

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

### **Members**

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

**Thursday, October 22, 2020  
1:00 p.m.**

**Washoe County Health District  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

Unless and until the Governor of Nevada issues a Directive or Order requiring a physical location to be designated for meetings of public bodies where members of the public are permitted to attend and participate, no members of the public will be allowed in the BCC Chambers due to concerns for public safety resulting from the COVID-19 emergency and pursuant to the Governor's Declaration of Emergency Directive 006 Section 1, which suspends the requirement in NRS 241.023(1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate.

**This meeting will be held by teleconference only.**

Please attend this meeting via the link listed below or via phone.  
(please be sure to keep your devices on mute and do not place the meeting on hold)

<https://zoom.us/j/96688542255>

**Phone: 1-669-900-6833  
Meeting ID: 966 8854 2255**

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### **1:00 p.m.**

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

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.

As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the above link.

NOTE: The zoom option will require a computer with audio and video capabilities.

**Public comment requests must be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 10:00 a.m. on Thursday, October 22, 2020. Any public comment received after 10:00 a.m. and before the adjournment of this meeting, will be added to the public record.**

**4. Approval of Agenda. (FOR POSSIBLE ACTION)**

October 22, 2020

**5. Recognitions.**

**A. Years of Service**

- i. Jessie Salim, 5 years, hired October 12, 2015 – EHS
- ii. Kelly Parsons, 5 years, October 20, 2015 – AQM
- iii. Scott Strickler, 15 years, hired October 31, 2005 - EHS

**B. Promotions**

- i. Joshua Restori – promoted from Sr. Air Quality Specialist to Air Quality Supervisor effective 10/12/2020 – AQM

**C. Shining Star**

- i. Andrea Esp
- ii. Samantha Beebe
- iii. Mary Ellen Matzoll

**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. September 24, 2020

**B. Budget Amendments/Interlocal Agreements – (FOR POSSIBLE ACTION)**

- i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2020 through July 31, 2021 in the total amount of \$160,272.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the Subaward.  
Staff Representative: Nancy Kerns-Cummins
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$382,683.00 (\$38,268.30 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY21 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.  
Staff Representative: Nancy Kerns-Cummins
- iii. Approve Subaward Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$118,073.00 (no required match) retroactive to January 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; authorization to purchase and donate personal protective equipment (PPE) to Inter-Hospital Coordinating Council (IHCC) Coalition members

(to be determined by IHCC leadership); and authorize the District Health Officer to execute the Subaward and any subsequent amendments.

Staff Representative: Nancy Kerns-Cummins

- iv. Approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the budget period retroactive to April 1, 2020 through March 31, 2021 for supplemental funding totaling \$160,000.00 (no cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11570 and authorize the District Health Officer to execute the Notice of Award and any future amendments.

Staff Representative: Kim Graham

- C. Review and Approval of Overtime Payout for the District Health Officer for Excess Hours Worked Due to COVID-19 and Comp Time Earned Prior To and During the Emergency Declaration.

Staff Representative: Laurie Griffey

- D. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2021. **(FOR POSSIBLE ACTION)**

Staff Representative: Anna Heenan

**- END OF CONSENT -**

**7. Regional Emergency Medical Services Authority**

Presented by: Dean Dow and Alexia Jobson

- A. Review and Acceptance of the REMSA Operations Report for September 2020 – (FOR POSSIBLE ACTION)**

- B. Update of REMSA’s Public Relations during September 2020**

**8. Review and Approval of the District Health Officer’s Annual Performance Evaluation Results. (FOR POSSIBLE ACTION)**

Staff Representatives: Chair Novak and Laurie Griffey

**9. Staff Reports and Program Updates**

- A. Air Quality Management, Francisco Vega, Division Director**

Program Update – VALE Program, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

- B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 response.

- C. Environmental Health Services, Amber English, Acting Division Director**

Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector, WM); and Inspections.

- D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

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

District Health Officer Report – COVID-19, REMSA Response Information Request, Public Health Accreditation, Community Health Improvement Plan, Contact Investigations, Behavioral Health, and Public Communications and Outreach

**10. Board Comment**

District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

**11. Public Comment**

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.

As required by the Governor’s Declaration of Emergency Directive 006 Section 2, members of the public must public comment by teleconference by logging into the ZOOM meeting via the link on the first page.

NOTE: The zoom option will require a computer with audio and video capabilities.

