             | 0              | 0             | 0              |              |               |
| BLS         | 64            | 473            | 14            | 78             | 50           | 395           |
| BLS I       | 0             | 0              | 0             | 0              | 0            | 0             |
| BLS R       | 55            | 264            | 24            | 126            | 31           | 138           |
| BLS S       | 12            | 32             | 0             | 0              | 12           | 32            |
| B-CON       | 0             | 0              | 0             | 0              | 0            | 0             |
| CE          | 29            | 207            | 29            | 207            | 0            | 0             |
| EMAPCT      | 0             | 0              | 0             | 0              | 0            | 0             |
| EMPACT I    | 0             | 0              | 0             | 0              | 0            | 0             |
| EMR         | 0             | 0              | 0             | 0              |              |               |
| EMR R       | 0             | 0              | 0             | 0              |              |               |
| EMS I       | 0             | 0              | 0             | 0              |              |               |
| EMT         | 0             | 0              | 0             | 0              |              |               |
| EMT R       | 0             | 0              | 0             | 0              |              |               |
| FF CPR      | 4             | 8              | 0             | 0              | 4            | 8             |
| FF CPR FA   | 0             | 0              | 0             | 0              | 0            | 0             |
| FF FA       | 0             | 0              | 0             | 0              | 0            | 0             |
| HS BBP      | 2             | 16             | 2             | 16             | 0            | 0             |
| HS CPR      | 17            | 69             | 3             | 5              | 14           | 64            |
| HS CPR FA   | 51            | 356            | 9             | 17             | 42           | 339           |
| HS CPR FA S | 1             | 1              | 0             | 0              | 1            | 1             |
| HS CPR PFA  | 6             | 33             | 0             | 0              | 6            | 33            |
| HS PFA S    | 0             | 0              | 0             | 0              | 0            | 0             |
| HS CPR S    | 1             | 1              | 1             | 1              | 0            | 0             |
| HS FA       | 5             | 11             | 1             | 1              | 4            | 10            |
| HS FA S     | 0             | 0              | 0             | 0              | 0            | 0             |



| Discipline                      | Total Classes | Total Students      | REMSA Classes | REMSA Students           | Site Classes | Site Students             |
|---------------------------------|---------------|---------------------|---------------|--------------------------|--------------|---------------------------|
| HS K-12 CPR AED                 | 18            | 128                 | 0             | 0                        | 18           | 128                       |
| HS K-12 CPR, AED, FA            | 2             | 15                  | 0             | 0                        | 2            | 15                        |
| HS PFA                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| HS Primeros Auxilios, RCP y DEA | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| HS Spanish RCP y DEA            | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS                            | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS A                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS I                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS P                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS R                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| ITLS S                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| Kid Care                        | 3             | 17                  | 3             | 17                       | 0            | 0                         |
| PALS                            | 5             | 23                  | 2             | 13                       | 3            | 10                        |
| PALS I                          | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| PALS R                          | 12            | 79                  | 2             | 20                       | 10           | 59                        |
| PALS S                          | 4             | 4                   | 0             | 0                        | 4            | 4                         |
| PEARS                           | 1             | 9                   | 0             | 0                        | 1            | 9                         |
| PHTLS                           | 2             | 0                   | 2             | 0                        | 0            | 0                         |
| PHTLS R                         | 0             | 0                   | 0             | 0                        | 0            | 0                         |
| PM                              | 0             | 0                   | 0             | 0                        |              |                           |
| PM R                            | 0             | 0                   | 0             | 0                        |              |                           |
| <b>Classes w/CPR</b>            |               | <b>CPR Students</b> |               | <b>REMSA CPR Classes</b> |              | <b>REMSA CPR Students</b> |
| 233                             |               | 1396                |               | 54                       |              | 244                       |



## COMMUNITY OUTREACH FEBRUARY 2019

| Point of Impact          |  |                                       |
|--------------------------|--|---------------------------------------|
| 02/1-28/2019             | Seventeen (7) office installation appointments; Seven (7) cars and eight (8) seats inspected.  |                                       |
| 02/09/19                 | POI Checkpoint at UNR Early Head Start in Reno. Eighteen (18) cars and twenty-four (24) seats inspected.                                 | Eleven (11) Volunteers; Two (2) staff |
| Cribs for Kids/Community |  |                                       |
| 02/07/19                 | Meet with John Morrison from Office of Traffic Safety about teaching Car Seat Technician classes at REMSA for the 2019/2020 grant cycle. |                                       |
| 02/14/19                 | Attended the Northern Nevada Maternal Child Health Coalition.  |                                       |
| 02/14/19                 | Attended Truckee Meadows Vision Zero ( Northern Nevada Vision Zero) Task Force meeting.  |                                       |
| 02/20/19                 | Attended Child Death Review Executive Committee Meeting in Carson City.  |                                       |
| 02/27/18                 | Participated as a patient presenting with a STEMI to Northern Nevada as a joint stimulation training.                                    |                                       |
| 01/31/19                 | Meet with Renown to discuss and review posters about car seat safety.  |                                       |



REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, Mi 48096  
1 (517) 318-3800  
support@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

## EMS System Report

February 1, 2019 to February 28, 2019

Your Score

**95.59**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,968**

Number of Transport Services in All EMS DB

**152**

Page 1 of 22



REMSA  
February 1, 2019 to February 28, 2019

**Executive Summary**

This report contains data from **150 REMSA** patients who returned a questionnaire between **02/01/2019** and **02/28/2019**.

The overall mean score for the standard questions was **95.59**; this is a difference of **2.36** points from the overall EMS database score of **93.23**.

The current score of **95.59** is a change of **1.03** points from last period's score of **94.56**. This was the **20th** highest overall score for all companies in the database.

You are ranked **5th** for comparably sized companies in the system.

**89.04%** of responses to standard questions had a rating of Very Good, the highest rating. **98.67%** of all responses were positive.

**5 Highest Scores**



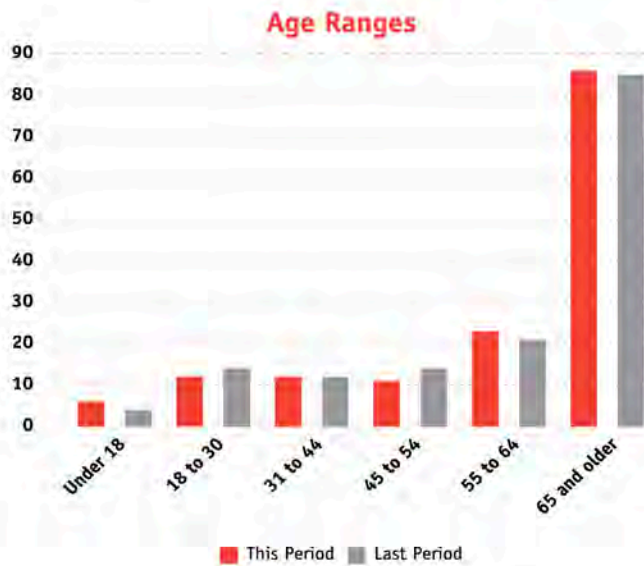
**5 Lowest Scores**



REMSA  
February 1, 2019 to February 28, 2019

**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

|              | Last Period |           |           |          | This Period |           |           |          |
|--------------|-------------|-----------|-----------|----------|-------------|-----------|-----------|----------|
|              | Total       | Male      | Female    | Other    | Total       | Male      | Female    | Other    |
| Under 18     | 4           | 3         | 1         | 0        | 6           | 4         | 2         | 0        |
| 18 to 30     | 14          | 5         | 9         | 0        | 12          | 3         | 9         | 0        |
| 31 to 44     | 12          | 5         | 7         | 0        | 12          | 4         | 8         | 0        |
| 45 to 54     | 14          | 8         | 6         | 0        | 11          | 4         | 7         | 0        |
| 55 to 64     | 21          | 11        | 10        | 0        | 23          | 11        | 12        | 0        |
| 65 and older | 85          | 28        | 57        | 0        | 86          | 38        | 48        | 0        |
| <b>Total</b> | <b>150</b>  | <b>60</b> | <b>90</b> | <b>0</b> | <b>150</b>  | <b>64</b> | <b>86</b> | <b>0</b> |





REMSA

February 1, 2019 to February 28, 2019



### Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

|  | Feb 2018 | Mar 2018 | Apr 2018 | May 2018 | Jun 2018 | Jul 2018 | Aug 2018 | Sep 2018 | Oct 2018 | Nov 2018 | Dec 2018 | Jan 2019 | Feb 2019 |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Helpfulness of the person you called for ambulance service     | 90.95    | 92.53    | 99.42    | 96.67    | 96.25    | 96.79    | 95.59    | 95.74    | 96.95    | 96.62    | 94.23    | 96.34    | 96.88    |
| Extent to which you were told what to do until the ambulance   | 90.52    | 92.97    | 99.39    | 96.59    | 96.05    | 98.61    | 94.15    | 96.59    | 96.88    | 93.38    | 92.79    | 96.98    | 97.28    |
| Extent to which the ambulance arrived in a timely manner       | 92.30    | 95.11    | 93.55    | 90.28    | 95.58    | 95.87    | 96.06    | 95.54    | 93.39    | 95.60    | 95.57    | 95.16    | 94.23    |
| Cleanliness of the ambulance                                   | 93.00    | 96.01    | 94.53    | 93.72    | 97.17    | 96.04    | 97.27    | 96.82    | 93.55    | 97.02    | 97.65    | 98.11    | 96.50    |
| Skill of the person driving the ambulance                      | 93.93    | 95.43    | 95.63    | 93.77    | 96.17    | 96.88    | 96.46    | 95.21    | 93.92    | 95.51    | 97.13    | 96.38    | 96.39    |
| Care shown by the medics who arrived with the ambulance        | 92.94    | 95.59    | 94.37    | 92.91    | 94.51    | 96.95    | 95.84    | 94.64    | 94.11    | 97.72    | 95.99    | 94.53    | 96.60    |
| Degree to which the medics took your problem seriously         | 91.99    | 93.97    | 94.85    | 92.30    | 94.60    | 96.97    | 97.73    | 94.02    | 94.07    | 97.91    | 95.15    | 94.86    | 95.61    |
| Degree to which the medics listened to you and/or your family  | 92.11    | 94.80    | 95.44    | 92.65    | 95.04    | 95.93    | 96.41    | 93.51    | 93.99    | 97.56    | 95.64    | 95.13    | 95.11    |
| Extent to which the medics kept you informed about your        | 91.33    | 94.04    | 94.26    | 92.27    | 93.56    | 95.27    | 94.93    | 94.30    | 92.18    | 95.09    | 95.09    | 93.19    | 94.54    |
| Extent to which medics included you in the treatment decisions | 89.66    | 93.44    | 92.69    | 91.80    | 93.54    | 94.35    | 95.76    | 93.65    | 91.56    | 95.20    | 95.06    | 91.20    | 93.94    |
| Degree to which the medics relieved your pain or discomfort    | 89.07    | 90.92    | 90.45    | 91.24    | 92.12    | 94.76    | 93.03    | 92.55    | 89.49    | 94.09    | 92.04    | 91.57    | 93.21    |
| Medics' concern for your privacy                               | 92.26    | 95.53    | 94.51    | 93.74    | 96.00    | 97.04    | 97.50    | 95.33    | 92.77    | 97.04    | 96.21    | 93.60    | 96.05    |
| Extent to which medics cared for you as a person               | 92.30    | 94.24    | 95.28    | 94.11    | 95.74    | 96.02    | 96.20    | 94.67    | 93.90    | 96.01    | 96.28    | 95.43    | 97.20    |
| Professionalism of the staff in our ambulance service billing  | 94.44    | 100.00   | 94.57    | 88.46    | 98.08    | 94.79    | 95.72    | 94.79    | 97.00    | 95.83    | 90.00    | 100.00   | 96.59    |
| Willingness of the staff in our billing office to address your | 93.75    | 100.00   | 95.24    | 89.32    | 98.08    | 94.57    | 94.86    | 92.71    | 96.00    | 95.83    | 95.00    | 100.00   | 96.46    |
| How well did our staff work together to care for you           | 93.02    | 95.22    | 94.78    | 93.73    | 95.52    | 97.24    | 96.44    | 95.90    | 94.67    | 96.79    | 96.95    | 95.23    | 97.60    |
| Extent to which the services received were worth the fees      | 84.95    | 89.98    | 85.38    | 90.19    | 86.88    | 91.22    | 95.45    | 87.19    | 88.38    | 97.50    | 87.89    | 88.40    | 82.86    |
| Overall rating of the care provided by our Emergency Medical   | 92.23    | 94.55    | 93.82    | 93.50    | 95.28    | 96.84    | 96.07    | 95.14    | 93.09    | 96.93    | 95.33    | 94.41    | 96.75    |
| Likelihood of recommending this ambulance service to others    | 93.44    | 95.47    | 94.92    | 93.83    | 97.37    | 96.83    | 96.93    | 95.05    | 93.73    | 96.79    | 96.21    | 94.41    | 95.39    |
| Your Master Score  | 91.82    | 94.44    | 94.18    | 92.78    | 95.04    | 96.18    | 96.11    | 94.52    | 93.30    | 96.41    | 95.50    | 94.56    | 95.59    |
| Your Total Responses   | 150      | 150      | 150      | 153      | 151      | 150      | 150      | 150      | 150      | 150      | 150      | 150      | 150      |

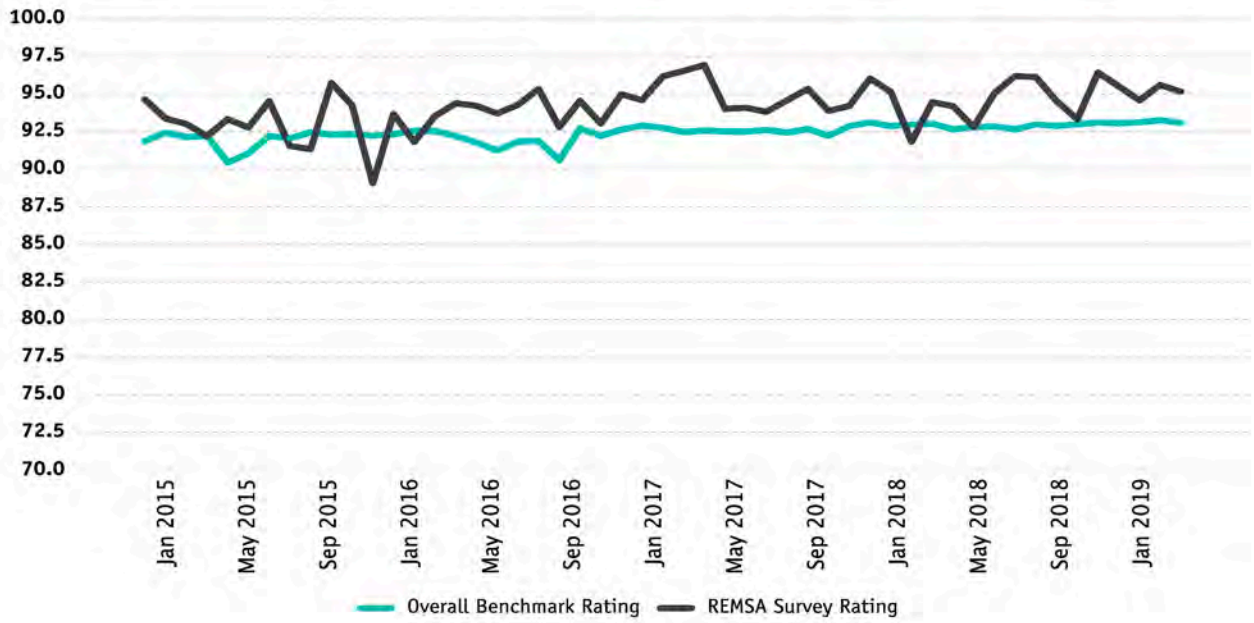




REMSA  
February 1, 2019 to February 28, 2019



Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE FEBRUARY 2019 CUSTOMER REPORT

| # | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better | Description / Comments                               | Assigned                        | Results after follow up |
|---|-----------------|---|------------------------------------|--|---------------------------------|-------------------------|
| 1 | 01/01/2019      | "timely manner reassuring my son was very nice."  |                                    | "Trent and Missy helped me out a lot and understood" |                                 |                         |
| 2 | 01/01/2019      | "Very helpful. The overall experience was awesome!"   | "The staff was beautiful."         |  |                                 |                         |
| 3 | 01/01/2019      | "Medics made me feel safe, they took very good care of me."   |                                    |  |                                 |                         |
| 4 | 01/01/2019      | "wonderful from start to finish."   |                                    |  |                                 |                         |
| 5 | 01/01/2019      |   | "Don't park in the yard."          |  | Assigned to Selmi 3.13.19 #6738 | See follow up below     |
| 6 | 01/01/2019      | "Warmer blankets on ambulance."   |                                    |  |                                 |                         |
| 7 | 01/02/2019      | "Pt stated the medics talked to him as a human being and not just a random patient, they had compassion. He also stated he was confident from the service provided that if he needed to go in the ambulance again he would feel confident that he was in good hands." |                                    |  |                                 |                         |
| 8 | 01/02/2019      | "Pt stated everything was done well. Even though he wasn't completely in his right mind due to the situation he knew he was being well cared for."  |                                    |  |                                 |                         |
| 9 | 01/02/2019      | "Pt stated the medics displayed good teamwork."   |                                    |  |                                 |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better | Description / Comments | Assigned | Results after follow up |
|----|-----------------|---|------------------------------------|------------------------|----------|-------------------------|
| 10 | 01/02/2019      | "Pt felt that the medics considered his well-being to be paramount."  |                                    |                        |          |                         |
| 11 | 01/02/2019      | "Pt stated he is alive today because of the paramedics. He also stated they had good teamwork getting him down 3 flights of stairs to the ambulance. He is very grateful for the care he received." |                                    |                        |          |                         |
| 12 | 01/02/2019      | "Pt stated she was treated very well and it was a quick arrival to the hospital."   |                                    |                        |          |                         |
| 13 | 01/02/2019      | "Pt stated it was a very quick ride to the hospital and in the process, they saved her life."   |                                    |                        |          |                         |
| 14 | 01/02/2019      | "Pt stated everything was done well, the ambulance and the service were top notch all the way around."  |                                    |                        |          |                         |
| 15 | 01/03/2019      | "Pt stated everything about the experience was done well. She stated they took exceptional care of her daughter, kept her (mother) informed and it was a smooth transition into the hospital."      |                                    |                        |          |                         |
| 16 | 01/03/2019      | "Pt stated the medics were very patient with him."  |                                    |                        |          |                         |
| 17 | 01/03/2019      | "Prompt arrival and thorough assessment."   |                                    |                        |          |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better                                       | Description / Comments   | Assigned | Results after follow up |
|----|-----------------|---|--|--|----------|-------------------------|
| 18 | 01/03/2019      | "Pt stated it was his first ambulance ride and the medics were able to put him at ease."                        |  |  |          |                         |
| 19 | 01/03/2019      | "Medics were very communication informative."   |  |  |          |                         |
| 20 | 01/04/2019      | "The medics got here very quick- and knew what they were supposed to do."                                       |  | "the ride was bumpy but that wasn't the driver's fault" "oh! very good people! they were very kind medics" |          |                         |
| 21 | 01/04/2019      | "they were amazing- everything they did was awesome. I'm already up and about- thank you for calling"           | "nothing!"   | "I'm really doing great now- I was on a train this last week- mi doing so much better."                    |          |                         |
| 22 | 01/03/2019      | "Like I said they were great- everything was amazing besides the bill. I am glad you called though. Thank you." | "nothing that I can think of- besides the bill ha-ha"                    |  |          |                         |
| 23 | 01/03/2019      | "everything! I was very impressed by the two, that came out and helped me."                                     |  | "oh yes, very good medics- they treated me very well"  |          |                         |
| 24 | 01/04/2019      | "you guys were really good overall- I'm very thankful for the care I was given"                                 | "nothing- besides being a little quicker, but I think it was good care." | "I think they could have been a little quicker but besides that you guys were really good."                |          | See follow up below     |
| 25 | 01/04/2019      | "there wasn't much they could do- but what they did was good."  |  | "they did as much as they could do"  |          |                         |
| 26 | 01/04/2019      | "everything! I mean ha-ha - they didn't bruise me or anything- and I usually don't do well"                     | "nothing that I can think of"  |  |          |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better   | Description / Comments   | Assigned | Results after follow up |
|----|-----------------|---|--|--|----------|-------------------------|
|    |                 | with IV's"  |  |  |          |                         |
| 27 | 01/05/2019      | "the overall attention- the care and understanding of my situation was very good- it's hard to put into words, but they were just very good to me."               | "I hope there's not a next time-"  | "they were excellent. took real good care of me."  |          |                         |
| 28 | 01/05/2019      | "They were great. I have never had a bad experience with them"  | "nothing that I can think of"  |  |          |                         |
| 29 | 01/05/2019      | "The medics were really caring and treated me with a lot of respect. They listened to me and my wife. We are truly thankful for the service they gave me."        | "honestly- nothing. they were fantastic."  | "they got here real quick." "the medics were very nice men, who knew what they were doing!!"   |          |                         |
| 30 | 01/05/2019      | "they were very good"   | "well I guess they know what to do- the paramedics know what to do- I have the alert button"   | "they arrived here pretty fast" "I had fallen on the floor and couldn't get up - so they just helped me back up- I didn't have any treatment or pain"  |          |                         |
| 31 | 01/05/2019      | "they did a very good- heart checkup and a stoke check before we go to the hospital- they were able to start an IV into my arm instead of elbow like I had asked" | "ha-ha uhh like I said fire department got there before ambulance- turns out they had to get the flight crew out ha-ha but everything else besides the arrival was good" | "ha-ha well we were told that they were very busy that day and that the flight crew had to be called out for me- they got there but the fire department was there 1st and would have been nice if they had gotten there" |          | See follow up below     |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments   | Assigned | Results after follow up |
|----|-----------------|---|---|--|----------|-------------------------|
|    |                 |   |   | sooner"  |          |                         |
| 32 | 01/05/2019      | "expediency"  | "no change"   |  |          |                         |
| 33 | 01/05/2019      | "they were all around excellent"  | "waiting seems like forever, but it's probably not ha-ha"   |  |          | See follow up below     |
| 34 | 01/05/2019      | "They were very good to me. I give them all 5's- very good"   |   | "I've never had a problem with them"   |          |                         |
| 35 | 01/05/2019      | "see above"   |   | "I was unconscious, but you guys saved my life and I am so very grateful- please give them all a 5." |          |                         |
| 36 | 01/06/2019      | "Oh honey, they did everything so well- and I know! I was right there with him the whole time ha-ha! but no we are very thankful- thank you for calling." | "oh, nothing- like I said they were very good to us."   | "He was very pleased with how they treated him."   |          |                         |
| 37 | 01/06/2019      | "everything was done well- the medics were very professional, just overall caring for me and family members was amazing"                                  | "if the blankets are not being used after trips they should be washed and re-used or donated to homeless- would save money and help people out" |  |          |                         |
| 38 | 01/07/2019      | "I can't think of anything"   | "I can't think of one thing"  |  |          |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments   | Assigned                        | Results after follow up |
|----|-----------------|---|---|--|---------------------------------|-------------------------|
| 39 | 01/06/2019      | "I would give them a five because they got here quick put me in the ambulance and away, we went!"   |   | "I really had no complaints"   |                                 |                         |
| 40 | 01/06/2019      | "the level of care and kindness was outstanding! - the amount that I was cared for- between fire and ems was amazing they worked great to get- and that's how it should be"   | "really nothing that I can think of- I knew what was going on- I just couldn't talk- but they tried to communicate with me as best as they could" | "I'm retired fire medic- I'm familiar both fire and medics - they were amazing"<br>"my neighbor called- I was having a stroke" |                                 |                         |
| 41 | 01/07/2019      | "it not you guys that's the problem it the hospital- you even get taken into the emergence room and it takes forever to be seen! But as far and the all the ambulance people, you guys are fantastic- tell them thank you." | "I have no complaints really"   |  |                                 |                         |
| 42 | 01/07/2019      | "everything the medics did was excellent."  | "I really can't think of anything- they were very professional"   |  |                                 |                         |
| 43 | 01/06/2019      | "I could tell they cared for- and that's very important when you're going through events like this."  | "nothing, they were excellent."   |  |                                 |                         |
| 44 | 01/06/2019      | "um the emts were very caring and kind- they took their time which was also nice- the women in the back talked to me and made sure I was alright"   | "I would say- it would be nice to have been better informed- I felt like I was kind of left in the dark about my condition."                      |  | Assigned to Selmi 3.13.19 #6740 | See follow up below     |



| #  | Date of Service | What Did We Do Well?   | What Can We Do To Serve You Better | Description / Comments | Assigned | Results after follow up |
|----|-----------------|--|------------------------------------|------------------------|----------|-------------------------|
| 45 | 01/07/2019      | "Pt stated the medics saved his life."   |                                    |                        |          |                         |
| 46 | 01/07/2019      | "Patient stated the medics were quick to load her up and get her to the hospital."   |                                    |                        |          |                         |
| 47 | 01/07/2019      | "Pt stated the medics properly took his vital signs and relayed all of his information to the medic chopper, and that it was a smooth transition onto the chopper. He is a former medic and stated all was handled properly and professionally." |                                    |                        |          |                         |
| 48 | 01/07/2019      | "Pt stated the medic were able to smoothly get her out of her house."  |                                    |                        |          |                         |
| 49 | 01/01/2019      | "Pt stated everything was done well."  |                                    |                        |          |                         |
| 50 | 01/09/2019      | "Very professional and very good."   |                                    |                        |          |                         |
| 51 | 01/09/2019      | "Medics were awesome to my husband."   |                                    |                        |          |                         |
| 52 | 01/08/2019      | "Medics were very nice to me."   |                                    |                        |          |                         |
| 53 | 01/08/2019      | "The female medic was super nice."   | "Overall medics did a great job."  |                        |          |                         |
| 54 | 01/09/2019      | "Medics didn't judge me."  |                                    |                        |          |                         |





| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments     | Assigned                         | Results after follow up |
|----|-----------------|---|---|----------------------------|----------------------------------|-------------------------|
| 55 | 01/09/2019      | "Medic did an excellent job caring for me. I sincerely felt they cared."  |   |                            |                                  |                         |
| 56 | 01/08/2019      | "Medics cared and respectful to me."  |   |                            |                                  |                         |
| 57 | 01/08/2019      | "kind and compassionate, knew what they were doing."  | "Fees should be based on the patients' needs and the care that they gave. My bill was too much \$."   |                            |                                  |                         |
| 58 | 01/08/2019      |   | "Sometimes they are slow. I wait a long time to get the help I need."   | "Sometimes they are slow." |                                  | See follow up below     |
| 59 | 01/09/2019      | "Fantastic service. Better than better. I am very happy with all the medic each time they come."  | "Nothing I can think of."   |                            |                                  |                         |
| 60 | 01/09/2019      | "Medics kept me calm. They were all very good and I praise all of them."  | "Everything went very smooth."  |                            |                                  |                         |
| 61 | 01/10/2019      | "Show more compassion to your patients."  | "I was having chest pain and medics pretended like they didn't care. Medic was in training and more concerned about I was screaming in pain and they told me I was ok." |                            | Assigned to Selmi 3.13.19 # 6741 | See follow up below     |
| 62 | 01/10/2019      | "Pt stated everything was done well."   |   |                            |                                  |                         |
| 63 | 01/10/2019      | "Nothing"   |   |                            |                                  |                         |
| 64 | 01/11/2019      | "Pt stated their arrival was prompt and they were very careful with her during the transport. She is very, very pleased with the level of service." |   |                            |                                  |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better                            | Description / Comments               | Assigned                        | Results after follow up |
|----|-----------------|---|---|--------------------------------------|---------------------------------|-------------------------|
| 65 | 01/11/2019      |   |   | "Abruptly ended call."               |                                 |                         |
| 66 | 01/11/2019      | "They really helped me thought the pain, I really appreciate it."   |   |                                      |                                 |                         |
| 67 | 01/12/2019      | "Monitored me, put me on an IV, and took me to the hospital"  |   | "I was blacked out most of the time" |                                 |                         |
| 68 | 01/12/2019      | "Most of it"  | "Try to remember the dignity of the person being transported" |                                      | Assigned to Selmi 3.13.19 #6742 | See follow up below     |
| 69 | 01/12/2019      | "You guys get here in less than 8 minutes. I've told many people to sign up for your service and insurance" |   |                                      |                                 |                         |
| 70 | 01/12/2019      | "Took me seriously and took care of me really fast. Got me there very fast"                                 |   |                                      |                                 |                         |
| 71 | 01/12/2019      | "They decided what was wrong, loaded me on the ambulance, and took me out"                                  |   |                                      |                                 |                         |
| 72 | 01/12/2019      | "Everything, no concerns"   |   |                                      |                                 |                         |
| 73 | 01/12/2019      | "The care"  | "Don't charge so much"  | "I didn't really have a problem"     |                                 |                         |
| 74 | 01/13/2019      | "Medics were just helpful and great!"   |   |                                      |                                 |                         |
| 75 | 01/13/2019      | "Medics calmed my crazy husband down, thank you. Very excellent service. Arrived in record time."           |   |                                      |                                 |                         |
| 76 | 01/13/2019      | "Medics are always kind and compassionate always done incredible. They are awesome!"                        |   |                                      |                                 |                         |



| #  | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments                      | Assigned                        | Results after follow up |
|----|-----------------|---|---|---|---------------------------------|-------------------------|
| 77 | 01/13/2019      | "Medics comforted me, overall service was great!"   |   |   |                                 |                         |
| 78 | 01/14/2019      | "Medics were amazing! Calmed me down."  |   |   |                                 |                         |
| 79 | 01/18/2019      | "Medics answered our questions and were very kind. They did their job."   |   |   |                                 |                         |
| 80 | 01/18/2019      | "Medics arrived in time. Very quick. They took good care of me."  |   |   |                                 |                         |
| 81 | 01/18/2019      |   |   | "45 minutes to get to the hospital."        |                                 | See follow up below     |
| 82 | 01/18/2019      | "Very professional."  | "Smoother ride."  |   |                                 |                         |
| 83 | 01/19/2019      |   | "Medics act like I am a bother. I don't know what is wrong with me. I don't have the help I need and it isn't helpful to have medics look at me like why are you calling an ambulance again." | "I feel the medics saying, It's YOU again?" | Assigned to Selmi 3.13.19 #6743 | See follow up below     |
| 84 | 01/19/2019      | "very professional."  |   |   |                                 |                         |
| 85 | 01/19/2019      | "Helped me get off the floor and asked me which way I wanted to turn. They sat me up in a chair and I was feeling better, but they said my heart wasn't looking good so they took me to the hospital anyway. It was a blessing" |   |   |                                 |                         |



| #  | Date of Service | What Did We Do Well?   | What Can We Do To Serve You Better   | Description / Comments  | Assigned                        | Results after follow up |
|----|-----------------|--|--|---|---------------------------------|-------------------------|
| 86 | 01/19/2019      | "They tried to immobilize me as best they could because they could tell I was in pain. They tried to make me feel calm and at ease"                    |  | "Very nice, courteous, and helpful. Took what we said into consideration. I don't think they did anything to remove my pain, but they were careful moving me to the gurney" |                                 |                         |
| 87 | 01/19/2019      | "They were efficient"  |  | "She was kind of quiet" "These two girls were so sweet to me! I usually don't like REMSA but they were great"   |                                 |                         |
| 88 | 01/19/2019      | "They came in and tried to help me with my problem. They tried to help relieve me, but they couldn't do much about it besides take me to the hospital" |  | "The doctor didn't tell them to give me anything for pain"  |                                 |                         |
| 89 | 01/20/2019      | "Both medics were nice and took care of me."   |  |   |                                 |                         |
| 90 | 01/20/2019      | "Medics mentioned well fair checks but never followed through."  | "Following up on what they're going to do."  |   | Assigned to Slemi 3.13.19 #6744 | See follow up below     |
| 91 | 01/20/2019      |  | "Medics were just so helpful."   |   |                                 |                         |
| 92 | 01/20/2019      | "Medics were attentive and helped me in every way they could. It was an amazing experience."   | "Too much repeating myself to medics then nurses especially when you're not feeling well." |   |                                 |                         |
| 93 | 01/22/2019      | "Teamwork went above and beyond."  |  |   |                                 |                         |



| #   | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments   | Assigned                        | Results after follow up |
|-----|-----------------|---|---|--|---------------------------------|-------------------------|
| 94  | 01/22/2019      | "Overall the entire service was excellent. The patient said she particularly liked that the medics kept talking to her which kept her calm."  |   |  |                                 |                         |
| 95  | 01/22/2019      | "Everything was done well."   |   |  |                                 |                         |
| 96  | 01/22/2019      | "Pt stated the medics coordinated well while caring for him."   |   |  |                                 |                         |
| 97  | 01/22/2019      | "Pt stated everything was done well."   |   |  |                                 |                         |
| 98  | 01/22/2019      | "that I don't remember - I was sort out of it"  | "make the ride less bumpy ha"   | "I remember it being bumpy"<br>"there staff was wonderful- truly did an excellent job" |                                 |                         |
| 99  | 01/22/2019      | "you're doing a wonderful job- you should call everyone that was in an ambulance - but hospital they treated me and my son very son very bad- I will not be going back to that hospital." | "there should be questions about the medications and they should be more professional- maybe get them notebook so they don't have to write on their hand" |  | Assigned to Selmi 3.13.19 #6745 | See follow up below     |
| 100 | 01/22/19        | "well they got me on the ambulance, and they got me on the airplane. they checked what meds I needed. They were very good medics-"  | "nothing yall were great"   |  |                                 |                         |



| #   | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better   | Description / Comments                          | Assigned | Results after follow up |
|-----|-----------------|---|--|---|----------|-------------------------|
| 101 | 01/23/2019      | "Let me tell ya something honey, RESMA is great. they always take great care of me."  | "nothing"  |   |          |                         |
| 102 | 01/23/2019      | "very kind people, the medics were talking to me the whole time. and made sure to keep me calm. they even told me good bye, after dropping me off and giving the paper work to the hospital. they were very profession. tell them thank you for their service," | "well it was bumpy, and they were poking me with needles - so they aren't that friendly- ha-ha no I'm just kidding ya they were great. nothing I would have changed" | "I'd give them 5 plus"                          |          |                         |
| 103 | 01/23/2019      | "the REMSA people were very kind and professional."   | "I can't think of nothing."  |   |          |                         |
| 104 | 01/24/2019      | "I have no reply"   | "I don't know, except maybe have a warmer blanket- because it was cold and uncomfortable getting in and out of the ambulance"  |   |          |                         |
| 105 | 01/24/2019      | "I think the price needs to be lowered- because I try to avoid using them because I know how expensive they are,"   | "I don't think nothing care be done better- besides the bill"  | "I'd give them a give fat 10 if I could! ha-ha" |          |                         |
| 106 | 01/25/2019      | "Got me where I wanted to be in the time I needed to get there. They were good people. Everything was done well"  | "Can't improve perfection"   |   |          |                         |
| 107 | 01/25/2019      | "Everything was done well. Very professional"   |  | "I'm old and don't remember specifics"          |          |                         |



| #   | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better   | Description / Comments  | Assigned                        | Results after follow up |
|-----|-----------------|---|--|---|---------------------------------|-------------------------|
| 108 | 01/25/2019      | "Everything they did from the time they got to the call until they got me in the hospital was excellent. They did an excellent job"   | "Those particular paramedics were outstanding"   | "I think it took them a long time, but I couldn't breathe and was having a heart attack. I think they probably came timely due to the area we're in"<br>"They didn't have to give me anything. They couldn't get an IV started" |                                 | See follow up below     |
| 109 | 01/25/2019      | "They did what I asked."  | "I didn't receive anything for pain."  |   |                                 |                         |
| 110 | 01/26/2019      | "well getting me and putting me into the ambulance went well just stuff like that- from the bedroom to the bed of the ambulance went well"  | "well when they put the needle into my vein - it was moving and I could feel it- cause of the bumpy ride, but the medic didn't really listen- but when getting to the hospital the doctor wasn't too happy about how they had put it into me." |   | Assigned to Selmi 3.13.19 #6746 | See follow up below     |
| 111 | 01/26/2019      | "they took down information- looked at charts about her and started to copy down information. they were very polite and kind. very kind! my mother had an episode and they were completely capable of handling her" | "it would be nice if they had skinny wheel chairs- that could get into hallways. they might be able to take people out of houses easier with smaller area space, than to carry them all the way to the ambulance - it'd be awesome"            | "oh they were good people" "I was very happy with her care. they were very good with her,"  |                                 |                         |



| #   | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments                            | Assigned | Results after follow up |
|-----|-----------------|---|---|---|----------|-------------------------|
| 112 | 01/27/2019      | "Patient stated the medics made sure she was taken care of, comfortable, and got her quickly to the hospital."  |   |   |          |                         |
| 113 | 01/27/2019      | "Pt stated the medics were timely, caring, knowledgeable and concerned for her welfare."  |   |   |          |                         |
| 114 | 01/27/2019      | "The medics were caring, considerate and treated her with respect."   |   |   |          |                         |
| 115 | 01/27/2019      | "The medics were well-trained and communicated well with the patient."  |   |   |          |                         |
| 116 | 01/27/2019      | "They did everything well, particularly putting the patient on the gurney as he is wheelchair bound. He said they saw to his comfort as well."        |   |   |          |                         |
| 117 | 01/27/2019      | "Pt stated she was quickly loaded and was treated with kindness."   |   |   |          |                         |
| 118 | 01/27/2019      | "very professional and jump right on it! they made a good decision in taking me to the hospital and with all of that it was a good experience for me" | "I can't think of a thing- it was very good for me"                                 | "all the times I've taken them they've been good" |          |                         |
| 119 | 01/28/2019      | "very professional care. they did a wonderful job- please tell them thank you"  | "nothing I can think of really. they did an amazing job. I can't thank them enough" | "they were excellent"                             |          |                         |





| #   | Date of Service | What Did We Do Well?  | What Can We Do To Serve You Better  | Description / Comments | Assigned | Results after follow up |
|-----|-----------------|---|---|------------------------|----------|-------------------------|
| 120 | 01/28/2019      | "they were just caring and well informed- nice people- I don't remember all too well cause, well I was in an ambulance but they were good"                        | "hopefully there won't be a next time for me, but overall I think they did everything right"            |                        |          |                         |
| 121 | 01/28/2019      | "they were pretty thoughtful to me and my wife, because she was concerned about me being transferred to the hospital. but they talked to her and calmed her down" | "I don't know, you didn't do anything wrong- you were here in a short period of time- it was well done" |                        |          |                         |
| 122 | 01/28/2019      | "Pt stated she has gone for a few different rides with REMSA and it has consistently been a positive experience."   |   |                        |          |                         |
| 123 | 01/28/2019      | "Pt stated everything was done well."   |   |                        |          |                         |
| 124 | 01/28/2019      | "Patient stated his transport between hospitals was efficient, and the driver did an excellent job in the inclement weather."                                     |   |                        |          |                         |
| 125 | 02/12/2019      | "Medics calmed me and my son down. The weather was terrible and driver took her time driving and did excellent! The whole experience was a 5!"                    |   |                        |          |                         |



| #         | Date of Service  | What Did We Do Well?   | What Can We Do To Serve You Better  | Description / Comments | Assigned | Results after follow up |
|-----------|--|--|---|------------------------|----------|-------------------------|
| 126       | 02/13/2019   | "I had brain surgery and was experiencing a panic attack, medics calmed me down and made me feel so much better!"  | "Because of the brain surgery my doctor asked me to keep my head from getting wet. The night I called for the ambulance it was raining please provided shelter for patients or coverings and blankets for their comfort." |                        |          |                         |
| Follow up |  |  |   |                        |          |                         |
| 5         | 3/13/19 1503,  | I spoke with the pt, I told PT what the complaint was "Don't park in the yard" and she started laughing she told me she does not have a yard only a street. PT asked where in the world did you get that from, I told her from the third-party survey company, she laughed again and told me to just throw that out as she does not have a yard. We laughed and I thanked her for her time. No further |   |                        |          |                         |
| 24        | As indicated on PT's chart the response time as follows: Recvd: 10:18 01-04-19 Dispatch: 10:19 01-04-19 En route: 10:19 01-04-19 At scene: 10:25 01-04-19 At patient: 10:27 01-04-19.  |  |   |                        |          |                         |
| 31        | As indicated on the chart the response time as follows Recvd: 13:14 01-05-19 Dispatch: 13:15 01-05-19 En route: 13:15 01-05-19 At scene: 13:20 01-05-19 At patient: 13:22 01-05-19.  |  |   |                        |          |                         |
| 33        | Per PT's chart the response time was as follows: Recvd: 16:52 01-05-19 Dispatch: 16:52 01-05-19 En route: 16:54 01-05-19 At scene: 16:59 01-05-19 At patient: 17:01 01-05-19.  |  |   |                        |          |                         |
| 44        | 3/14/19 0958, I contacted the pt, she was very nice and told me she had no complaints with REMSA it was just her situation. I thanked her for her time. No further.  |  |   |                        |          |                         |
| 58        | Per PT's chart response time is as follows: Recvd: 19:13 01-08-19 Dispatch: 19:14 01-08-19 End route: 19:14 01-08-19 At scene: 19:19 01-08-19 At patient: 19:21 01-08-19.  |  |   |                        |          |                         |
| 61        | 3/14/19 1000, I left a message for the pt..  |  |   |                        |          |                         |
| 68        | 3/13/19 1613, I was unable to contact the pt , I called the number twice and it has been disconnected. I contacted our billing office and they had the same number. No further.  |  |   |                        |          |                         |
| 81        | Per PT's chart transport time is as follows: Transport: 08:25 01-18-19 At dest.: 08:38 01-18-19  |  |   |                        |          |                         |
| 83        | 3/14/19 1123, I contacted the pt about her complaint and she told me she did not have any complaints with REMSA, everything was fine. I thanked her for her time. No further.  |  |   |                        |          |                         |
| 90        | 3/14/19 1138, I contacted the pt, we talked about the well fair checks and what it means as she thought the paramedics would just check on her all the time. PT understood and did not have a problem with this, she did have other complaints which I will look into and start a separate ticket for. No further. |  |   |                        |          |                         |



| #   | Date of Service | What Did We Do Well?   | What Can We Do To Serve You Better | Description / Comments | Assigned | Results after follow up |
|-----|-----------------|--|------------------------------------|------------------------|----------|-------------------------|
| 99  | 3/14/19 1200,   | I contacted the pt, her only complaint was the paramedic's writing on their glove, that was concerning for her. I explained they are supposed to be entering the medications in the computer they have and she laughed. I thanked her for her time. No further.  |                                    |                        |          |                         |
| 108 |                 | Per PT's chart an IV was attempted 1 time without success. Pt was not critical second attempt of IV was unnecessary. Run times were as follows: Recvd: 11:39 01-25-19 End route: 11:40 01-25-19 Dispatch: 11:40 01-25-19 En route: 11:40 01-25-19 At scene: 11:44 01-25-19 At patient: 11:46 01-25-19.                 |                                    |                        |          |                         |
| 110 | 3/14/19 1201,   | I left a message for the pt 3/14/19 1325, PT called me back, he was very nice but concerned the ambulance was still moving when the medic started the IV. The next day the RN told the PT it was not in a very good place in the arm, (right AC). I apologized to PT and he was happy I called about this. No further. |                                    |                        |          |                         |



## REMSA AND CARE FLIGHT FEBRUARY 2019 PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada,

REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



# PUBLIC AND COMMUNITY RELATIONS

**Safety in Inc Bleeding Control Class**  
 As a follow-up to the KUNR story highlighting REMSA's Bleeding Control Class, KUNR produced a behind-the-scenes video for the Stop the Bleed Class with more a more in-depth conversation with Avery Baldwin, REMSA Education Coordinator.



**KUNR IS YOUR SOURCE FOR HONEST, INDEPENDENT NEWS. SUPPORT IT.**

**Video: Inside A 'Stop The Bleed' Class**

BY EPHRAIM SULLIVER | FEB 23, 2019

PHOTO: KUNR/STEPHEN SULLIVER

A row of blood control kits on a table.

Avery Baldwin is the education program coordinator and a paramedic at REMSA, the Regional Emergency Medical Services Authority which provides ambulatory services for Northern Nevada. He says more people have been requesting bleeding control courses in the wake of hostile events like mass shootings and bombings. It can take EMS a few minutes to get to an emergency location, he says, and that time could mean the difference between someone dying of blood loss and someone surviving.

Stop the bleed

It was a conversation I had with... about 10:22 am 2/23/19

"So, it's likely going to be the person that's with you or in the same room or in the same building, sitting next to you, that is the one that's going to stop the bleeding and potentially save someone," Baldwin explained.

Joyce Walker, an instructor at Leading Edge Threat Mitigation, says he came to the class because he's in the business of saving lives. He teaches self-defense lessons, including active shooter defense.

"I'm hoping to learn how to save a life, whether it's mine or a family member or someone that I have no idea who they are," Walker said.

Vad Wooten was one of those who, prior to the class, thought tourniquets were dangerous.

"Now, that we know that you can leave it on for several hours, it really helps with the decision-making process of when to apply it."

J. Brandon, another class participant, said the course is easy to understand. He's been carrying a tourniquet in his first aid kit for six months without any training. Now, he knows how to use it.

This video was shown in conjunction to the story [More Neighbors Are Learning To First Aid: Control Wounds](#).

PHOTO: KUNR/STEPHEN SULLIVER

SHARE: Facebook, Twitter, LinkedIn, Email

RELATED CONTENT



## PUBLIC AND COMMUNITY RELATIONS

### Safety in Inclement Weather

Adam Heinz provided an interview about staying safe through inclement weather including driving and walking safety tips and ensuring physical wellbeing during snow shoveling.





## PUBLIC AND COMMUNITY RELATIONS

### **Go Red**

REMSA participated in the American Heart Association's annual Go Red Luncheon by hosting an education booth, sponsoring a table and sharing personal stories from one of its executives.





## PUBLIC AND COMMUNITY RELATIONS

### **REMSA Offers Save the Heart You Love Giveaway**

Throughout February, REMSA raised awareness about the importance of heart health through an online promotional giveaway featuring heart healthy treats. We appreciate the partnership of Yoga Pod, CAMPO, Reno Running Company who contributed to our package which also included two complimentary passes to a Heartsaver CPR class at REMSA's Center for Prehospital Education.



February 6, 2019

### **Save the Heart You Love This February**



Care for your heart and the hearts you love





## PUBLIC AND COMMUNITY RELATIONS

### **Paramedic Program Accreditation Process Update**

Recently, REMSA's Education department hosted site surveyors from the CoAEMSP accreditation organization. This accreditation is critical to the sustainability of REMSA's education programs since paramedic students must graduate from an accredited program to be eligible for national registry testing. This site survey was the final step in months of work by Cindy Geen, Education Manager and the education team to demonstrate compliance with all of the standards and guidelines required by CoAEMSP and CAAHEP. The education team not only passed their site visit, they did it flawlessly. The surveyors had zero violations or citations and commented that they have not had the pleasure of such an easy and well-prepared survey in a very long time. They also highlighted the commitment, passion, and engagement of the entire education team and commended them for such an incredible survey.





## SOCIAL MEDIA HIGHLIGHTS

### Social Media

Website referral sessions from social media increased by 13% year-over-year. Facebook, LinkedIn, Twitter and Instagram all drove traffic back to the website.



#### *Facebook*

Likes to-date: 2,993 +57 likes since Jan. 2019

Followers to-date: 2,984 +63 followers since Jan. 2019

February posts: 24

February post comments: 127

February post shares: 86

February post reactions: 1.46k



# SOCIAL MEDIA HIGHLIGHTS

## Top 3 Posts by Reach

1. 2,855 people reached, 451 reactions, comments & shares  
 Facebook engagement: 1,273 -  
 Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
 Published by KPSS 171 · February 15 at 9:12 AM · 🌐

Ben H. and Tom E., REMSA paramedics, were recently dispatched to a traffic accident. Upon arrival, they found an elderly patient who had driven off the road onto a curb. The accident wasn't critical but the patient was exhibiting what appeared to be an altered mental status. They noticed a binder in the passenger seat with an appointment reminder attached so they quickly called the number and established that the patient had just left an appointment 20 minutes prior and was a... [See More](#)



🟢 **Get More Likes, Comments and Shares**  
 Boost this post for \$20 to reach up to 11,000 people.

|                                |                             |                            |
|--------------------------------|-----------------------------|----------------------------|
| <b>2,855</b><br>People Reached | <b>1,273</b><br>Engagements | <a href="#">Boost Post</a> |
|--------------------------------|-----------------------------|----------------------------|

👍👎👏👤 355 20 Comments 10 Shares

👍 Like    💬 Comment    ➦ Share



## SOCIAL MEDIA HIGHLIGHTS


2.

2,354 people reached, 49 reactions, comments & shares  
Facebook engagement: 126 -  
Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA** ...  
Published by KPS3 [9] · February 7 at 10:13 AM · 🌐

To celebrate American Heart Month, we are hosting "Save the Heart You Love" Giveaway. Win a prize package that includes a \$50 gift certificate to Campo, 2 \$50 gift certificates to Reno Running Company, 2 month-long passes to Yoga Pod Reno and 2 admissions to REMSA's Heartsaver CPR and AED class. Enter now through February 12. [#SavetheHeartYouLove](#)



REMSAHEALTH.COM  
**Save the Heart You Love Giveaway | REMSA** [Learn More](#)  
Every month is a good month to take care of your...

|                                |                           |                             |
|--------------------------------|---------------------------|-----------------------------|
| <b>2,354</b><br>People Reached | <b>126</b><br>Engagements | <a href="#">Boost Again</a> |
|--------------------------------|---------------------------|-----------------------------|

Boosted on Feb 7, 2019  
By Megan Duggan Completed

|                |             |                    |           |
|----------------|-------------|--------------------|-----------|
| People Reached | <b>1.5K</b> | Landing Page Views | <b>50</b> |
|----------------|-------------|--------------------|-----------|

[View Results](#)

31 2 Comments 10 Shares



## SOCIAL MEDIA HIGHLIGHTS

3.

2,354 people reached, 49 reactions, comments & shares  
Facebook engagement: 126 -  
Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA** Published by KPS3 [?] · February 4 ·

Did you know REMSA has a team of Paramedics that is fully integrated with [Washoe County Sheriff's Office](#) and [Washoe County Sheriff's - Hasty Team](#)? These Search & Rescue (SAR) Paramedics receive extensive training in Advanced Backcountry Medicine, and can choose to expand their knowledge in areas such as Backcountry Rescue, Technical Rope Rescue, Swiftwater Rescue, Dive Rescue and Helicopter Hoist Rescue, allowing them to provide "Point of Injury" medical care to people who may be injured in the backcountry. Learn more here: <https://goo.gl/qCXjJ4>

This is just another example of how REMSA's Special Operations teams are serving our community!

**Get More Likes, Comments and Shares**  
Boost this post for \$20 to reach up to 11,000 people.

|                                |                           |                   |
|--------------------------------|---------------------------|-------------------|
| <b>2,044</b><br>People Reached | <b>406</b><br>Engagements | <b>Boost Post</b> |
|--------------------------------|---------------------------|-------------------|

Liz Judd Bailie, Richard Booth and 45 others · 4 Comments 11 Shares

Like Comment Share



## SOCIAL MEDIA HIGHLIGHTS



### Top Post by Impressions

Followers to-date: 1,058  
+63 followers since Jan.  
2019  
February Posts: 5

1,109 impressions, 37 clicks and 37 likes





## SOCIAL MEDIA HIGHLIGHTS



### Visitor Demographics by Location

Visitor demographics ⓘ

Time range: Feb 1, 2019 - Feb 28, 2019 ▼ Data for: Location ▼

#### Top locations

|                            | Visitors | % of Visitors |
|----------------------------|----------|---------------|
| Reno, Nevada Area          | 21       | 23.6%         |
| Kalyan Area, India         | 7        | 7.87%         |
| San Francisco Bay Area     | 5        | 5.62%         |
| Greater New York City Area | 4        | 4.49%         |
| Greater San Diego Area     | 4        | 4.49%         |
| New Delhi Area, India      | 3        | 3.37%         |
| Pune Area, India           | 3        | 3.37%         |
| Gurgaon, India             | 3        | 3.37%         |
| Greater Boston Area        | 2        | 2.25%         |
| Dallas/Fort Worth Area     | 2        | 2.25%         |



The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 57 leads come from Yelp between Information pulled for April 2018 - March 4, 2019.

# SOCIAL MEDIA HIGHLIGHTS



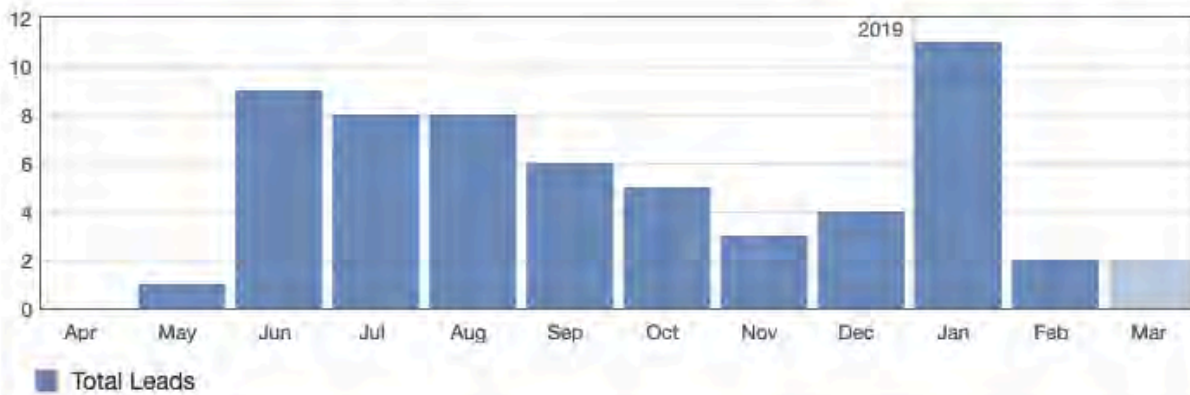
**April 2018 - March 2019**

Period: [30 days](#) **12 months** [24 months](#)







User Views ⓘ  
**400** + 13%

Customer Leads ⓘ  
**57**

Revenue Estimate ⓘ  
[Get your revenue estimate](#)



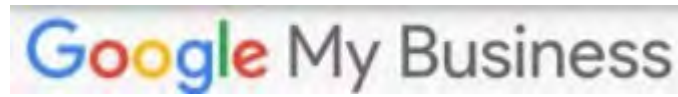
## Customer Leads breakdown: April 2018 - March 2019

-  **0** Mobile Check-ins
-  **19** Mobile Calls
-  **0** User Uploaded Photos
-  **16** Directions & Map Views
-  **21** Clicks to Your Website
-  **0** Yelp Bookmarks
-  **0** Deals Sold
-  **1** Messages

The forecasted value on the current month is an estimate and will change as the month progresses.



# SOCIAL MEDIA HIGHLIGHTS



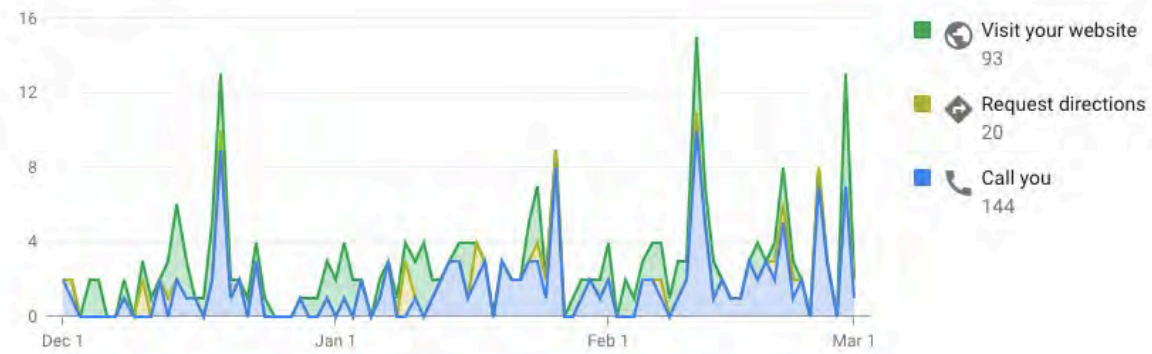
## REMSA's Google My Business Insights

### Customer actions

The most common actions that customers take on your listing

1 quarter ▾

Total actions 257



### Customer actions

The most common actions that customers take on your listing

1 quarter ▾

Total actions 2.65K





## SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.

Followers to-date: 12

A screenshot of the REMSA/Care Flight YouTube channel page. The header shows the channel name "REMSA/Care Flight" with 11 subscribers and buttons for "CUSTOMIZE CHANNEL" and "YOUTUBE STUDIO (BETA)". Below the header is a navigation menu with "HOME", "VIDEOS", "PLAYLISTS", "CHANNELS", "DISCUSSION", and "ABOUT". The main content area features a video titled "Winter Safety Tips and Trivia from REMSA" with a thumbnail of a man in a uniform. To the right, there is a "FEATURED CHANNELS" section listing "City of Reno", "NWSReno", and "American Heart Associ..." with "SUBSCRIBED" buttons. At the bottom, there is a "Community Advisory" section with a "PLAY ALL" button and a row of video thumbnails.



## SOCIAL MEDIA HIGHLIGHTS



### **REMSA Website Google Analytics**

We strategically make changes to the website to optimize our audiences' ability to find content on the REMSA site. We also add content to the website that people find interesting so that they stay longer on the website and want to look for more information.

#### Overview of Site Data in January (Year-Over-Year Comparison)

- Sessions: 32% decrease year-over-year
- Users: 4% decrease year-over-year
- Pageviews: 37% decrease year-over-year
- Pages / Session: 8% decrease year-over-year
- Avg. Session Duration: 21% decrease year-over-year
- Bounce Rate: 12% decrease year-over-year (a good thing!)