**Public comment requests must be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 10:00 a.m. on Thursday, October 22, 2020. Any public comment received after 10:00 a.m. and before the adjournment of this meeting, will be added to the public record.**

**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:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 10:00 a.m. the day of the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the “Public Comment” items, emails may be submitted 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 emails 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.

**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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

>>>>>>Continued on Next Page

**Posting of Agenda; Location of Website:**

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

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

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

Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@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 Videoconference Meeting Minutes

**Members**

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

Thursday, September 24, 2020  
 1:00 p.m.

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

**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  
                               Marsha Berkbigler (via zoom)  
                               Kristopher Dahir (via zoom)  
                               Dr. Reka Danko (telephonically)  
                               Oscar Delgado (via zoom at 1:05)  
                               Tom Young (via zoom)

**Mrs. Valdespin verified a quorum was present.**

Staff present:         Kevin Dick, District Health Officer  
                               Dania Reid, Deputy District Attorney  
                               Charlene Albee (via zoom)  
                               Laurie Griffey  
                               Lisa Lottritz (via zoom)  
                               Francisco Vega (via zoom)  
                               Andrea Esp (via zoom)

**2. Pledge of Allegiance**

Chair Novak led the pledge to the flag.

**3. Public Comment**

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

Mrs. Valdespin called confirmed there were not public comment requests.

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

**4. Approval of Agenda**

September 24, 2020

**Dr. Danko moved to approve the agenda for the September 24, 2020, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved unanimously.**

**5. Recognitions**

A. Years of Service

- i. Dawn Spinola, 20 years, hired September 1, 2000 – EPHP
- ii. Luke Franklin, 20 years, hired September 11, 2000 – EHS

iii. Teresa Long, 20 years, hired September 11, 2000 – EHS

Mr. Dick recognized and thank the above employees for their service to the Health District.

B. Promotions

- i. Christabell Sotelo-Zecena – promoted from Environmental Health Specialist Trainee to Epidemiologist effective August 31, 2020 – EPH

Mr. Dick recognized Ms. Sotelo-Zecena’s promotion to the Epidemiology team.

C. New Hires

- i. Victoria LeGarde – Epidemiologist – hired September 14, 2020 - EPHP  
ii. Sfurti Rathi, Epidemiologist, hired September 14, 2020 – EPHP

Mr. Dick informed of the above employees beginning employment of Monday, September 14, 2020.

D. Retirements

- i. Mike Wolf – Air Quality Management Supervisor, retired August 21, 2020 – AQM

Mr. Dick thanked Mr. Wolf for his services in Air Quality.

**6. National Preparedness Month Proclamation. (FOR POSSIBLE ACTION)**

Staff Representative: Andrea Esp

Mr. Dick read the Proclamation for the record, recognizing that the Month of September as National Preparedness month. Andrea Esp was in attendance virtually to accept said proclamation.

**Vice-Chair Brown moved to adopt the International Overdose Awareness Day Proclamation. Commissioner Berkbigler seconded the motion, which was approved unanimously.**

**7. Consent Items**

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

A. Approval of Draft Minutes

- i. August 27, 2020  
ii. September 10, 2020

B. Budget Amendments/Interlocal Agreements

- i. Approve the Interlocal Agreement between Washoe County Health District (WCHD) and the State of Nevada through its Department of Employment, Training and Rehabilitation Bureau of Vocational Rehabilitation (BVR) for WCHD to provide immunization services to BVR clients and transitional students for the period effective upon approval through December 31, 2024 and authorize the District Health Officer to sign any future amendments.

Staff Representative: Kim Graham

- ii. Approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,059.00 (no match required) for the period June 29, 2020 through April 28, 2021 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention

and Control Grant Program, IO# 11662 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Kim Graham

- C. Recommendation to Uphold an Uncontested Citation Not Appealed to the Air Pollution Control Hearing Board.
  - i. Saltern Investments – Case No. 1231, NOV NO. AQMV20-0003  
Staff Representative: Francisco Vega
- C. Authorize to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-20S with conditions of the Health District’s Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark Hermann, owner of 3620 Plumas Drive, Reno Nevada, Assessor’s Parcel Number 023-131-42.  
Staff Representative: David Kelly
- D. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2021.  
Staff Representative: Anna Heenan

**Commissioner Berkbigler moved to approve the consent agenda. Councilman Dahir seconded the motion which was approved unanimously.**

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

Presented by: Dean Dow and Alexia Jobson

### **A. Review and Acceptance of the REMSA Operations Report for August 2020**

Adams Heinz, Executive Director of Integrated Health for Mr. Dean Dow. Mr. Heinz opened this item for questions the Board may have regarding the report that was submitted by REMSA.