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- Direct traffic is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

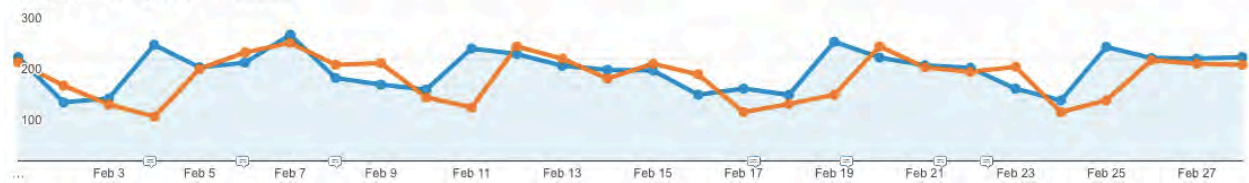
Sessions coming from direct traffic year-over-year in the month of February decreased by 31% and referral sessions decreased by 22%. In March 2018, we removed internal IP traffic (visits from within your network) from analytics. This results in a more accurate understanding of how the community is using remsahealth.com. The decrease in referral sessions can be attributed to removing internal IP traffic from analytics but we will continue to monitor this closely and will be able to compare apples-to-apples next month. The bounce rate, which determines how many people visited the website without any interactions, decreased by 12% (a good thing!). Organic search sessions increased by 9%.

# SOCIAL MEDIA HIGHLIGHTS



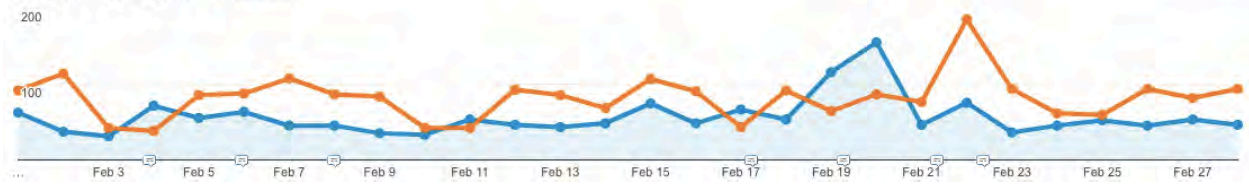
## Organic Traffic

Feb 1, 2019 - Feb 28, 2019: Sessions  
 Feb 1, 2018 - Feb 28, 2018: Sessions



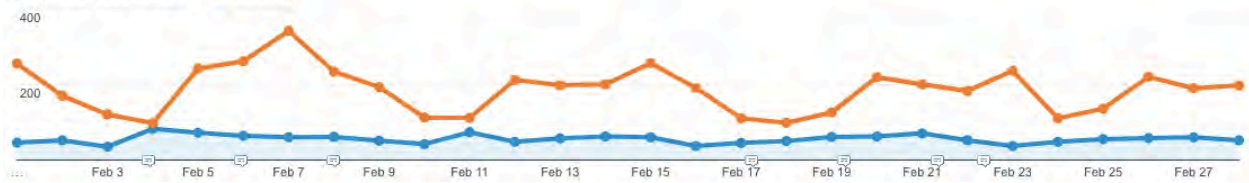
## Direct Traffic

Feb 1, 2019 - Feb 28, 2019: Sessions  
 Feb 1, 2018 - Feb 28, 2018: Sessions



## Referral Traffic

Feb 1, 2019 - Feb 28, 2019: Sessions  
 Feb 1, 2018 - Feb 28, 2018: Sessions





# SOCIAL MEDIA HIGHLIGHTS



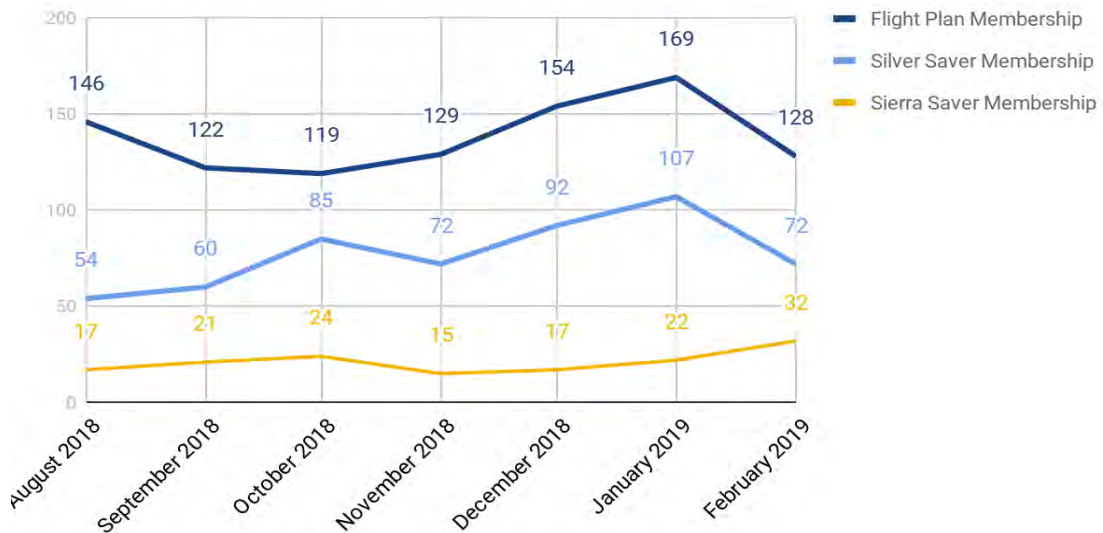
## Top 3 Referral Sites:

1. REMSA Enrollware
2. Workforce ADP
3. Eastern Sierra ATV and UTV Jamboree

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

- Website visitors who clicked to fill out a Membership form:
  - Flight Plan Membership form: 128 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 72 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 32 website visitors clicked the external link to fill out the Sierra Saver Membership form

## Website Clicks on Membership Plans



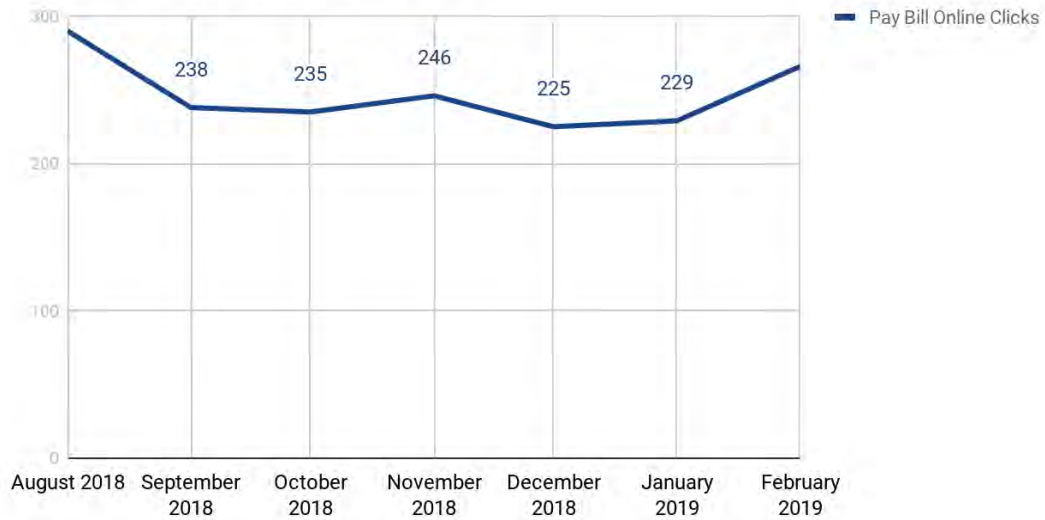
- Website visitors who clicked to pay their bill online: 266



## SOCIAL MEDIA HIGHLIGHTS



Website Clicks to Pay Bill Online



- Top 5 phone numbers that visitors clicked on:
  - 775-858-1000 - Nurse Health Line - 121 clicks
  - 775-858-5700 - Main Phone Number - 72 clicks
  - 775-858-5745 - Membership Questions - 10 clicks
  - 775-353-0739 - Private Insurance - 9 clicks
  - 775-353-0765 - Medicare / Medicaid - 4 clicks



## REMSA 2018-19 Penalty Fund Reconciliation as of January 31, 2019

### 2018-19 Penalty Fund Dollars Accrued by Month

| Month                                     | Amount                    |
|---|---------------------------|
| July 2018                                 | 7,899.78                  |
| August 2018                               | 9,263.79                  |
| September 2018                            | 6,652.17                  |
| October 2018                              | 5,948.07                  |
| November 2018                             | 7,298.64                  |
| December 2018                             | 9,349.44                  |
| January 2019                              | 8,486.91                  |
| February 2019                             |                           |
| March 2019                                |                           |
| April 2019                                |                           |
| May 2019                                  |                           |
| June 2019                                 |                           |
| <b>Total Penalty Fund Dollars Accrued</b> | <b><u>\$54,898.80</u></b> |

### 2018-19 Penalty Fund Dollars Encumbered by Month

| Program  | Amount   | Description   | Submitted    |
|--|----------|---|--------------|
| Public Service Announcement Web Header             | 1,400.00 | Professional Services to design and implement header bar for remsahealth.com                          | January 2019 |
| Bleeding Control Supplies for Regional Development | 1,839.04 | Tourniquets, Glow Sticks, Breachpens, Battle Boards and Load Out Bag Supplies for Armored Rescue Kits | January 2019 |
|  |          |   |              |

**Total encumbered as of 01/31/2019** **\$3,239.04**

**Penalty Fund Balance at 01/31/2019** **\$51,659.76**



**REMSA INQUIRIES**  
**February 2019**

No inquiries for February 2019



|                           |
|---------------------------|
| DD _____                  |
| DHO _____ <i>KD</i> _____ |

**Staff Report**  
**Board Meeting Date: March 28, 2019**

**TO:** District Board of Health

**FROM:** Joelle Gutman, Government Affairs Liaison  
775-326-6044, [jgutman@washoecounty.us](mailto:jgutman@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

---

**SUMMARY**

This is an update regarding bill draft requests (BDRs) or bill drafts which may be of interest to or impact the District Board of Health.

**PREVIOUS ACTION**

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

**BACKGROUND**

Staff will monitor and provide comment on bill drafts, bills, and/or legislative action during the 2019 legislative session. DBOH will be briefed on these comments and activities during monthly 2019 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative actions.

**FISCAL IMPACT**

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted (FY19) budget

**RECOMMENDATION**

Staff recommends the Board accept the March 2019 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2019 Legislative Session bill drafts affecting the Health District and/or public health.

**POSSIBLE MOTION**

A possible motion would be: Accept the March 2019 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: March 28, 2019**

**DATE:** March 15, 2019

**TO:** District Board of Health

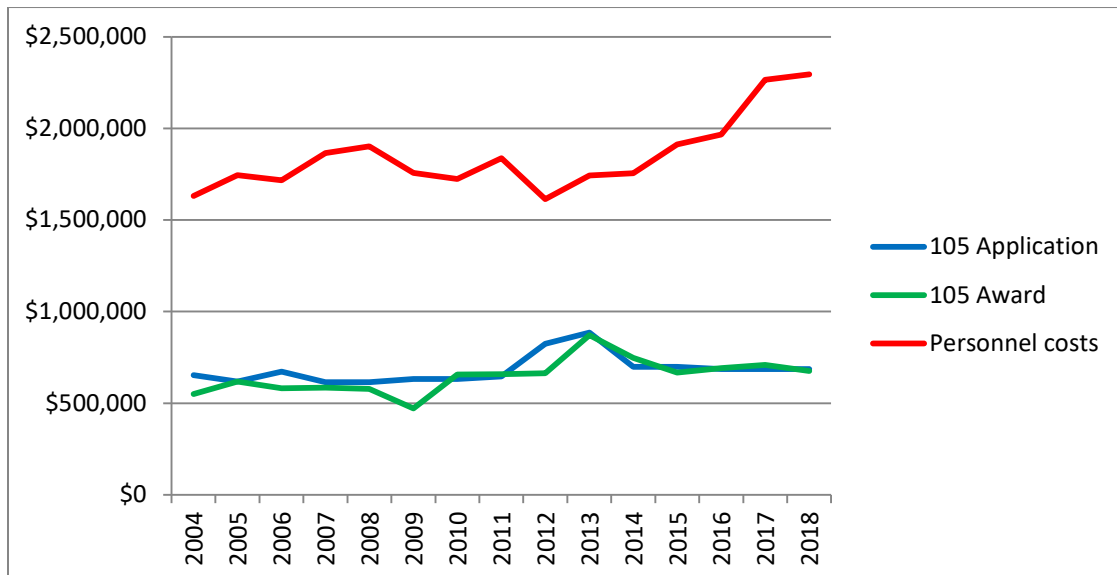
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

**1. Program Update**

a. EPA Receives Level Funding for FY2019 State and Local Air Grants

On February 15<sup>th</sup>, the Federal Budget for Fiscal Year (FY) 2019 was approved providing level funding for U.S. Environmental Protection Agency (EPA) State and Local Air Grants (STAG). Nationally, the STAG funds, as provided under Sections 103 and 105 of the Clean Air Act, totaled \$228 million for FY2019 which is the same amount awarded 15 years ago in 2004. The chart below illustrates the Section 105 grant application amounts, 105 grant awards and the AQMD personnel costs between 2004 and 2018:



Unfortunately, this trend is consistent across the country for all State and Local air quality agencies. On February 26<sup>th</sup>, Mr. Miles Keogh, Executive Director of the National Association of Clean Air Agencies (NACAA), presented testimony at a hearing of the House Appropriations Subcommittee on Interior, Environment, and Related Agencies regarding the FY2020 budget for EPA. Mr. Keogh urged Congress to increase the STAG grants by \$82 million above the FY19 enacted amount for a total of \$310 million which would maintain level funding after adjusting for inflation since 2004. He also requested flexibility for agencies to use the funds to address the highest priority programs in their areas since a one-size-fits-all does not adequately provide for the protection of public health from regional negative impacts like wildfire smoke.

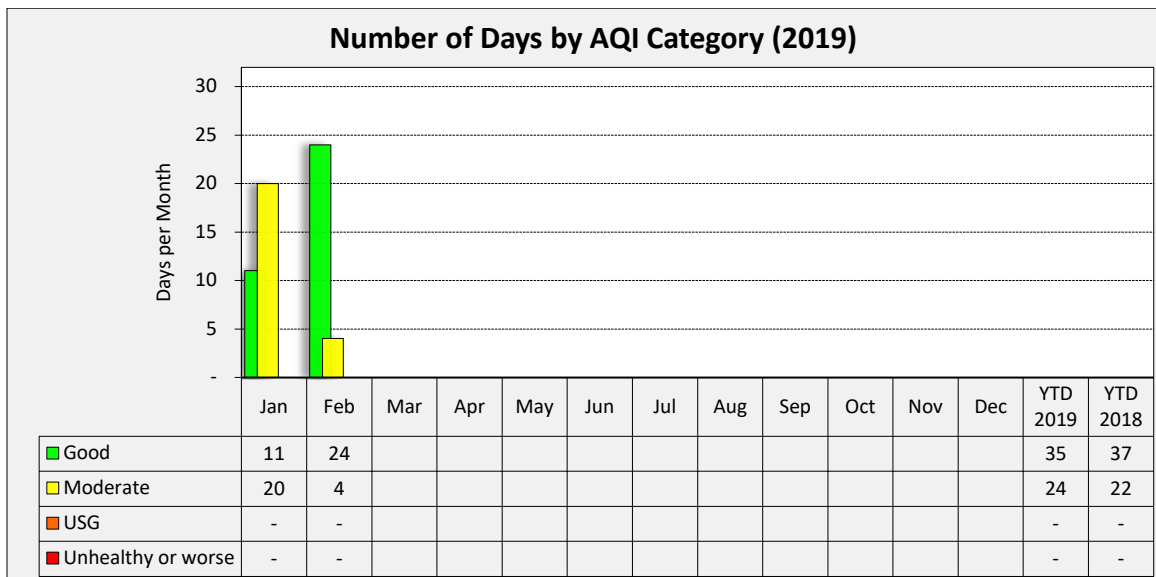
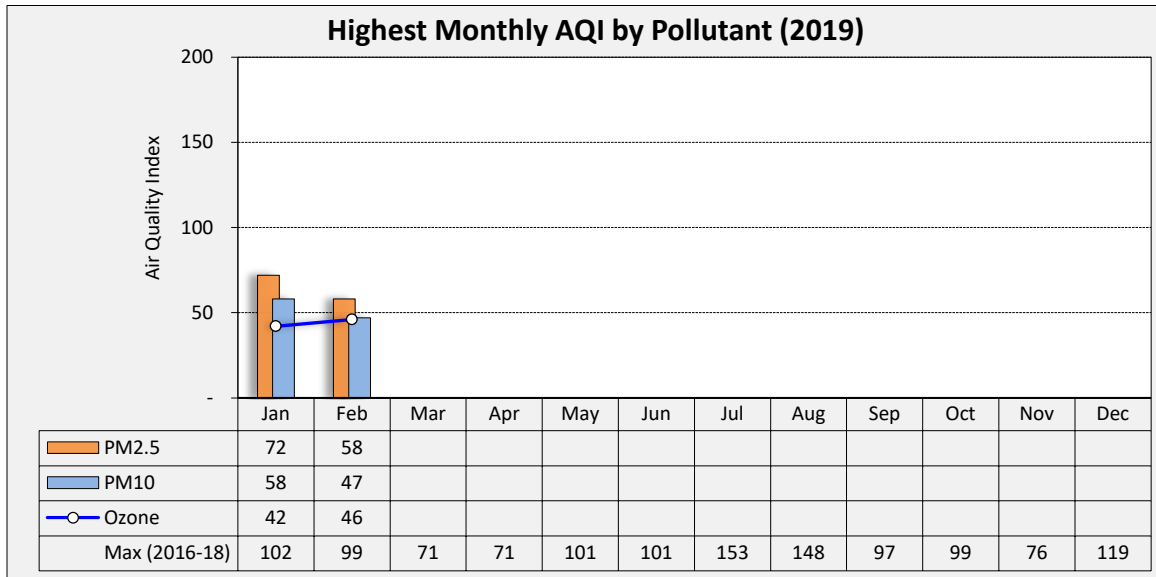
Testimony also included a discussion regarding the intent of the Clean Air Act which envisioned the federal grants would support up to 60% of the cost of air programs with state and locals providing the 40% match. Today, the reality is the federal grants are only supporting approximately 25% or less of the program costs. The FY2018 105 Grant for AQMD supported 21% of the personnel costs with little to no funds applied to the operating costs of the program.

The bottom line is, even though funding for public health related air quality programs and activities is limited, as the Co-Vice President of NACAA, I can assure the Board we are working diligently to raise awareness of the situation at all levels. In the meantime, AQM staff will continue to make every effort to ensure a healthy community through our *Keep it Clean* campaigns.

Charlene Albee, Director  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit [OurCleanAir.com](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

February Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of February.

2018-19 Know the Code: Green. That summarizes the 2018-19 Know the Code season. This is the first time since the burn code program was initiated in the late 1980's that we've gone an entire season without issuing a Yellow or Red burn code. There are three reasons for this record clean winter season.



1. Weather: The 2018-19 winter season was very active, meaning there were enough storms and weather systems to keep temperature inversions from setting up in the Truckee Meadows. Temperature inversions are the primary reason we have elevated PM<sub>2.5</sub> levels during the winter.
2. Woodstove Program: Older stoves are less efficient and need to burn more wood to generate the same amount of heat. Smoke and PM<sub>2.5</sub> is wasted energy from these older stoves. New stoves produce almost no smoke and emit much less PM<sub>2.5</sub>. The Health District was one of the first areas in the country to successfully address the pollution problem from stoves. When a house is sold, the seller must ensure that it does not have an old, high polluting stove. If it does, the seller must remove it or replace it with a stove that meets national New Source Performance Standards. Thirty plus years of our Woodstove Program is a big reason why wintertime skies are much cleaner . . . just ask anyone who lived here in the 1970's and 80's.
3. Wintertime Street Sanding: Sanding of local streets during snow storms was a large source of particulate matter (PM) in the Truckee Meadows. As cars and trucks drove over the sanded roads, PM concentrations would increase. Today our local jurisdictions pre-treat the roads with a brine solution. The brine helps reduce the ice buildup on the roads which greatly reduces the amount of sand needed to be applied to the roads.



Daniel K. Inouye  
Chief, Monitoring and Planning

a. Permitting and Enforcement

Staff reviewed twenty-five (25) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff issued AQMDs first Title V General Permit. Permit number AAIR17-0050 was issued to the Truckee Meadows Fire Protection District for an Air Curtain Incinerator (ACI). Since the issuance, AQMD has been contacted by several air agencies from California and Oregon requesting copies of the engineering review and permit to assist as they develop their ACI permitting programs.

Staff conducted fifty-eight (58) stationary source inspections, fifteen (15) gasoline stations and two (2) initial compliance inspections in February 2019. Staff was also assigned twelve (12) new asbestos abatement projects, overseeing the removal of approximately 13,000 square feet of asbestos-containing materials. Staff received nine (9) new building demolition projects to monitor. Further, there were eight (8) new construction/dust projects to monitor, totaling 267 new acres of land being worked for various projects. Staff performed thirty-three (33) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to six (6) complaints.

| Type of Permit                            | 2019                      |                            | 2018                      |                             |
|---|---------------------------|----------------------------|---------------------------|-----------------------------|
|   | February                  | YTD                        | February                  | Annual Total                |
| <b>Renewal of Existing Air Permits</b>    | 97                        | 175                        | 94                        | 1064                        |
| <b>New Authorities to Construct</b>       | 7                         | 12                         | 8                         | 50                          |
| <b>Dust Control Permits</b>               | 8<br>(267 acres)          | 20<br>(333 acres)          | 18<br>(268 acres)         | 279<br>(3129 acres)         |
| <b>Wood Stove (WS) Certificates</b>       | 20                        | 38                         | 31                        | 403                         |
| <b>WS Dealers Affidavit of Sale</b>       | 2<br>(1 replacements)     | 3<br>(2 replacements)      | 27<br>(23 replacements)   | 84<br>(55 replacements)     |
| <b>WS Notice of Exemptions</b>            | 374<br>(2 stoves removed) | 887<br>(11 stoves removed) | 467<br>(5 stoves removed) | 8334<br>(87 stoves removed) |
| <b>Asbestos Assessments</b>               | 85                        | 179                        | 66                        | 1129                        |
| <b>Asbestos Demo and Removal (NESHAP)</b> | 21                        | 48                         | 20                        | 309                         |

| COMPLAINTS                 | 2019     |           | 2018     |              |
|----------------------------|----------|-----------|----------|--------------|
|                            | February | YTD       | February | Annual Total |
| <b>Asbestos</b>            | 2        | 4         | 1        | 16           |
| <b>Burning</b>             | 1        | 2         | 0        | 11           |
| <b>Construction Dust</b>   | 1        | 6         | 3        | 58           |
| <b>Dust Control Permit</b> | 1        | 1         | 0        | 2            |
| <b>General Dust</b>        | 0        | 1         | 1        | 56           |
| <b>Diesel Idling</b>       | 0        | 0         | 0        | 2            |
| <b>Odor</b>                | 1        | 1         | 2        | 17           |
| <b>Spray Painting</b>      | 0        | 0         | 0        | 6            |
| <b>Permit to Operate</b>   | 0        | 0         | 1        | 4            |
| <b>Woodstove</b>           | 0        | 2         | 1        | 6            |
| <b>TOTAL</b>               | <b>6</b> | <b>17</b> | <b>9</b> | <b>178</b>   |
| NOV's                      | February | YTD       | February | Annual Total |
| <b>Warnings</b>            | 1        | 1         | 1        | 16           |
| <b>Citations</b>           | 1        | 1         | 0        | 13           |
| <b>TOTAL</b>               | <b>2</b> | <b>2</b>  | <b>1</b> | <b>29</b>    |

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

|     |    |    |
|-----|----|----|
| DD  | SK | __ |
| DHO | __ | __ |

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: March 28, 2019**

**DATE:** March 14, 2019  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – 2019 World TB Day; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

**1. Divisional Update**

**a. 2019 World TB Day - Washoe County Health District Tuberculosis Prevention and Control Program (WCHD TBPCP) Report**



One hundred and thirty-seven years ago on March 24, 1882, Dr. Robert Koch announced his discovery of the TB bacillus, the cause of tuberculosis. Annually we recognize this day to educate the public about the devastating impact of TB around the world.

- One fourth of the world’s population is infected with TB.
- In 2017, 10 million people around the world became sick with TB disease. There were 1.3 million TB related deaths worldwide.
- TB continues to be the leading killer of people who are HIV infected.



“It’s TIME” is the theme of World TB Day 2019. The CDC, National TB Controllers Association, Stop TB USA, and the global Stop TB Partnership have focused on four primary points to remember as we battle this deadly disease:

- **It’s time** to test and treat latent TB infection
- **It’s time** we strengthen TB education and awareness among health care providers
- **It’s time** to speak up
- **It’s time** to end stigma

The WCHD TBPCP program is continuing its efforts to test and treat latent TB infection, with a focus on individuals who are at highest risk for progression to active disease. Efforts to educate community health care providers in testing and treatment are accomplished through direct correspondence, Epi-News, cohort reviews and continuing education programs. The TBPCP relies on primary care providers to treat their patients for latent TB. Many providers regularly consult with TBPCP program staff on their cases, and support is available to all providers. The TBPCP continues to spread the motto “Think TB,” as this disease can still be overlooked. Staff also work closely with clients to decrease the stigma associated with this disease. Clients learn that no one chooses this infection, and that barriers to eliminating this disease will decrease as myths and misinformation are debunked. The TBPCP is making every effort to eliminate the spread of TB disease in our community.

The TBPCP utilizes a set of objective targets from the National Tuberculosis Indicators Project (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB. The NTIP objectives were created as a monitoring system for tracking the progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

**Goals for Reducing TB Incidence:**

Data are expressed as percentages when there is no denominator available.

| Goal   | 2020 Target        | National 2017      | Nevada 2017               | WCHD 2016         | WCHD 2017         |
|--|--------------------|--------------------|---------------------------|-------------------|-------------------|
| Reduce the incidence of TB disease.  | 1.4 cases/100,000  | 2.8 cases/100,000  | 2.8 cases/100,000         | 1.3 cases/100,000 | 3.7 cases/100,000 |
| Decrease the incidence of TB disease among U.S. born persons.                                  | 0.4 cases/100,000  | 1.0 cases/100,000  | 19% 15/80                 | 33% (2/6)         | 6%(1/17)          |
| Decrease the incidence of TB disease among foreign born persons.                               | 11.1 cases/100,000 | 14.4 cases/100,000 | 81% (65/80)               | 67% (4/6)         | 94% 16/17         |
| Decrease the incidence of TB disease among U.S. born non-Hispanic blacks or African Americans. | 1.5 cases/100,000  | 2.8 cases/100,000  | 1.2 cases/100,000         | 16% (1/6)         | 0% (0/17)         |
| Decrease the incidence of TB disease among children younger than 5 years of age.               | 0.3 cases/100,000  | 1.1 cases/100,000  | 0 cases/100,000 (0 cases) | 0 cases           | 0 cases           |

### Objectives on Case Management and Treatment

| Goal   | 2020 Target | WCHD 2014     | WCHD 2015       | WCHD 2016     | WCHD 2017        |
|--|-------------|---------------|-----------------|---------------|------------------|
| Increase the proportion of TB patients who have a HIV test result reported.  | 98%         | 100%          | 91%             | 100%          | 100%             |
| For TB patients with positive AFB sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection.                            | 97%         | 100%<br>(2/2) | 100%<br>(4/4)   | 100%<br>(3/3) | 100%<br>(3/3)    |
| For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4 drug regimen.                              | 97%         | 50%<br>(1/2)  | 75%<br>(6/8)    | 67%<br>(2/3)* | 94%<br>(16/17)** |
| For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.                 | 98%         | 100%<br>(4/4) | 100%<br>(10/10) | 100%          | 100%<br>(11/11)  |
| For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation. | 73%         | 100%<br>(3/3) | 100%<br>(4/4)   | 100%          | 88%<br>(8/9)**   |
| For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.      | 95%         | 71%<br>(5/7)  | 90%<br>(9/10)   | 100%          | 94%<br>(16/17)** |
| <ul style="list-style-type: none"> <li>* Client with prior tx in 2013 – difficult to locate for tx re-start</li> <li>** One death prior to treatment</li> </ul>          |             |               |                 |               |                  |

### Objectives on Contact Investigations

| Goal  | 2020 Target | WCHD 2014       | WCHD 2015       | WCHD 2016     | WCHD 2017       |
|---|-------------|-----------------|-----------------|---------------|-----------------|
| For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited                                 | 100 %       | 71%<br>(5/7)    | 100%<br>(4/4)   | 100%<br>(3/3) | 100%<br>(3/3)   |
| For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.                 | 93%         | 100%<br>(26/26) | 100%<br>(35/35) | 100%<br>(3/3) | 95%<br>(42/44)* |
| For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.                    | 91%         | 100%<br>(3/3)   | 67%<br>(2/3)    | 67%<br>(2/3)  | 100%<br>(10/10) |
| For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment. | 81%         | 67%<br>(2/3)    | 100%<br>(2/2)   | 100%<br>(2/3) | 90%<br>(9/10)** |
| <ul style="list-style-type: none"> <li>* Two refused 2<sup>nd</sup> tests</li> <li>** 1 non-adherent-lost to f/u</li> </ul>             |             |                 |                 |               |                 |

### Objectives on Laboratory Reporting

| Goal   | 2020 Target | WCHD 2014 | WCHD 2015 | WCHD 2016 | WCHD 2017 |
|--|-------------|-----------|-----------|-----------|-----------|
| For TB patients w/positive culture result, increase the proportion who have a M.tbc genotyping result reported.  | 100%        | 100%      | 100%      | 100%      | 100%      |
| For TB patients w/positive culture results, increase the proportion who have initial drug susceptibility results reported.   | 100%        | 100%      | 100%      | 100%      | 100%      |
| For TB patients w/cultures of respiratory specimens identified w/M.tbc, increase the proportion reported by the lab w/in 25 days from the date the specimen was collected.   | 78%         | N/A       | 100%      | 100%      | 100%      |
| For TB patients w/respiratory specimens positive for M.tbc by NAAT, increase the proportion reported by the laboratory w/in 6 days from the date the specimen was collected. | 92%         | N/A       | 100%      | 100%      | 100%      |

### Objectives on Examination of Immigrants

| Goal   | 2020 Target | WCHD 2014             | WCHD 2015            | WCHD 2016       | WCHD 2017  |
|--|-------------|-----------------------|----------------------|-----------------|--|
| For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who <b>initiate</b> a medical examination w/in 30 days of notification. | 84%         | 92%<br>(25/27)        | 100%<br>(39/39)      | 92%<br>(24/26)  | 78%<br>(35/45)<br>(Incorrect demo's/poor pt. response) |
| For immigrants w/abnormal CXR read overseas as consistent w/TB, increase the proportion who <b>complete</b> a medical examination w/in 90 days of notification.          | 76%         | 88%<br>(24/27)        | 100%<br>(39/39)      | 92%<br>(24/26)  | 93%<br>(42/45)<br>All 45 completed eval. (3>90days)    |
| For immigrants with abnormal CXR... diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB... increase the proportion who start tx.             | 93%         | 50%<br>(5/10)*        | 64%<br>(9/14)*       | 90%<br>(9/10)*  | 67%<br>(10/15)*  |
| For immigrants w/ abnormal CXR... who have started tx, increase the proportion who complete treatment.   | 83%         | 100%<br>(5/5)         | 89%<br>(8/9)**       | 89%<br>(8/9)**  | 100%<br>(10/10)  |
| *Reasons for not starting tx   |             | Moved=3<br>Declined=2 | Declined=4<br>Lost=1 | Moved=1         | Moved=3<br>Lost to f/u=1<br>prior tx=1                 |
| ** Reason for not completing tx  |             |                       | Lost=1               | Non-adherent =1 |  |

### Successes:

- Overall DOT (directly observed therapy) and COT (completion of therapy) success rate is high
- Excellent support/reporting from our laboratory
- Contact investigation data exceeds 2020 targets
- Consistently obtain HIV status for our clients with TB disease

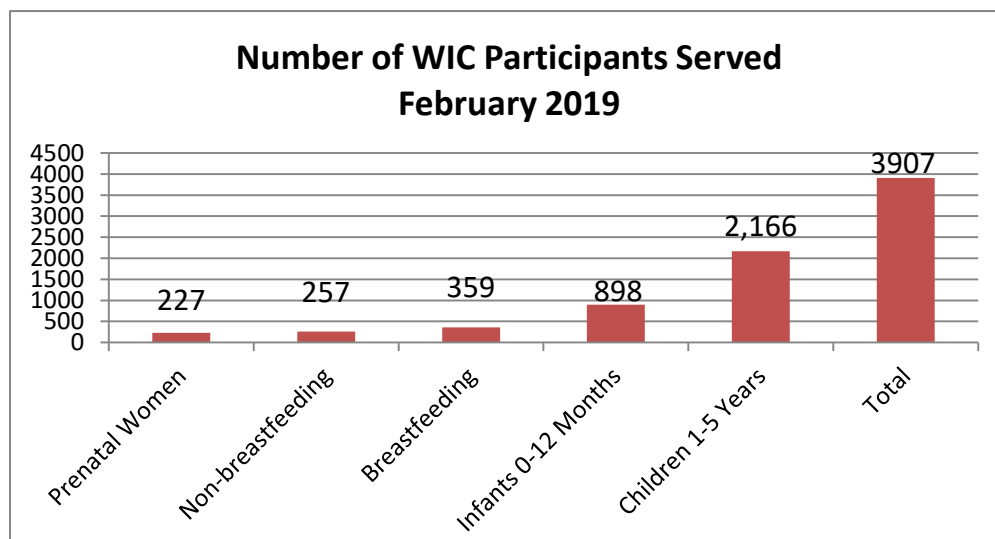
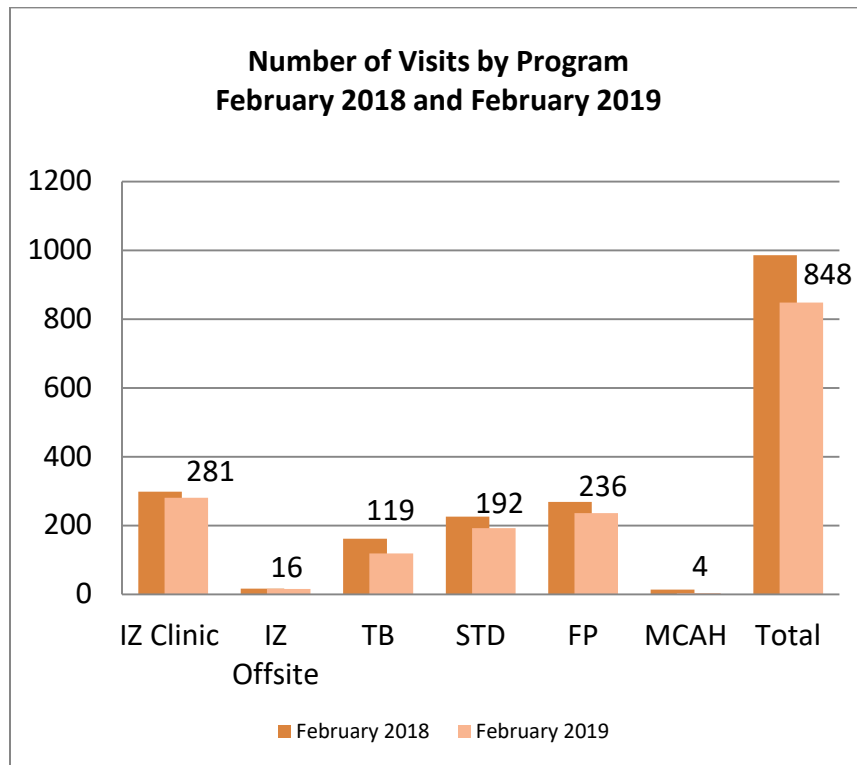
**Challenges to meeting NTIP goals include:**

- Educating providers of the risk their foreign born patients have for TB disease
- Increasing the LTBI treatment numbers for private providers
- Eliciting cooperation of immigrants for latent TB treatment
- Ensuring treatment is completed for persons moving out of Washoe County
- Ensuring treatment is completed for persons being treated by their own medical provider
- Immigrants with inaccurate demographic information and delayed response to clinic
- 2017 was a high incidence year for Washoe County

**New items:**

- QFT tests: The new QuantiFERON-TB Gold Plus is now being used. This is an updated version of the QuantiFERON-TB Gold, and like its predecessor screens antigen response for CD4 cells, but has added antigen response to CD8 cells (the Plus). This new test in conjunction with a clinical evaluation may give clues about remote infection as well as possible TB activating in a patient. TBPCP utilizes QFT for testing all foreign born patients where BCG (bacillus Calmette-Guerin) vaccination may have been given to them as a child. This includes all immigrant, civil surgeon, and other foreign born referrals to the program. QFT will not produce a false positive result in persons who have received BCG.
- T-Spot is another type of blood test for tuberculosis that is also available. Studies have demonstrated that this test performs superiorly to QFT in persons with immune-comprising conditions. The TBPCP has used this test technology in addition to QFT and tuberculin skin test (TST) to provide the best diagnostic accuracy to our clients.
- The Nevada Division of Public and Behavioral Health is pursuing legislation to make latent tuberculosis a reportable condition for all persons newly diagnosed. Multiple other states have already passed such legislation. Many providers in Washoe County voluntarily report persons with newly diagnosed LTBI, and currently all laboratories report positive QFT's to the Health District. In 2017, the TBPCP was able to identify two active cases quickly following voluntary reports of positive QFT results. This early identification provided prompt treatment and helped to prevent additional infections. The last TB legislation in Nevada was in 2015. NAC 441A.350 was amended to make any child less than 5 years of age with a positive tuberculosis screening test reportable.

**b. Data/Metrics**



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** – March 3<sup>rd</sup> and 4<sup>th</sup>, the Health District hosted a two day Motivational Interviewing training provided by the State's HIV Prevention Program. WCHD staff and other community providers in attendance gained competencies valuable when providing HIV testing and other HIV prevention services. Skills gained translate well into other professional capacities as well as everyday life.

WCHD is working with the State's STD program in addressing the significant increase of Syphilis and Congenital Syphilis in Nevada as well as nationwide. As a result the Health District has added the following procedures to the Sexual Health and Family Planning Protocol: 1) Any woman seen in Sexual Health or Family Planning clinic presenting with or receiving a positive serology for syphilis will automatically receive a pregnancy test. 2) Any woman seen in Sexual Health or Family Planning clinic receiving a positive pregnancy test will automatically be drawn and tested for Syphilis. By implementing these procedures we hope to identify and treat pregnant women with Syphilis thereby decreasing the number of infants born with Congenital Syphilis.