**Commissioner Berkbigler moved to approve REMSA’s August Report. Tom Young seconded the motion which was approved unanimously.**

### **B. Update of REMSA’s Public Relations during August 2020**

Alexia Jobson presented the Public Relations report for August 2020. Ms. Jobson began her presentation by updating the Board on recent activities.

Ms. Jobson reported that earlier this week REMSA began promoting the homebound flu vaccination program in partnership with Washoe County Health District. Ms. Jobson explained the requirement to qualify for this program. She added that KTVN, KOLO, KOH, and KUNR provide media coverage for the program. The program is scheduled to start next week.

Ms. Jobson shared that KTVN features two “Someone to Know” individuals from REMSA: Josh and Jeff Duffey, logistic supervisors at REMSA and have made significant contribution in terms of preparedness, supply ordering and tracking, speed loading, sanitizing equipment, and cost savings.

Ms. Jobson informed that REMSA welcomed a host from a local television program called “Aging and Awesome” on a ride-along on REMSA’s community health care vehicle. This segment will air on mid-October.



Ms. Jobson reports that Mr. Dow offered a presentation to the Sunrise Rotary of Reno and opened her items for questions from the Board.

Councilman Dahir thanked REMSA for assisting in getting out to the community and offering COVID-19 testing for those members of the community that needed it most.

- 9. Review, approve and adopt a proposed revision to the Health District Refund Policy to streamline the processing of refunds by establishing a non-refundable administrative fee equal to 10% of the Health District fee, in addition to the 4% Regional Tech Fee when applicable, with a refund eligibility period of 90-days from the date of fee submittal and a condition that a refund is not available if staff have completed the work associated with a fee submitted for services.**

Staff Representative: Charlene Albee

Ms. Albee began her presentation by explaining the process that is currently in place to process refunds. Ms. Albee mentioned that this item intends to make the process easier and more transparent for the clients.

Ms. Albee proposed that the 10% admin fee and the 4% Regional Tech fee be posted on the front of the form, so the customer is aware of their eligibility concerning refunds. Additionally, Ms. Albee proposed that an eligibility period for a refund be set to 90-days from the date of submittal, in an effort to prevent refunds being requested after all the work has been done by staff.

Ms. Albee opened her item for questions from the Board.

Mr. Young asked about the number of refunds submitted in a year.

Ms. Albee responded that it varies depending on the program. Temporary food is one of the areas that receives the bulk of the refund submittals (5-6/day), which creates a burden for that program. Ms. Albee clarified that although a Health District policy, this item would mainly affect Air Quality and Environment Health permits.

**Tom Young moved to approve the revision to the Health District Refund Policy. Commissioner Berkbigler seconded the motion, which was approved unanimously.**

- 10. Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and Possible Direction to Staff to conduct the evaluation. (FOR POSSIBLE ACTION)**

Staff Representative: Laurie Griffey

Ms. Griffey, Human Resources Representative for Washoe County Health District requested permission to conduct an annual evaluation on Kevin Dick, District Health Officer. Mr. Griffey informed a list of participants was provided to the Board and completion date is projected to be October 9, 2020.

Ms. Griffey informed the results will be available in time to have evaluation can take place during the meeting of October 22, 2020.

**Councilman Dahir moved to approve the forms for the District Health Officer's annual review and directed staff to conduct the evaluation. Dr. Reka Danko seconded the motion which was approved unanimously.**

## **11. Staff Reports and Program Updates**

### **A. Air Quality Management, Francisco Vega, Division Director**

Program Update - RENOvation, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.

Mr. Vega began his presentation by stating he wanted to follow up on an inquiry from last Board meeting regarding the air quality over the last 30-45 days. Mr. Vega provided a visual calendar of the air quality index.

Mr. Vega described the different color codes on the calendar and added that there were record highs on the air quality index. Mr. Vegas concluded that there were approximately 22 days where the index was at orange (meaning unhealthy for sensitive groups) or above.

Mr. Vega opened his item for questions from the Board.

### **B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – Commitment to Our Future Health Care Workforce; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 response.