To provide much needed relief to staff and better allow them to address the increased burden brought by ever rising numbers of Syphilis, beginning April 1, 2019, Disease Intervention Services (DIS) staff will no longer be required to investigate any Chlamydia cases. DIS will continue to verify and document appropriate treatment of community infection but will no longer be required to actively find and provide services to the partners of the infected individuals. Chlamydia investigations will resume when the District regains capacity to do so.

- b. **Immunizations** –A Point of Dispensing (POD) influenza vaccination exercise was held at the Family Health Festival on March 6, 2019 at Sparks Middle School, in partnership with EPHP. Sixty-one people received the influenza vaccine. This is the third POD event this flu season.
- c. **Tuberculosis (TB) Prevention and Control Program** – Please see the World TB Day section above. To learn more about TB, the CDC is offering "TB 101 for Health Care Workers" a web based training program. This can be accessed at <https://www.train.org/cdctrain/course/1063693/>
- d. **Family Planning/Teen Health Mall** – Lisa Lottritz, Public Health Nurse Supervisor, is attending the 2019 National Family Planning Reproductive Health Association (NFPRHA) conference in Washington DC, March 17-20. Chris Ballew will attend the Contraceptive Technology conference in Anaheim, California, March 24- 27.

The Family Planning program will have a medical student complete a two week clinical rotation March 11- 22. The student will focus on history-taking and physical exams, and will also receive instruction on taking a sexual history and sexually transmitted disease reporting requirements.

The Family Planning program conducted project promotion in March through social media advertisements and advertisements in the Reno News and Review, El Sol de Nevada, and Ahora newspapers.

Staff continue to provide reproductive health services to female inmates at the Washoe County Sheriff's Office twice a month.

- e. **Chronic Disease Prevention Program (CDPP)** – The Parks and Recreation Commissioners for the City of Sparks, City of Reno, and Washoe County held a joint meeting in February and have agreed to move forward with the placement of Smoke Free park signs at all jurisdictions. CDPP staff will develop and purchase signage for all jurisdictions.

The Secondhand Marijuana Smoke campaign kicked-off in February using outdoor billboards, and will expand to social media venues mid-March.



CDPP staffed provided education on tobacco topics at a cultural carnival sponsored by Communities in Schools and held at Hug High School.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) program continues to abstract data from local hospitals for fetal and infant deaths. The Case Review Team (CRT) reviews approximately six cases per month and recommendations are made to address contributing factors to fetal and infant mortality. The increase in local congenital syphilis was reviewed at the February 20, 2019 meeting and routine screening for syphilis was recommended for all fetal deaths.
- g. **Women, Infants and Children (WIC)** – Sunita Monga, Community Health Nutritionist, was invited by the State WIC office to represent Nevada at the Western MCH Nutrition Leadership

Network on February 21<sup>st</sup> and 22<sup>nd</sup> in Southern California. Sunita presented on the implementation of NV WISH in Nevada and built relationships with our western region partners.



|     |    |    |  |
|-----|----|----|--|
| DD  | CW |    |  |
| DHO |    | KD |  |

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: March 28, 2019**

**DATE:** March 15, 2019  
**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Division Director  
 775-328-2644; [cwestom@washoecounty.us](mailto:cwestom@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates – Childcare, Community Development, Epidemiology, Food, Land Development, Schools, Vector and Inspections

**Program Updates**

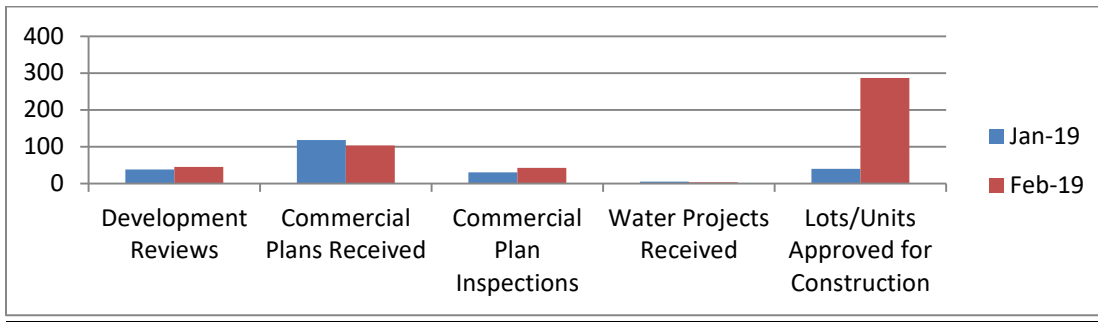
**Childcare**

- Program staff has commenced with the 2019 license inspections, working to train all field staff as inspections are completed. This is the first year that all inspectors, rather than a small team, are responsible for childcare facilities. The goal is to have most of the inspectors fully trained to do the inspections by the end of 2019.

**Community Development**

- WCHD staff routinely attends open meetings to work with the development community and contractors prior to any plan submittal. This helps developers and contractors understand the process and what is required to achieve a plan approval early in the process.
- In February 2019, we saw a 32% increase over last year at this time in commercial plan submittals, indicating that commercial development has yet to slow down or decrease.
- Plan review staff is currently at five average calendar days for review of commercial plans. This is below the EHS Division goal of seven calendar days.
- The following table details the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

| <b>Community Development</b>         | <b>JAN 2019</b> | <b>FEB 2019</b> | <b>2019 YTD</b> | <b>2018 TOTAL</b> |
|--------------------------------------|-----------------|-----------------|-----------------|-------------------|
| Development Reviews                  | 38              | 45              | 83              | 436               |
| Commercial Plans Received            | 118             | 103             | 221             | 1,272             |
| Commercial Plan Inspections          | 30              | 42              | 72              | 339               |
| Water Projects Received              | 5               | 3               | 8               | 224               |
| Lots/Units Approved for Construction | 40              | 287             | 327             | 5,067             |



### **Epidemiology**

- In February, EHS Epidemiology program staff conducted an investigation of a Gastrointestinal (GI) outbreak reported by the Communicable Diseases (CD) Program at a local childcare. The outbreak was first reported February 7, 2019, and EHS was able to deliver a total of four stool specimen collection kits to cases between Friday, February 8 and Monday, February 11, 2019. With the new FilmArray Whole Genome Sequencing (WGS) at the Nevada State Public Health Lab (NSPHL), specimens were tested right away and two results were positive for Astrovirus; one with a co-infection of Sapovirus. On February 12, 2019, CD program staff received an anonymous call indicating there were 11 hospitalizations for norovirus associated with the outbreak. An anonymous letter was subsequently received indicating the same but also claiming poor cleaning and an abusive environment at the childcare. A joint inspection was conducted with Social Services and none of the allegations could be validated. No norovirus was detected in any samples and the outbreak was closed by CD and EHS staff on February 22, 2019. Of note, the results from the GI panel with the new FilmArray WGS were the most prompt and complete ever received by EHS during an outbreak. It will be a very effective tool moving forward for detecting norovirus and many other GI viruses during an outbreak.

### **Food**

- North Carolina State University visited Reno on February 25 thru March 1 to provide a Retail HACCP Validation and Verification course. The course was well attended by regulatory staff from the Washoe County Health District (WCHD), the State of Nevada, Carson City, Southern Nevada Health District, and foodservice industry representatives. Staff also attended a Train the Trainer session where WCHD staff is now approved to deliver future courses in Washoe County. This course enhanced staff knowledge of specialized food processes, encouraged communication among Nevada regulatory jurisdictions, and helped bridge the gap between regulators and the foodservice industry. Funding for this project was provided by an FDA and Association of Food and Drug Officials (AFDO) grant. Completion of food safety education courses meets the criteria of Standard 2 – Trained Regulatory Staff. Information exchange among regulators industry and consumers meets criteria of Standard 7 – Industry and Community Relations.
- Staff is working on finalizing revisions to the Washoe County District Board of Health Regulations Governing Food Establishments (food establishment regulations) to ensure consistency with the most recent version of the 2017 FDA Food Code. Public workshops are scheduled for May 2019 with District Board of Health (DBOH) hearings to follow in June and July 2019. Revisions to the food establishment regulations is one of the intervention strategies identified in the 2017 Risk Factor Study to decrease the occurrence of foodborne illness risk factors in Washoe County food establishments. Adoption of a sound, science-based regulatory

foundation for the public health program and the uniform regulation of industry meets the requirement of Standard 1 – Regulatory Foundation.

- Special Events – During the February DBOH meeting, the Board approved continued implementation of the Tasting Event permitting process. Staff had conducted a pilot program of the permitting process from June 2017 to November 2018 to evaluate if staff costs were adequately covered under the permitting method. The Board approved continued implementation until a specific fee can be established in the future.

### **Land Development**

- Staff met with NDEP and OneWater Nevada to receive an update on the status of regional indirect potable reuse projects in Washoe County. Plans are in place to move forward with more pilot testing and demonstration projects in the region.

| <b>Land Development</b>             | <b>JAN<br/>2019</b> | <b>FEB<br/>2019</b> | <b>2019<br/>YTD</b> | <b>2018<br/>TOTAL</b> |
|-------------------------------------|---------------------|---------------------|---------------------|-----------------------|
| Plans Received (Residential/Septic) | 85                  | 43                  | 128                 | 890                   |
| Residential Septic/Well Inspections | 71                  | 20                  | 91                  | 987                   |
| Well Permits                        | 11                  | 3                   | 14                  | 108                   |

### **Schools**

- School inspections for the 2019 Spring Semester started in late-January and continued into February. Facility and School Kitchen inspections are nearing 25% completion. Staff has started utilizing a new inspection form that is more indicative of the applicable Nevada Revised Statutes and Nevada Administrative Codes.

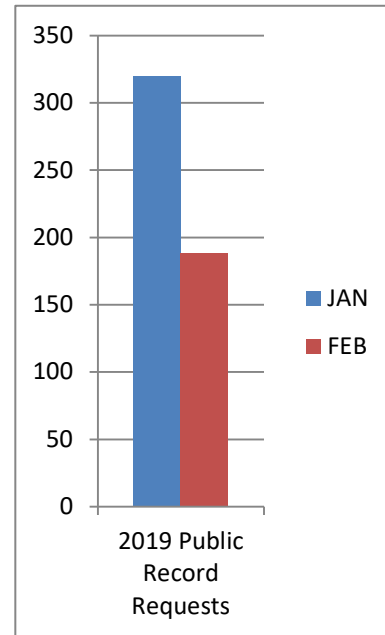
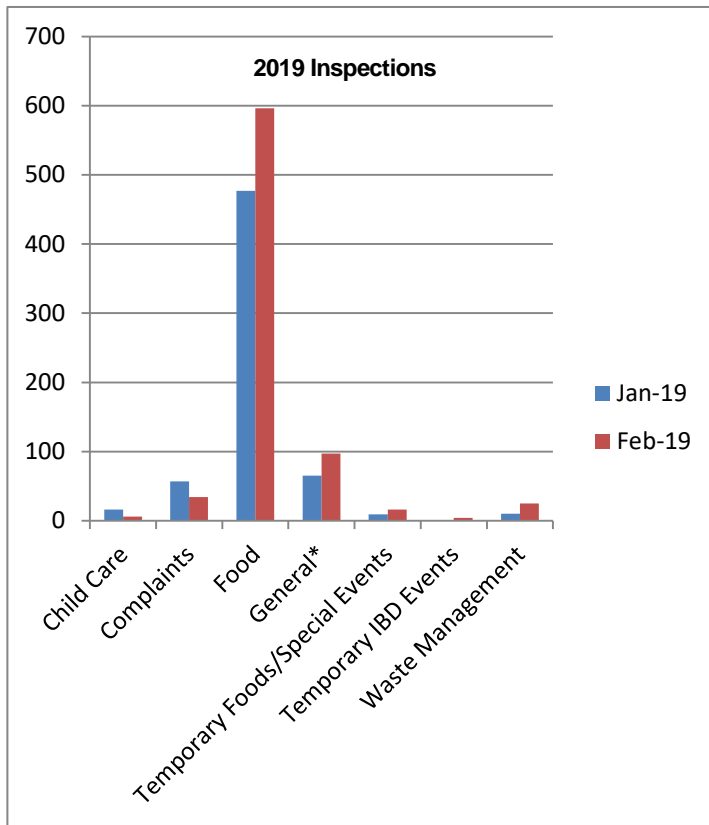
### **Vector**

- Staff has completed the required CEU's for their Nevada Pesticide Applicator Certification with local training through the University of Nevada Cooperative Extension. The Vector-Borne Disease Program uses Restricted Use Pesticides (RUP) which are those that could cause harm to humans or the environment if not applied properly. Application of these pesticides must be done by a certified applicator or a licensed applicator. Certification requires training and/or testing for competency in the safe and effective handling and use of these pesticides.
- Interviews are being conducted to fill three Vector interns for the spring and summer seasons. A total of ten applicants applied for the intern position. The selection process will be completed by March 18 and the new interns will begin work on April 1, 2019.
- The first proposed aerial larvicide treatment is scheduled for April 17, 2019. Alpine Helicopter Services Inc. will be the service provider for aerial treatment for the next three treatment dates in April, May and June.
- The Vector program received a travel scholarship to attend the National Association of County and City Health Officials (NACCHO) 2019 Vector Summit, to be held on April 16-18, 2019, in Pittsburgh, PA. NACCHO will support travel expenses up to \$1,400 to include flight, ground transportation, accommodations and per diem.
- The Nevada Department of Agriculture (NDA) and the Animal Disease Laboratory (ADL) granted a \$3,000 equipment scholarship for mosquito trapping equipment and needed laboratory supplies for the Vector testing of mosquitoes and ticks. The annual Vector meeting with the

NDA is scheduled for March 14, 2019, in which the ADL will continue to test mosquito samples from the Vector-borne Disease Program free of charge this season.

**EHS 2019 Inspections**

|                                | JAN 2019   | FEB 2018   | 2019 YTD     | 2018 TOTAL    |
|--------------------------------|------------|------------|--------------|---------------|
| Child Care                     | 16         | 6          | 22           | 116           |
| Complaints                     | 57         | 34         | 91           | 756           |
| Food                           | 477        | 596        | 1,073        | 5,810         |
| General*                       | 65         | 97         | 162          | 2,254         |
| Temporary Foods/Special Events | 9          | 16         | 25           | 1,630         |
| Temporary IBD Events           | 0          | 4          | 4            | 99            |
| Waste Management               | 10         | 25         | 35           | 141           |
| <b>TOTAL</b>                   | <b>634</b> | <b>778</b> | <b>1,412</b> | <b>10,806</b> |
| EHS Public Record Requests     | 320        | 188        | 508          | 2,001         |



\* **General Inspections Include:** Invasive Body Decorations, Mobile Homes/RVs, Public Accommodations, Pools, Spas, RV Dump Stations, and Sewage/Wastewater Pumping

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: March 28, 2019**

**DATE:** March 15, 2019  
**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, Outbreaks, Unusual Occurrence of Illness, Hospital-Based Electronic Lab Reporting, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, PHP Program Trainings and Exercises, Inter-Hospital Coordinating Council, Medical Reserve Corps, Community Assessment for Public Health Emergency Response (CASPER), Emergency Medical Services, EMS Strategic Planning Initiatives\_Mutual Aid Evacuation Annex (MAEA) Update and Trainings and Exercises

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**Communicable Disease (CD)**

**Outbreaks** – Since the last District Board of Health meeting in February, the Communicable Disease Program has opened 12 outbreak investigations. Of these, eleven were acute respiratory illness outbreaks including influenza and RSV in daycares, preschool, or public schools. One outbreak was GI illness in a public school. As of March 13, a total of 13 outbreaks are still open. One of them was reported during the last reporting period.

**Unusual occurrence of illness** – The Communicable Disease Program received a report of suspected infant botulism from a hospital on February 17, 2019. Since then, the CD program staff has been working closing with the Nevada State Public Health Laboratory, the Nevada Division of Public and Behavioral Health, the California Infant Botulism Treatment and Prevention Program, the hospital, the family, and CDC for this investigation. The investigation is still ongoing as of March 13, 2019.

**Hospital-based Electronic Laboratory Reporting (ELR) Onboarding Progress** – According to the CDC, in 2017 the national ELR coverage was 80%. In other words, for every 100 notifiable lab reports received at health departments, 80 are routed electronically from the reporting facilities to the health department’s surveillance system. This happens directly without manual intervention. However, before 2019, the ELR coverage in Washoe County had been under 50% because all hospital labs had been using traditional fax to report diseases. As of March 13, 2019, three of four hospitals implemented ELR and the one remaining hospital is expected to go-live

by the end of March or in April. This success is attributable to efforts over the past two years by multiple agencies including WCHD CD Program, Nevada Division of Public and Behavioral Health, Renown Health, Northern Nevada Medical Center, and Saint Mary's Regional Medical Center. The ELR coverage in Washoe County is expected to increase from less than 50% to 90% or more. Due to special rules within federal agencies, ELR for the VA has not been successful in the nation or in Washoe County.

Implementation of a screening question for Carbapenem-Resistant Organisms (CRO) into hospital admitting process - In 2013, the CDC recommended that all hospitals implement a screening question for patients being admitted regarding any history of foreign hospitalization in the past six months. This was due to concerns about emerging superbug infection with organisms resistant to carbapenem drugs. Unfortunately, it has been a challenging task for hospitals. Since 2018, the CD Program has been encouraging local hospitals to implement this screening question due to our regional enhanced carbapenem-resistant organism (CRO) surveillance system. Between June 2018 and March 6, 2019, all five local hospitals including the VA have implemented this screening question. This is considered a great achievement for our community.

Seasonal Influenza Surveillance –For the week ending March 9, 2019 (CDC Week 10), 12 participating sentinel providers reported a total of 266 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 3.5% (266/7605) which is above the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (19.2%) and lowest among 25-49 years (1.1%). During the previous week (CDC Week 9), the percentage of visits to U.S. sentinel providers due to ILI was 4.7%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 3.3% to 9.3%.

Six death certificates were received for week 10 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 10 was 100. This reflects a P&I ratio of 6%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 133. This reflects an overall P&I ratio of 5.8% (133/2312).

### **Public Health Preparedness (PHP)**

PHP Program Trainings & Exercises – On March 7, the PHP program worked with the ODHO and the Family Health Festival to put on a Point of Dispensing event at Sparks Middle School. The POD was staffed by community volunteers and Health District staff. The event was fairly successful for a late season influenza event and was able to vaccinate 61 people.

The PHP coordinator has set up multiple trainings on the Chempack program in March and April for our local hospitals. The instructors are personnel from the Nevada National Guard 92<sup>nd</sup> Civil Support Team, the local experts on nerve and chemical warfare. Currently there are 4 trainings set up between Renown Regional Medical Center and Saint Mary's Regional Medical Center. An additional training will be set up for Northern Nevada Medical Center. The focus of the training is to familiarize clinical staff on the use of nerve and chemical agent medications and countermeasures.

Inter-Hospital Coordinating Council (IHCC) – On March 5, the Inter-Hospital Coordinating Council participated in a No-Notice Coalition Surge Exercise. This exercise was a combination of a tabletop, functional and full-scale exercise and split into two phases. Through the activation

of the Mutual Aid Evacuation Annex, 308 fictitious patients were evacuated from Northern Nevada Medical Center, Tahoe Pacific Hospital (North) and Saint Mary's Regional Medical Center and received by six hospitals, ten skilled nursing, and one memory care facility. REMSA provided the transportation coordination and support. This exercise met two federal grant requirements, the annual coalition surge exercise and the annual hospital surge exercise.

On March 8, the Healthcare Public Health Emergency Response Coordinator (PHERC) facilitated the Inter-Hospital Coordinating Council where 32 agencies approved the FY20 budget and scope of work for the coalition through the ASPR Funding Opportunity Announcement.

On March 11, the Healthcare PHERC facilitated the After-Action Report/Improvement Plan meeting for the No-Notice Coalition Surge exercise on March 5. The plan will outline regional strengths and areas of improvement.

March 13, IHCC partners, including Northern Nevada Medical Center, Renown Health, Saint Mary's Regional Medical Center and Reno Fire Department attended burn/surge training at University Medical Center in Las Vegas. They received a tour of the burn unit, introduction to their Regional Burn Plan and Western Burn Regional Consortium. Discussions will be held as to what can be done in Northern Nevada to provide for patients if they were to stay more than 23-48 hours.

Medical Reserve Corps (MRC) – The MRC Coordinator oversaw the “Stop-the-Bleed” training that was made available to MRC volunteers as well as to all County employees. The training was held on February 22, and was well received by those in attendance. The instructor for the training was Dr. Karen Klove, MD a certified Stop-the-Bleed instructor and also currently on the staff of the University of Nevada School of Medicine. Dr. Klove stressed to the attendees that in active shooter situations those with Stop-the-Bleed training will often be the first responders until professional medical help arrives. Stop-the-Bleed training can and has proven to help save lives.

Community Assessment for Public Health Emergency Response (CASPER) – During the week of March 12-17 Washoe County Health District conducted their CASPER, which is a door-to-door survey for 238 randomly selected households. Survey questions were developed to assess how well prepared our residents are if there is a need to evacuate, what our shelters can expect in terms of numbers or evacuees, and how informed our community is of emergency notification resources, such as CodeRed.

### **Emergency Medical Service (EMS)**

EMS Strategic Planning Initiatives – The EMS protocols task force met on March 7. The group discussed possible future revisions that will be developed over the next several months. Additionally, there were two out-of-county agencies observing the meeting and may join the protocol process that Washoe County agencies established.

MAEA Plan Update – A MAEA revisions meeting was held on March 11 to review all revisions made to the plan during the fiscal year. Community partners had several small edits based on their experience in the No-Notice exercise, but no major changes. The plan and all revisions will be presented to the DBOH by the end of the fiscal year.

Trainings & Exercises – EMS and PHP staff conducted tabletops at two new healthcare facilities in the region on March 19 and 21. Both facilities signed onto the Mutual Aid Evacuation Annex (MAEA) and will be participating in future healthcare preparedness activities. The MAEA now includes 12 skilled nursing, long term care, memory care and mental health facilities in Washoe County.

EMS staff participated in the No-Notice evacuation exercise, which occurred on March 5. Staff filled the Medical Service Unit position and was the primary contact for assisting with patient tracking, operating status forms and resource requests.

**REMSA Percentage of Compliant Responses  
 FY 2018 -2019**

| Month          | Zone A     | Zone B     | Zone C     | Zone D     | Zones B, C and D | All Zones  |
|----------------|------------|------------|------------|------------|------------------|------------|
| July 2018      | 91%        | 97%        | 100%       | 100%       | 97%              | 91%        |
| August 2018    | 90%        | 96%        | 93%        | N/A        | 95%              | 91%        |
| September 2018 | 92%        | 96%        | 97%        | 100%       | 97%              | 92%        |
| October 2018   | 92%        | 93%        | 100%       | 100%       | 95%              | 92%        |
| November 2018  | 92%        | 96%        | 95%        | 100%       | 96%              | 92%        |
| December 2018  | 91%        | 88%        | 95%        | 100%       | 90%              | 91%        |
| January 2019   | 91%        | 100%       | 94%        | 100%       | 98%              | 91%        |
| February 2019  | 91%        | 96%        | 89%        | 75%        | 92%              | 91%        |
| <b>YTD</b>     | <b>91%</b> | <b>95%</b> | <b>95%</b> | <b>92%</b> | <b>95%</b>       | <b>91%</b> |

**REMSA 90<sup>th</sup> Percentile Responses**

| Month          | Zone A<br>8:59 | Zone B<br>15:59 | Zone C<br>20:59 | Zone D<br>30:59 |
|----------------|----------------|-----------------|-----------------|-----------------|
| July 2018      | 8:45           | 14:56           | 14:42           | N/A*            |
| August 2018    | 8:49           | 13:42           | 19:07           | N/A*            |
| September 2018 | 8:33           | 13:50           | 15:40           | 17:45           |
| October 2018   | 8:39           | 15:31           | 17:24           | N/A*            |
| November 2018  | 8:36           | 13:33           | 17:54           | N/A*            |
| December 2018  | 8:53           | 16:20           | 17:24           | N/A*            |
| January 2019   | 8:46           | 12:21           | 18:08           | N/A*            |
| February 2019  | 8:45           | 13:58           | 20:52           | 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.



**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: March 28, 2019**

**DATE:** March 28, 2019  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – City and County Budget Meeting, Public Health Accreditation, Customer Satisfaction Survey, County Health Rankings, Community Health Improvement Plan, Quality Improvement Team, TMHC, Legislative Session, Other Events and Activities and Health District Media Contacts

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City and County Managers Budget Meeting

On March 1, the Division Directors, Administrative Health Officer, Fiscal Compliance Officers and I met with Reno Manager Newby, Sparks Manager Driscoll and Assistant Manager Krutz, and Washoe County Manager Slaughter to present and discuss the FY20 budget adopted by the DBOH at the February 28 meeting. Questions that the managers posed and topics discussed included:

- **Signs of Suicide:** Manager Slaughter inquired whether the Health District provided other support of the program besides the financial support provided to the Children’s Cabinet to implement the program in the Washoe County School District. The Health District does not.
- **Government Shutdown Impacts:** Manager’s Driscoll and Slaughter inquired regarding the impacts of the federal government shutdown to the Health District. The Health District experienced some delays with grant processing during the shutdown but was not otherwise affected by the shutdown. It was noted that the Health District has been impacted by flat federal funding over a number of years which is reducing the percentage of program funding provided by grants and that the budget includes allocation of personnel to fee based revenues due to that declining proportion of grant funds.
- **COLAs:** Assistant Manager Krutz inquired about the potential financial impact of the, as yet, undetermined, cost of living increase to the budget. The increase is anticipated to be in the range of \$150,000 to \$250,000 which can be managed within the Health Fund balance.
- **Workforce Development:** Manager Driscoll brought up this topic and we discussed the Health District’s workforce development plan and funding for development. He shared approaches that the City of Sparks is using for workforce development budgeting.

Date: March 28, 2019

Subject: ODHO District Health Officer Report

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- **Fund Balance and Staffing:** In light of the 25% projected ending fund balance, Manager Driscoll inquired why the Health District wasn't further increasing staffing to provide higher levels of service given the high levels of economic activity. We discussed the program analysis that the Administrative Health Officer had conducted as a recommendation from the Fundamental Review which had found that it appeared that there were several FTEs in EHS that did not appear to be necessary given the workload analysis. EHS Division Director Westom had implemented changes to work and task allocations which resulted in more efficient utilization of available resources and which had reduced times from plan review to seven days or less. The budget does provide the flexibility to fill an additional EHS position with fee revenue if the City of Reno does not proceed with the Interlocal Agreement proposed to fund the position. The Health District is cautious about adding additional positions due to the ongoing costs and increases of these positions due to COLAs, merit, etc., and prefers to provide funding support to partners through the one-time funding budget approach utilized in the FY20 budget when other entities are available and have the appropriate experience and expertise to address specific community public health needs.

On March 8, the Administrative Health Officer and I presented the FY20 budget to Assistant County Managers and the County budget team.

#### Public Health Accreditation (PHAB)

The PHAB Team is working on preparations for the Public Health Accreditation Board Site Visit in late June. Per our Accreditation Coordinator, we should receive notification on which items are being reopened by Site Visitors by the end of March.

#### Customer Satisfaction Survey

A customer satisfaction survey was developed and distributed by all Divisions. The survey was open from 2/25 to 3/8 and we received 678 responses from customers/clients. The results are being analyzed and will be shared, from which program improvements will be implemented.

An internal customer satisfaction survey was also developed and distributed to all WCHD employees to gather customer satisfaction data on services provided by WCHD employees to other WCHD employees. These results will also be shared for improvement to be implemented from the results.

#### County Health Rankings

The Robert Wood Johnson Foundation released the results of the 2019 County Health rankings on March 19<sup>th</sup>, 2019. Washoe County was ranked sixth in the State for Health Outcomes which represent measures of how long people live and how healthy people feel. Length of life is measured by premature death (years of potential life lost before age 75) and quality of life is measured by self-reported health status (percent of people reporting poor or fair health and the number of physically and mentally unhealthy days within the last 30 days) and the % of low birth weight for newborns.

Washoe County was ranked second in the State for Health Factors which represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).

### Community Health Improvement Plan

Implementation of the 2018 CHIP has continued and the CHIP Report has been shared with various audiences to increase awareness of progress made in achieving Plan Objectives within the first six months.

Housing/Homelessness—Support for Housing and Homeless initiatives included in the CHIP and either included as bills, submitted as bill draft requests or included in the Governor’s recommended budget has continued. Efforts to move forward to decrease youth homelessness as guided by the Youth Homeless Roadmap have also continued. Training for correct usage of the Transition Aged Youth (18-24 years old) screening tool to determine housing placement prioritization is scheduled for March 21<sup>st</sup>. Use of a screening and prioritization tool is a HUD requirement, so implementation of a screening tool intended for Transition Aged Youth is critical to ensuring appropriate placement and best utilization of limited resources.

Behavioral Health—Successful implementation continues with the Signs of Suicide Program and three more schools received the program and screening for all 7<sup>th</sup> grade students. Three bills are currently working their way through the legislative process that address provider data or licensure bill efficiency; two items that were included in the CHIP.

Nutrition and Physical Activity—Another successful family health festival was held on March 7<sup>th</sup> at Sparks Middle School which provided expanded screening services and immunizations. Two wellness surveys were launched; the first to assess the business community’s interest in wellness programming and a second, similar survey to assess wellness interest and staff interest in on-site exercise equipment. Results of the survey will be used to determine next steps to implementing 5210 wellness messaging in the adult populations.

### Quality Improvement Team

The results of the QI survey were shared with the QI team and with the Division Director and Supervisors leadership meeting. The survey results are attached.

### TMHC

Behavioral Health Forum: TMHC joined the Stacie Mathewson Behavioral Health & Addiction Institute at Renown Health to sponsor a N. Nevada Behavioral Health Strategic Forum. The Forum brought together individuals and organizations working on mental health and substance misuse issues to identify priorities and organize for collective action. Action Teams were formed to work in the following areas:

- Immediate Capacity Expansion Team & Education Consortium
- Care Coordination Co-op
- Nevada Forward Action Committee

The TMHC Governance Committee met on March 8. The TMHC Board of Directors met on March 14.

### Legislative Session

Health District staff continued to review bill drafts and provide evaluations and testimony on a variety of bills. Joelle Gutman, Government Affairs Liaison, continued to represent the Health District in the Legislative Building.

### New CCHS Fees

Boost Plus nutritional supplement (HCPCS B4152) \$1.02 per can including indirect. This is used for patients undergoing treatment for TB or LTBI that require additional nutritional support.

### Other Events and Activities

|         |   |
|---------|---|
| 3/1/19  | NPHA Advocacy Call  |
| 3/1/19  | Monthly Meeting with John Slaughter and Dave Solaro         |
| 3/1/19  | Cities and County Manager Budget Meeting                    |
| 3/1/19  | Northern Nevada Behavioral Health Strategic Forum           |
| 3/4/19  | HR Meeting – Labor Proposals                                |
| 3/4/19  | Substance Abuse Task Force Meeting                          |
| 3/5/19  | Immunization Grant Meeting                                  |
| 3/5/19  | NPHF Insights Presentation Update                           |
| 3/5/19  | Meeting w/Dr. Novak   |
| 3/5/19  | Meeting w/Sharon Zadra                                      |
| 3/6/19  | Crisis Action Team Quarterly Meeting                        |
| 3/7/19  | NV Health Authority Conference Call                         |
| 3/8/19  | NPHA Advocacy Call  |
| 3/8/19  | State Board of Health Meeting                               |
| 3/8/19  | Health District FY20 Budget Meeting                         |
| 3/8/19  | TMHC Governance Committee                                   |
| 3/11/19 | Washoe Regional Behavioral Health Policy Board Meeting      |
| 3/12/19 | EHS All Staff Meeting                                       |
| 3/12/19 | NALHO Meeting   |
| 3/13/19 | Department Heads Meeting                                    |
| 3/13/19 | Mental Health & Addiction Community Forum Follow Up Meeting |
| 3/14/19 | TMHC Board of Directors Meeting                             |
| 3/15/19 | NPHA Advocacy Call  |

Date: March 28, 2019

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|         |   |
|---------|---|
| 3/15/19 | Washoe County Behavioral Health Policy Board Interim Teleconference |
| 3/19/19 | County Health Rankings  |
| 3/21/19 | AHS – DHO/DD/Board Member Meeting                                   |
| 3/21/19 | DBOH Agenda Review Meeting  |
| 3/21/19 | NALHO Teleconference  |
| 3/22/19 | REMSA Board Meeting   |
| 3/22/19 | Leadership Strategy Meeting   |
| 3/22/19 | AB66 Legislative Testimony  |
| 3/28/19 | Health District/HR Recurring Meeting                                |

**Health District Media Contacts: February 2019**

| <u>DATE</u> | <u>MEDIA</u>           | <u>REPORTER</u>     | <u>STORY</u>            |
|-------------|------------------------|---------------------|-------------------------|
| 2/26/2019   | KUNR 88.7FM - NPR Reno | Mike Prevatt        | HIV - Howell            |
| 2/20/2019   | KOLO CH8 - ABC Reno    | Audrey Owsley       | Flu - Ulibarri          |
| 2/12/2019   | KTVN CH2 - CBS Reno    | Paul Gilbert        | Norovirus - Ulibarri    |
| 2/12/2019   | KRNV CH4 - NBC Reno    | Scott Magruder      | Norovirus - Ulibarri    |
| 2/12/2019   | KTVN CH2 - CBS Reno    | Paul Gilbert        | Immunizations - Shore   |
| 2/11/2019   | Kaiser Health News     | Anna Gorman         | Syphilis - Howell       |
| 2/5/2019    | KRNV CH4 - NBC Reno    | Samantha Smerchniak | Tobacco - Goatley-Seals |

**Press Releases/Media Advisories/Editorials/Talking Points**

|           |  |          |
|-----------|--|----------|
| 2/21/2019 | Flu cases on the rise in Washoe County                 | Ulibarri |
| 2/12/2019 | Health District partners with Chamber Wellness Program | Ulibarri |

**Social Media Postings**

|                 |                       |                                    |
|-----------------|-----------------------|------------------------------------|
| <b>Facebook</b> | AQMD/CCHS/ODHO<br>EHS | 79 (CCHS 15 EHS 13 ODHO 12 AQM 39) |
| <b>Twitter</b>  | AQMD/CCHS             | 72 (AQM 61 CCHS 11)                |

# 2019 Quality Improvement Survey Summary

District Board of Health Meeting  
March 28<sup>th</sup>, 2019



# What do we do with the responses?

## Survey

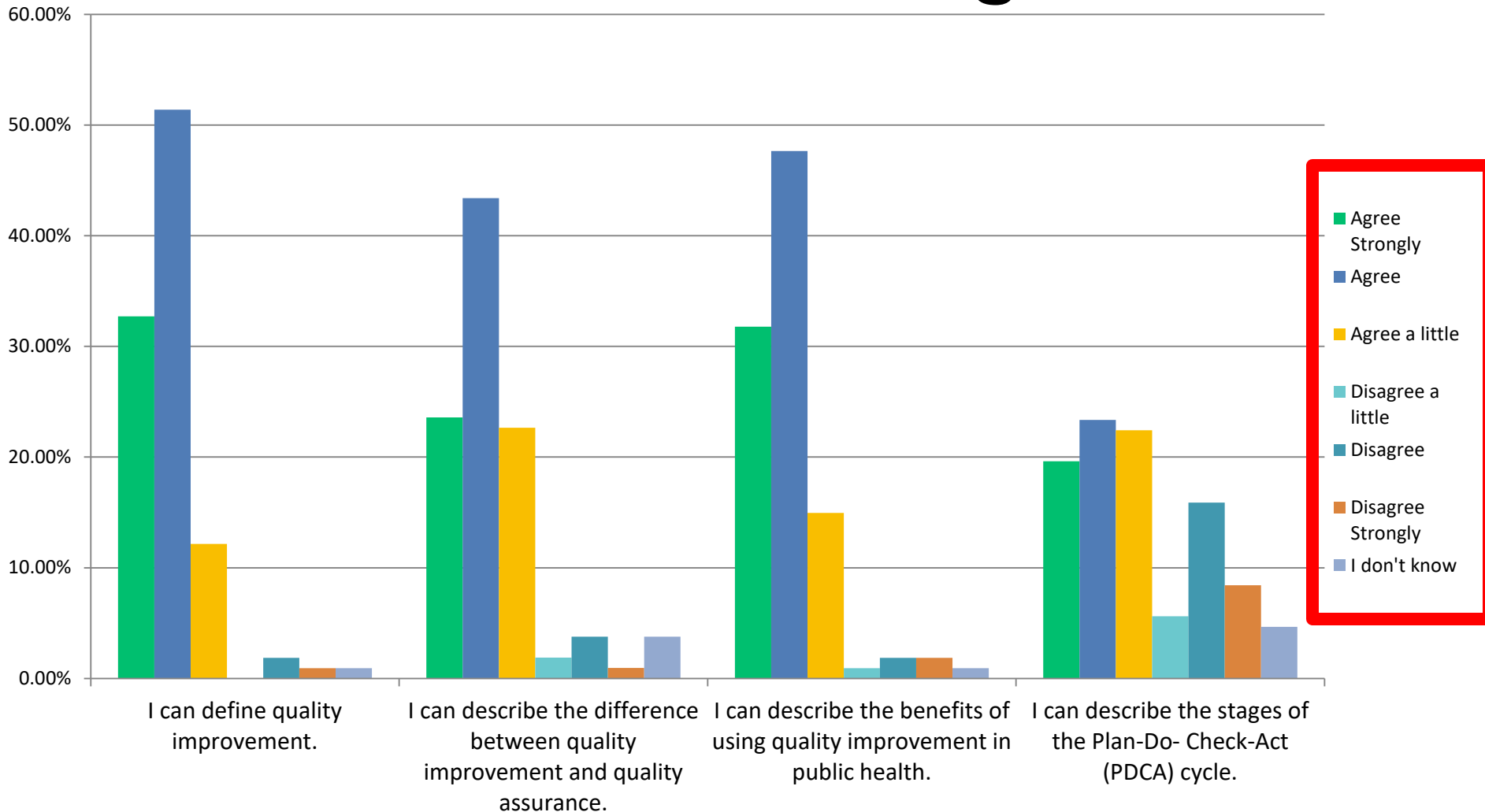
- Assess perceived QI knowledge
- Methods used
- Frequency of QI work