Ms. Lottritz added information on flu PODs, she informed that 3 have been conducted this week which resulted in 1,061 individuals being vaccinated. Ms. Lottritz informed that her division is looking to set more dates. Additionally, she reports an event for employees at the Health District to get a flu vaccination, this event resulted in 98 staff members being vaccinated.

Mr. Lottritz made herself available to answer questions from the Board.

### **C. Environmental Health Services, Charlene Albee, Division Director**

Environmental Health Services (EHS) Division Program Updates: Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and Inspections.

Ms. Albee provided updates on the progress on the new regulations and the impact of SB4. Ms. Albee reports that teams have been established to work together in establishing permanent regulations. A group is working on inspection protocols and procedures for resorts and hotel inspections, which are scheduled to begin October 12, 2020. Ms. Albee stated that the inspection forms will be generated in a way that it will be clear, to both inspectors and the facilities, as to the expectations during inspections.

Ms. Albee stated letters were sent out for the affected facilities. Some facilities have begun responding to that correspondence. Ms. Albee informs that her division has been in contact with the Gaming Control Board and have now a point of contact to work with her division to get this program up and running. Ms. Albee reiterated that an effort has been made so that this process is clearly defined for the inspectors to prevent conflict with non-enforceable issues.

Ms. Albee informed they're working on the appeal process, which is a challenge since it's not clear as to the process. However, Ms. Albee shared that her division is in constant

contact with Southern Nevada Health District and has found that they're program development is in the exact place as the Washoe County Health District, although they adopted their regulations a week before this Board.

Ms. Albee reports that State has put out a technical bulletin guide that required expedited review and edits from both health districts. Ms. Albee reports that both health districts' comments and concerns were independently similar. State replied by stating they would not be issuing any more technical bulletins. Ms. Albee believes it was due to the confusion this effort created.

Ms. Albee informs that the first complaint regarding SB4 facility was received, however, since regulations are not effective yet such complaint was forwarded to OSHA. Additionally, a temporary administrative assistant has been hired to handle the triage of complaints coming in and assist in placing a tracking system in place. In conclusion, Ms. Albee believes they will have a strong program that can be taken out to the public when the inspections begin.

Ms. Albee informed the Board that SB4 updates will be a standing item on the Division Reports for the Board to hear every month.

Ms. Albee made herself available to answer questions from the Board.

Councilman Dahir thanked the Health District for the update and reminded to walk slow and make sure businesses are not hurt in the process.

**D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Ms. Esp added that in collaborations with Community and Clinical Health Services, her division is providing flu clinics in partnership with other health entities such as Hometown Health.

Ms. Esp informed the Board she will continue to update them regarding flu PODs and how they'll plan to prepare for COVID-19 vaccines, if they become available in the next coming months.

Ms. Esp made herself available to respond to questions from the Board.

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

District Health Officer Report – COVID-19, REMSA Response Information Request, Public Health Accreditation, Community Health Improvement Plan, Contact Investigations, Behavioral Health, and Public Communications and Outreach.

Mr. Dick began his presentation by informing that the Health District was recognized by the Nevada Public Health Association (NPHA) for how hard health districts across the state have been working on COVID-19 response. He mentioned that the Health Directors from Carson City Health and Human Services, Southern Nevada Health District, Washoe County Health District, and Julia Peek from State Division of Public and Behavioral Health were recognized as "Public Health Heroes". Mr. Dick mentioned he accepted that award on behalf of the Health District, as he believes this award reflects recognition of how hard everybody has been working. Additionally, the Epidemiology programs were recognized by NPHA as "Program of the Year".

Mr. Dick reports the POST is operating on a 4-day per week scheduled, Mondays, Tuesdays, Thursdays, and Fridays, due to the demand and capacity for testing through the Health District. He added that although the number of people going through for testing at the Health District has declined, the number of people testing in Washoe County has increased over the past several weeks, due to the increase in testing with health care provider and pharmacies which helps alleviate the demand of the Health District.

Mr. Dick reports Washoe County is only triggering the one threshold under the State's County Tracking System for number of new cases per 100,000 over a 30-day period. The minimum number of tests per 100,000 has been met. The County is below the 7% positivity rate on tests, at 6.9%

Mr. Dick informed that over the past week the Health District has seen almost a 50% increase in the number of new cases per day. Mr. Dick explained that the new cases are coming out of private gatherings over Labor Day holiday and UNR students attending off campus parties/gatherings. He added that Washoe County is now nearly double the daily new case count of Clark County.

Mr. Dick informs that the Health District is working hard on the messaging that encourages people to remain vigilant and exercise precautions. Scott Oxarart, Communications Manager, is working closely with the Regional Information Center team, the County Manager, and the marketing firms to roll out the messaging campaign soon.

Mr. Dick emphasized Ms. Lottritz's statement about the importance of Flu PODs in an effort to reduce flu cases this season. Additionally, when COVID-19 vaccine is available the Health District is working on their plan on how to mobilize and deliver those vaccines. The second phase of the seroprevalence study is in progress, testing is beginning on October 17, 2020. Mr. Dick mentioned that the Health District has not reached the target level of participants.

Mr. Dick provided an update on the letter sent out to the Fire Departments per his comment at last month's meeting requesting information from the Fire Departments regarding responses from REMSA that the Fire Department believed to be inappropriate.

Mr. Dick informs, to date, he has received one response from Sparks Fire Department and a letter from Chief Moore, at Truckee Meadows Fire indicating they did not have a response affect them yet, but they did have concern in the adopted changes. Additionally, Reno Fire Department has not submitted a response as they are compiling information. September 14 was the date requested for them to provide this information. Therefore the Health District is waiting to begin the investigation and see what the issues are and work on fixing them appropriately for the system to work effectively.

Lastly, Mr. Dick reported that his office is preparing for Public Health Accreditation submittal for annual maintenance and is also working on Version 3 for Community Health Improvement Plans, as the community needs assessment was not done this year.

Mr. Dick opened his item to answer questions from the Board.

## 12. Board Comment

Mr. Dick took the opportunity to inform the Board that Charlene Albee will be on leave after September 25, 2020 until her retirement. He also informed, Mr. Jim English will take over as the Operations Section Chief and Amber English will be Acting Division Director of Environmental Health Services, over the coming month. Mr. Dick expressed deep and sincere gratitude and appreciation for Ms. Albee's work for the Health District.

Chair Novak resonated Mr. Dick's gratitude and wished her a great couple month of leave.

Tom Young congratulated the Health District on the awards as he believes this has been a very tough year. Mr. Young also recognized the many hats Ms. Albee wears and congratulated her on her retirement.

Chair Novak announced that the Strategic Planning Retreat scheduled for November has been cancelled. Additionally, Chair reported there will be a Board meeting scheduled for November 19, 2020.

## 13. Public Comment.

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

**Having no registered public comments, Chair Novak closed the public comment period.**

## Adjournment.

**Chair Novak adjourned the meeting at 1:43 p.m.**

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**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:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. the day before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the "Public Comment" items, emails may be submitted 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 emails 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.

**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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

**Posting of Agenda; Location of Website:**

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

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

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

Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@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.

DRAFT

**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 2, 2020  
**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 Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2020 through July 31, 2021 in the total amount of \$160,272.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the Subaward.

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**SUMMARY**

The Washoe County Health District received a Notice of Subaward on September 15, 2020 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in support of the CDC Epidemiology and Laboratory Capacity Grant Program. The funding period is retroactive to August 1, 2020 through July 30, 2021. A copy of the Subaward 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.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's Epidemiology Program's by enhancing the capacity to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. Funding supports staff to investigate, follow-up and analyze communicable disease reports.

**FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY21 budget. As such, there is no fiscal impact to the FY21 adopted budget should the Board approve the Notice of Subaward.

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

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



Subject: Approve ELC Subaward  
Date: October 22, 2020  
Page 2 of 2

### **RECOMMENDATION**

It is recommended that the District Board of Health approve a Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2020 through July 31, 2021 in the total amount of \$160,272.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the 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 Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2020 through July 31, 2021 in the total amount of \$160,272.00 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program and authorize the District Health Officer to execute the Subaward."





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

Agency Ref. #: **HD 17669**  
 Budget Account: 3219  
 Category: 16  
 GL: 8516  
 Job Number: 9332321

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology (OPHIE)	<b>Subrecipient's Name:</b> Kevin Dick District Health Officer, WCHD
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89512-2845
<b>Subaward Period:</b> August 1, 2020 through July 31, 2021	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award** WCHD will use these funds to complete epidemiological surveillance and investigation activities in Washoe County, Nevada.