## Opportunities

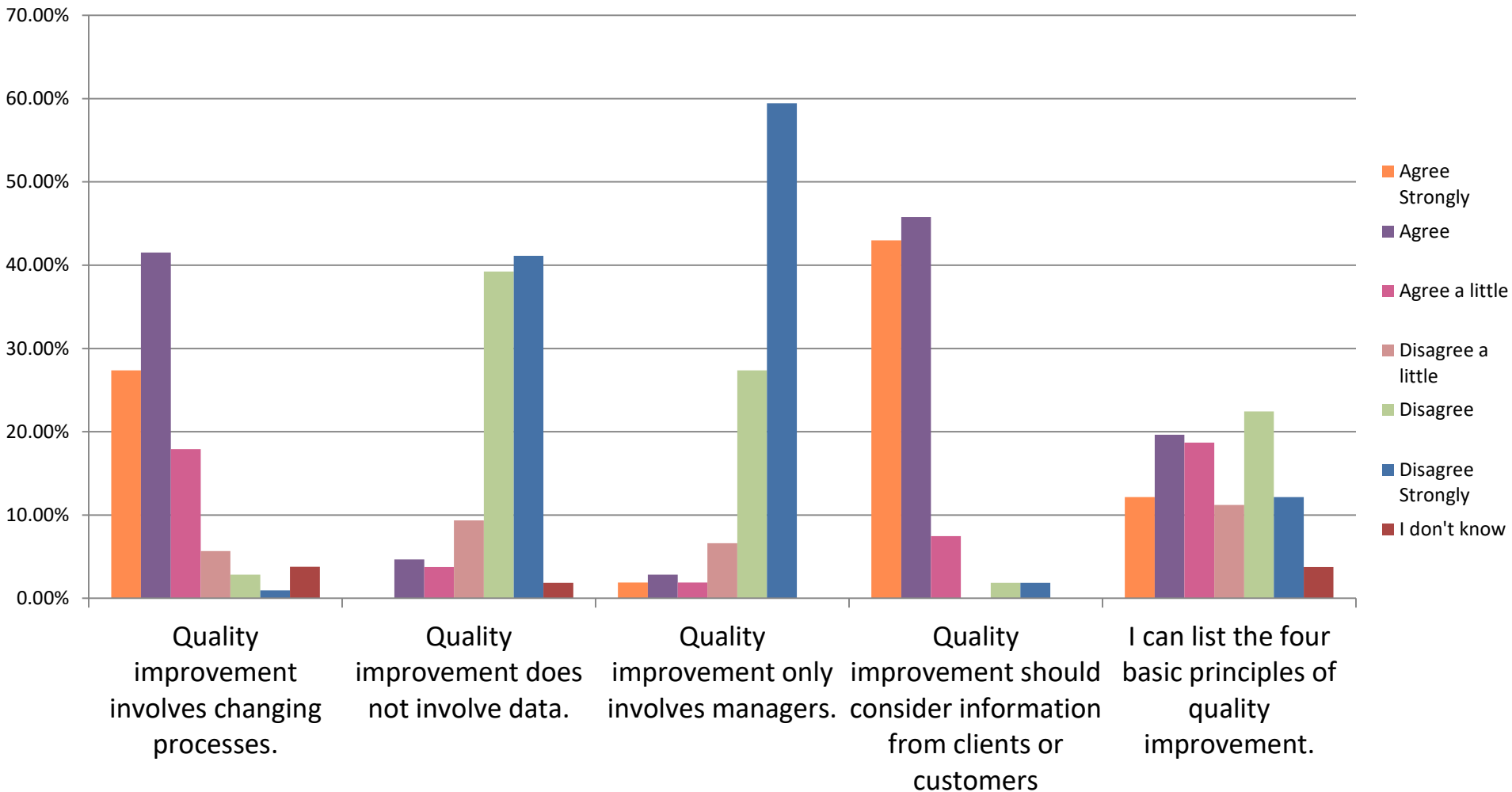
- The QI survey provides an opportunity to identify areas where improvement is needed
- Shape Q Team efforts moving forward



# Question 1- Knowledge of QI



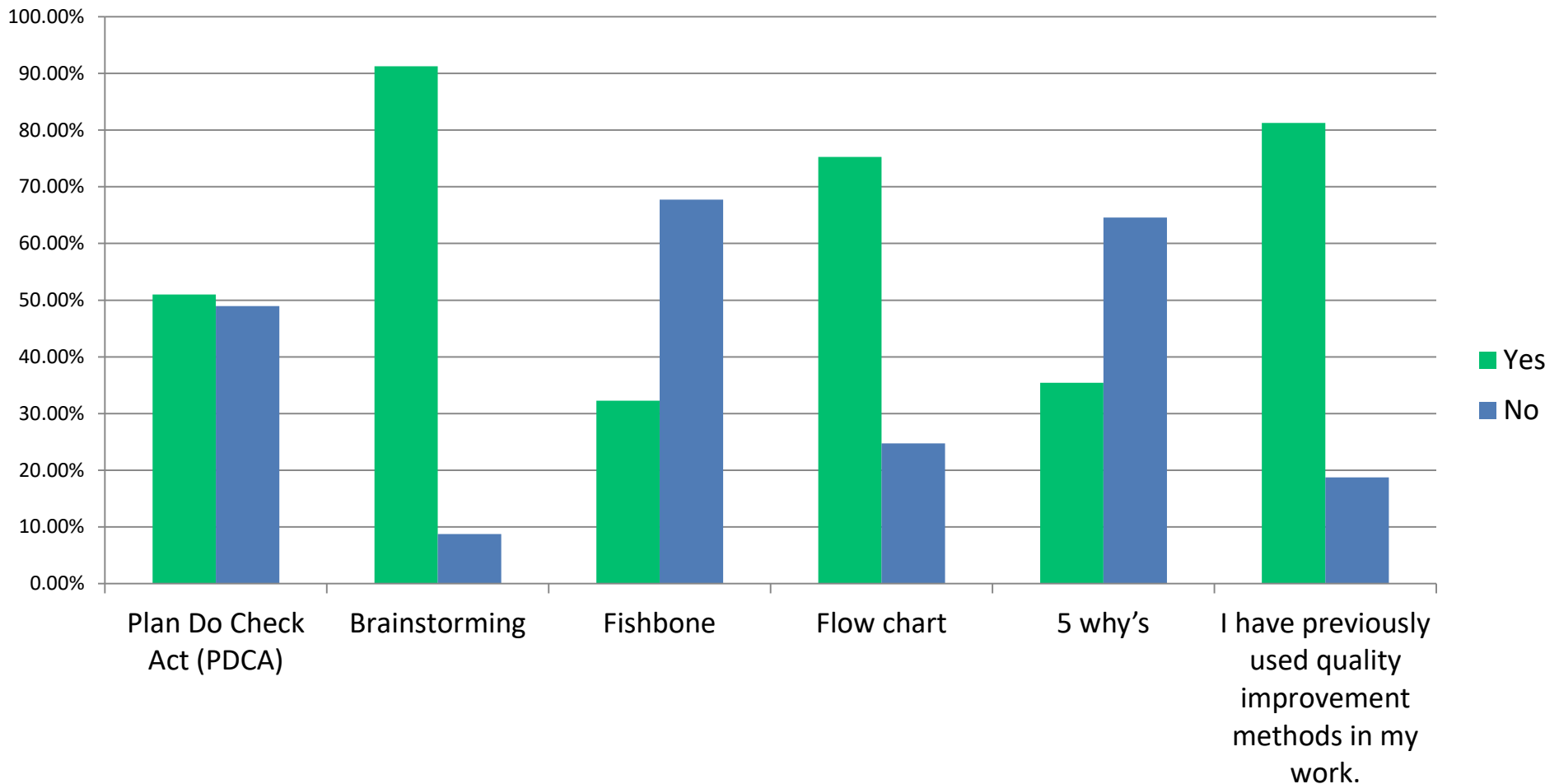
# Question 1- Knowledge of QI



# QI Knowledge: Key Themes

- High response on perceived level of knowledge on QI, QI/QA and QI in public health
- Lower response on PDCA, 4 basic principles

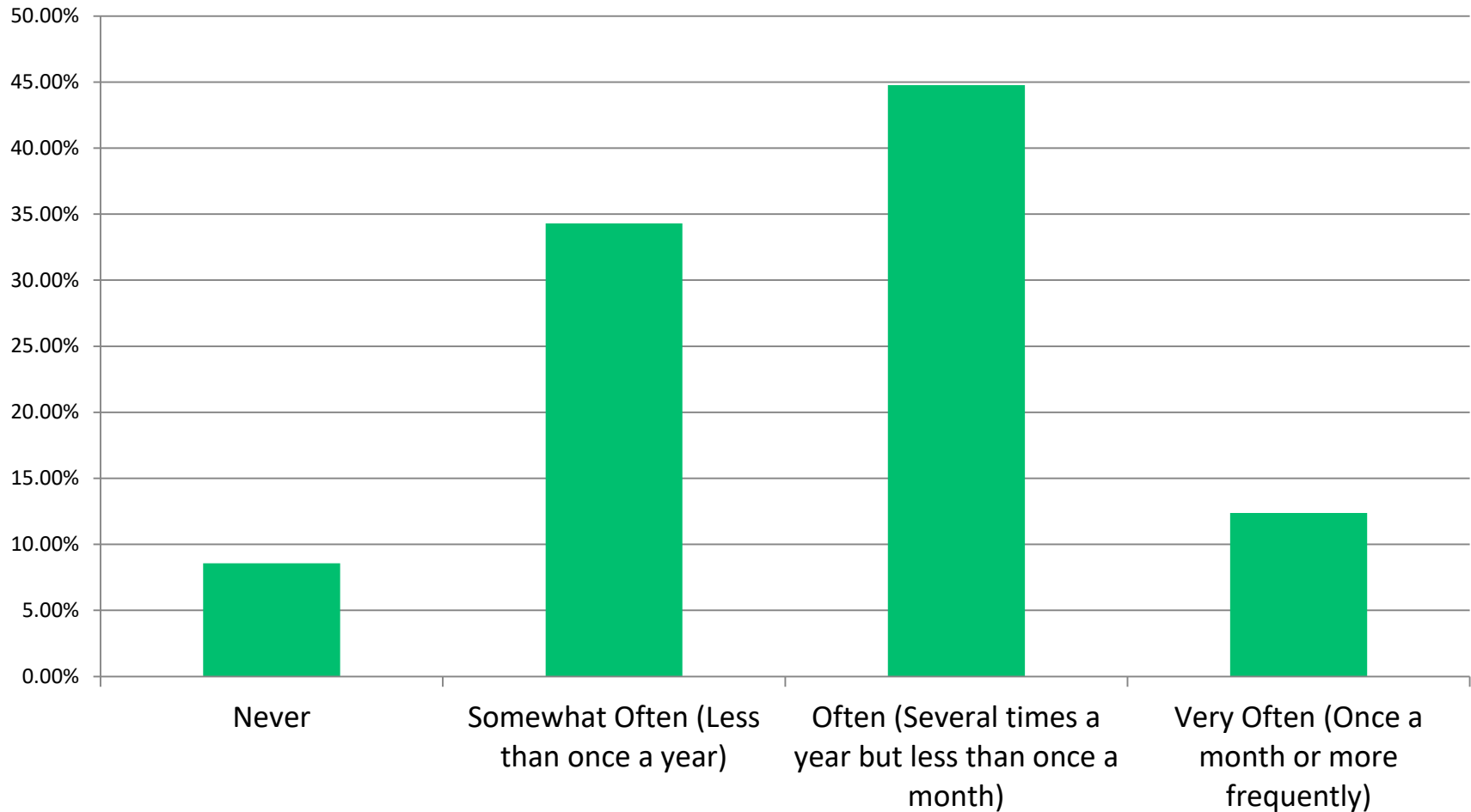
# Question 2: QI Methods



# QI Methods: Key Themes

- Positive response on brainstorming and flow charts
  - Conversations are starting
  - Flow charts are easy to do and understand
- Opportunity: Sharing info about different QI methods to find one that best fits the project

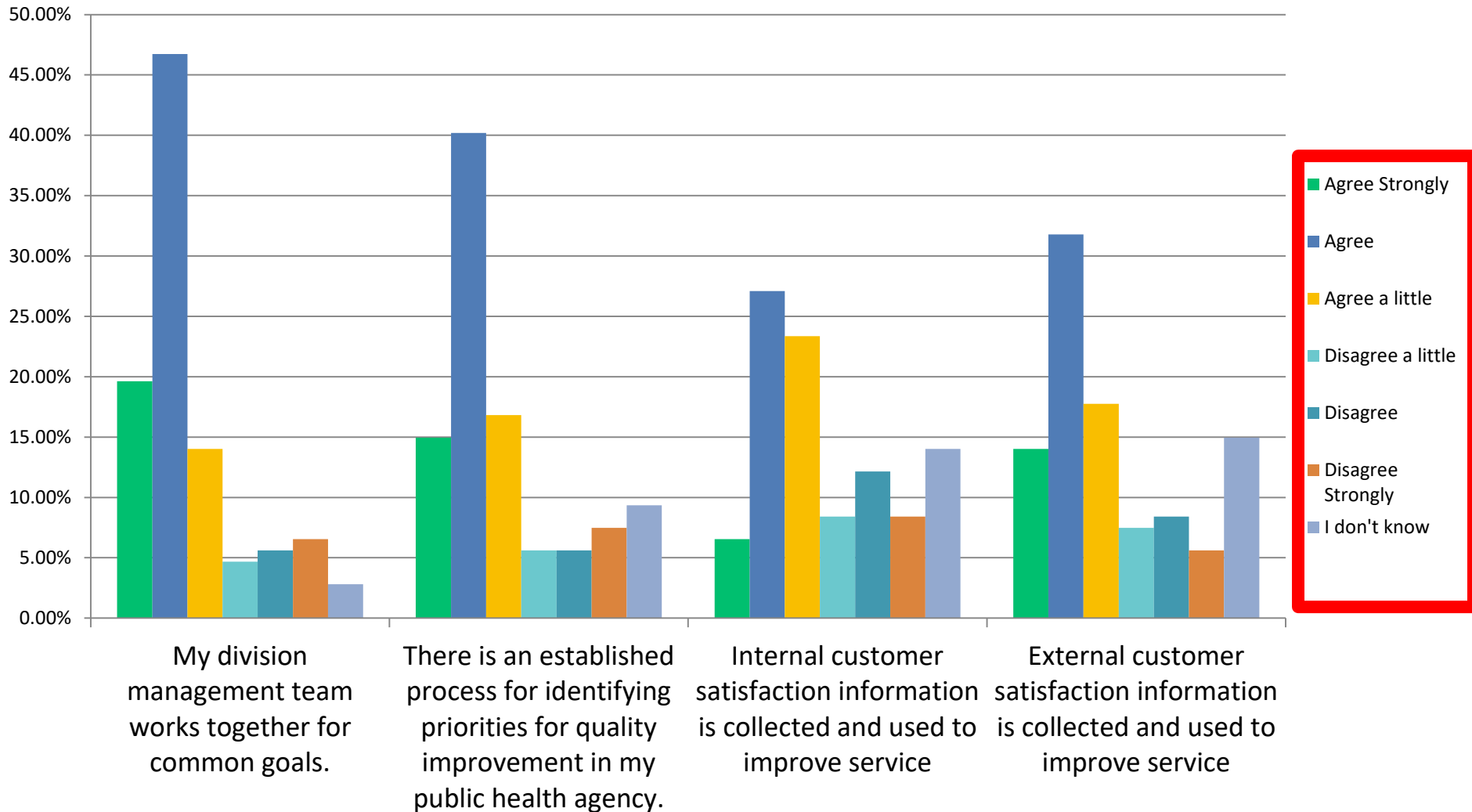
# Question 3: Applying QI tools



# Applying QI: Key Themes

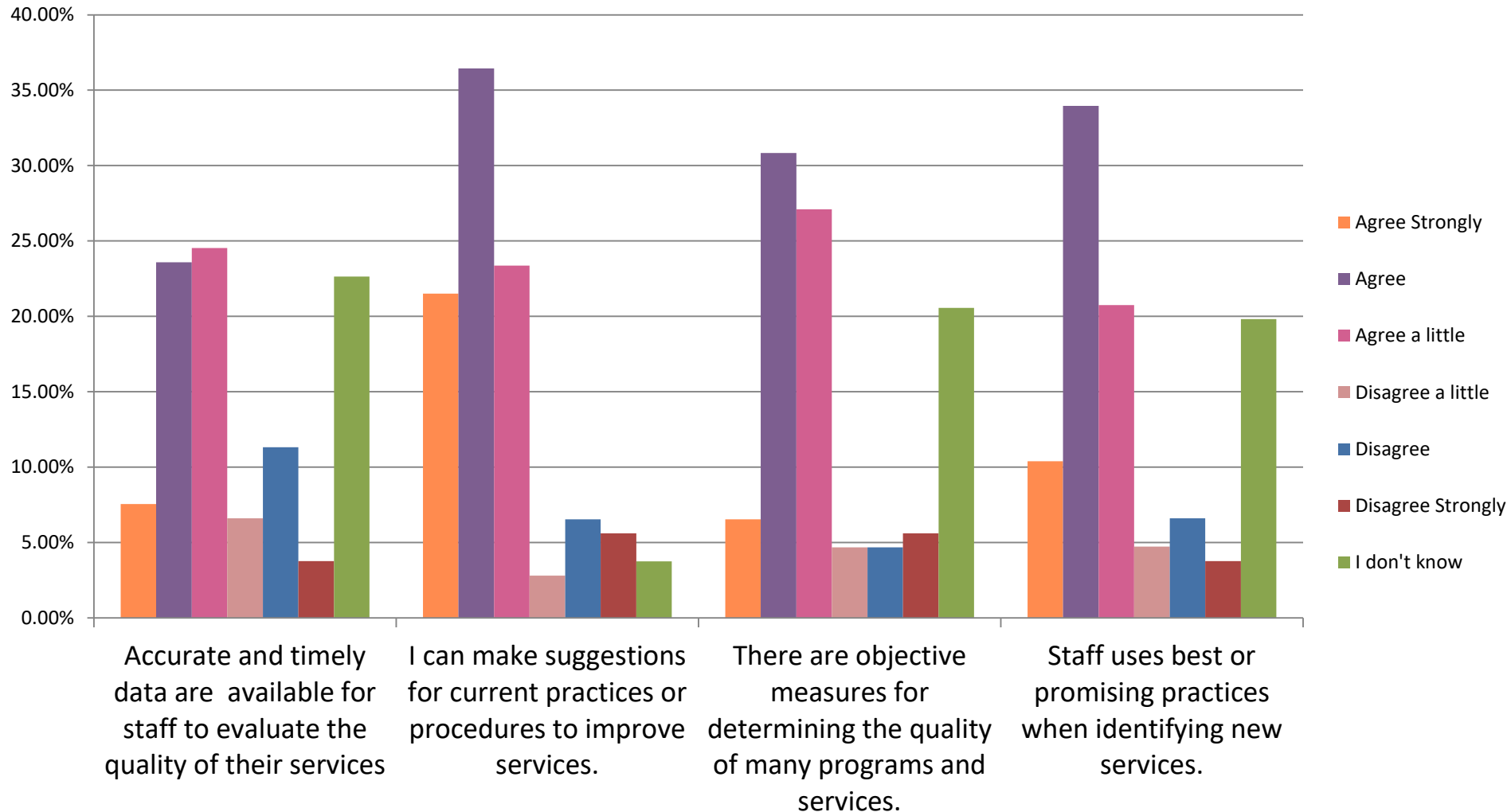
- Success: QI concepts are being used several times a year to improve projects
- Opportunity: supporting paperwork being completed/submitted for QI projects

# Question 4: QI in Divisions





# Question 4: QI in Divisions



# Applying QI: Key Themes

- Success: Overall positive responses
- A lot of “I don’t know”
  - Suggested using newsletter to share more detailed information on how projects are moving along

# Next Steps

- Q Team identified opportunities to address shortcomings
  - Sharing QI survey results in “Special Edition” newsletter
  - Providing more information on what is included in steps of PDCA
  - More details on projects