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	<b>\$130,450.00</b>	Total Obligated by this Action:	\$ 160,272.00
2. Travel	<b>\$2,630.00</b>	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	<b>\$430.00</b>	Total Federal Funds Awarded to Date:	\$ 160,272.00
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. Training	<b>\$0.00</b>	Amount Required Prior Awards:	\$ 0.00
7. Other	<b>\$50.00</b>	Total Match Amount Required:	\$ 0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$133,560.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	<b>\$26,712.00</b>	<b>Federal Budget Period:</b> August 1, 2020 through July 31, 2021	
<b>TOTAL APPROVED BUDGET</b>	<b>\$160,272.00</b>	<b>Federal Project Period:</b> August 1, 2019 through July 31, 2024	

<b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.323	<b>FAIN:</b> NU50CK000560	<b>Federal Grant #:</b> 1 NU50CK000560-02-00	<b>Grant Award Date by Federal Agency:</b> 7/17/20
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**Agency Approved Indirect Rate:** 7.9% **Subrecipient Approved Indirect Rate:** 20%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> 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;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and
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Name	Signature	Date
Kevin Dick District Health Officer, WCHD		
Melissa Peek-Bullock State Epidemiologist, OPHIEOPHIE for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**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 Department of Health and Human Services (hereafter referred to as "Department") 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 Department 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 Department or Recipient from its obligations under this Agreement.
  - The Department 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 Department 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 Department. 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 Department, become the property of the Department, 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 Department 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 Department may declare the Recipient ineligible for any further participation in the Department'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 Department 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).
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. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. 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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - 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.
  - 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.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - 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.
  - 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.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - 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 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.
  - 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.
  - 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.
14. An organization receiving grant funds through the 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:
  - 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
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - 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.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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

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

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

**Goal 1: Provide Cross-cutting Epidemiology Capacity.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiology Program Manager will oversee the overall operation of ELC activities	1. Provide assistance in communicable disease reporting, investigating, follow-up and analysis. This position will also continue to work closely with the Division of Public and Behavioral Health (DPBH) to participate in testing activities when laboratories or hospitals are onboarding or involved in Electronic Laboratory Reporting (ELR) activities.	07/31/2021	1. Monthly Activity Report
2. Epidemiology Program Manager will participate in quarterly ELC Governance Team meetings.	2. Attend no less than 75% of quarterly ELC Governance Team meetings to include 1 annual meeting in Las Vegas, NV.	01/31/2021	2. Monthly Activity Report
3. Epidemiology Program Manager will attend the ELC annual grantee meeting as part of the ELC Governance Team	3. Attend the annual ELC grantee meeting in Atlanta, GA	06/1/2021	3. Monthly Activity Report
4. One WCHD staff member will attend the West Coast Epidemiology conference	4. Attend the annual West Coast Epidemiology conference in Salt Lake City, UT, October 24-25th, 2020	10/25/2020	4. Monthly Activity Report

**Goal 2: Provide Healthcare Associated Infection (HAI) and Antibiotic Resistance (AR) Surveillance**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiologist to provide HAI and AR surveillance	1. Epidemiologist to provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2021	1. Monthly Activity Report

**Goal 3. Provide Vector-borne Diseases identification, diagnoses, reporting, prevention and response**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Epidemiologist to provide Vectorborne disease surveillance	1. Provide vectorborne disease surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2021	1. Monthly activity report
2. Purchase computer and office supplies	2. Purchase computer supplies for printer such as toner and purchase office supplies to support program activities.	07/31/2021	2. Monthly Activity Report

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU50CK000560-01-00 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU50CK000560-02-00 from CDC

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>						
	including fringe			<b>Total:</b>		<b>\$130,450</b>
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>TBD</u> <u>Epidemiology Program Manager</u>	\$101,699.00	24.215%	65.000%	12	100.00%	\$82,112
Epidemiology Program Manager position oversees the overall operation of the ELC activities within the Washoe County Health District; providing assistance in communicable disease reporting, investigating, follow-up and analysis. This position also continues to work closely with the State of Nevada Division of Public and Behavioral Health to participate in testing activities when laboratories or hospitals are onboarding or involved in ELR activities						
<u>Danika Williams</u> <u>Epidemiologist</u>	\$89,263.00	20.00%	15.370%	12	100.00%	\$16,464
Epidemiologist will provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting and data analysis						
<u>Heather Homstadt</u> <u>Epidemiologist</u>	\$89,263.00	42.830%	25.00%	12	100.00%	\$31,874
WCHD currently has 0.25 FTE Epidemiologist designated to vectorborne diseases. This position has been the primary person responsible for arboviral case investigation, outbreak investigation, and case reporting. This position is also responsible for disease surveillance data analysis, compiling surveillance data findings, and provider outreach. Using Zika virus as an example, this position has been responsible for coordination for screening tests, performing the necessary tasks needed for Zika pregnancy registry, education of the public and healthcare providers, and served as a primary resource person for Zika related recommendations and guidelines. However, this position is responsible for all vectorborne diseases in Washoe County, the most frequently reported of which is WNV. Other serious vectorborne infections have also been reported in recent years, such as HPS. While confirmed Lyme disease is uncommon in WCHD, education of providers is often required to ensure that testing is performed correctly.						
<b>Total Fringe Cost</b>		<b>\$ 28,309</b>	<b>Total Salary Cost:</b>		<b>\$ 102,104</b>	

<b>Travel</b>						
					<b>Total:</b>	<b>\$2,630</b>
<b>Out-of-State Travel</b>						
<b>\$ 2,141</b>						
	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>	
<b>2020 ELC Grantee Meeting in Atlanta GA</b>						
Airfare: \$400 per trip (Reno, NV to Atlanta GA) x1 trip x 1 staff	\$400	1	0	1	\$400	
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0	0	0	\$0	
Per Diem: \$49.50 per day per GSA rate for Atlanta GA x 1 trip x 4 days x 1 of staff	\$49.50	1	4	1	\$198	
Lodging: \$152 per day + 18.24 tax = \$170.24 x 3 nights x 1 trip x 1 staff	\$170	1	3	1	\$511	
Ground Transportation: \$25 per trip x 1 trip x 1 car	\$25	1	4	1	\$100	
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	0	0	0	\$0	
Parking: \$14 per day x 1 trip x 4 days x 2 staff	\$14	1	4	1	\$56	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<u>2020 West Coast Epidemiology Conference</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0	0	0	\$0
Per Diem: \$66 per day per GSA rate for area x #1 of trips x #1 of staff	\$66	1	4	1	\$264
Lodging: \$135 per day + \$ tax = total \$135 x 1 trip x 3 nights x 1 staff	\$135	1	3	1	\$405
Mileage: \$.575 x 270 miles per trip x 1 trip x 1 staff	\$157	1		1	\$157
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0
Conference Registration	\$50	0	0	0	\$50
<b>In-State Travel</b>					<b>\$489</b>
<u>ELC Governance Team Meeting in Las Vegas</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: ELC Governance Team Meeting in Las Vegas \$346 per trip x 1 of trips x 1 of staff	\$346	1	1	1	\$346
Per Diem: \$61 per day per GSA rate for area x # 1 of trips x #1 of staff	\$61	1	1	1	\$61
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Rental Car: \$35/day x 1 car x 1 staff	\$35	1	1	1	\$35
Parking: \$ 14 per day x 1 trip x 1 day x 1 staff	\$14	1	1	0	\$14
Mileage: (\$.575 x 58 miles per r/trip) x 1 trip x1 staff	\$33	1	1	1	\$33
<b>Operating</b>					<b>Total: \$430</b>
Office Supplies: \$17.92 x 1 FTE x 12 mo.		\$215.00			
Printer/Copier costs \$17.92 x 1 FTE x 12 mo.		\$215.00			
<b>Equipment</b>					<b>Total: \$0.00</b>
N/A		\$0.00			
<b>Contractual/Contractual and all Pass-thru Subawards</b>					<b>Total: \$0.00</b>
<b>N/A</b>					
<b>Training</b>					<b>Total: \$0.00</b>
N/A		\$0.00			
<b>Other</b>					<b>Total: \$50</b>
2020 West Coast Epidemiology Conference		\$50			
<b>TOTAL DIRECT CHARGES</b>					<b>\$ 133,560</b>
<b>Indirect Charges</b>					<b>Indirect Rate: 20% \$26,712</b>
<b>Indirect Methodology:</b> 20% of all direct expenses per Federally approved indirect agreement					
<b>TOTAL BUDGET</b>					<b>Total: \$160,272</b>

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Form 2

Applicant Name: Washoe County Health District  
PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<u>FUNDING SOURCES</u>	ELC	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$160,272	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$160,272

EXPENSE CATEGORY

Personnel	\$130,450.00								\$130,450.00
Travel	\$2,630								\$2,630
Operating Equipment	\$430.00								\$430.00
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$50.00								\$50.00
Indirect	\$26,712								\$26,712

TOTAL EXPENSE	\$160,272	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$160,272
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$26,696.00
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Total Agency Budget	\$160,190.00
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:


C. Program Income Calculation:


**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services 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 **\$160,272.00**
- 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 Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

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

**Both parties agree:**

- The Department will make one site visit annually.
- 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 Department are SUBJECT TO AUDIT.
- 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 Department, 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.



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION D**

Agency Ref. #: **HD 17669**  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology (OPHIE)	<b>Subrecipient Name:</b> Kevin Dick District Health Officer, WCHD
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subaward Period:</b> August 1, 2020 through July 31, 2021	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$130,450.00	\$0.00	\$0.00	\$0.00	\$130,450.00	0.0%
2. Travel	\$2,630.00	\$0.00	\$0.00	\$0.00	\$2,630.00	0.0%
3. Operating	\$430.00	\$0.00	\$0.00	\$0.00	\$430.00	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. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	0.0%
8. Indirect	\$26,712.00	\$0.00	\$0.00	\$0.00	\$26,712.00	0.0%
<b>Total</b>	<b>\$160,272.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$160,272.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duly 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 Department USE ONLY**

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

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

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

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

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**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).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION F**

**Current or Former State Employee Disclaimer**

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 Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION G**

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

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Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

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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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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

AHSO <u>  AH  </u> DHO <u>          </u> <span style="color: blue; font-family: cursive;">KD</span>
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**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 6, 2022

**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 and Behavioral Health in the amount of \$382,683.00 (\$38,268.30 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY21 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

**SUMMARY**

The Washoe County Health District received a Notice of Subaward on September 15, 2020 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. The funding period is retroactive to July 1, 2020 through June 30, 2021. A copy of the Subaward 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.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division’s on-going activities in the Public Health Preparedness Program to strengthen the capacity of public health



infrastructure to detect, assess, and respond decisively to control the public health consequences of any public health emergency.

These funds support the IHCC, the completion of a jurisdictional risk assessment (JRA), National Incident Management System (NIMS) trainings, PHP exercise(s) and resource assessments.

This item will also support memorandums of understanding between the Washoe County Health District and local government agencies such as law enforcement, fire departments, public and private schools and as outlined in the scope of work by authorizing the District Health Officer to execute the MOU agreements with the partnering agencies.

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY21 budget. As such, there is no fiscal impact to the FY21 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$382,683.00 (\$38,268.30 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY21 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

### **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 and Behavioral Health in the amount of \$382,683.00 (\$38,268.30 cash match) retroactive to July 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY21 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies."



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

Agency Ref. #: **HD 17700**  
 Budget Account: 3218  
 Category: 23  
 GL: 8516  
 Job Number: 9388921

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / <a href="mailto:msouthard@health.nv.gov">msouthard@health.nv.gov</a>	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD) Andrea Esp / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89512-2845
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) capabilities according to the HPP Cooperative Agreement

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	<b>\$226,507.00</b>	Total Obligated by this Action:	\$ 382,683.00
2. Travel	<b>\$22,632.00</b>	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	<b>\$38,250.00</b>	Total Federal Funds Awarded to Date:	\$ 382,683.00
4. Equipment	<b>\$0.00</b>	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	<b>\$45,719.00</b>	Amount Required this Action:	\$ 38,268.30
6. Training	<b>\$7,990.00</b>	Amount Required Prior Awards:	\$ 0.00
7. Other	<b>\$5,849.00</b>	Total Match Amount Required:	\$ 38,268.30
<b>TOTAL DIRECT COSTS</b>	<b>\$346,947.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	<b>\$35,736.00</b>	<b>Federal Budget Period:</b> July 1, 2020 to June 30, 2021	
<b>TOTAL APPROVED BUDGET</b>	<b>\$382,683.00</b>	<b>Federal Project Period:</b> July 1, 2020 to June 30, 2021	

<b>Source of Funds:</b> Assistant Secretary for Preparedness and Response (ASPR)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.889	<b>FAIN:</b> U3REP190613	<b>Federal Grant #:</b> 5 U3REP190613-02-00	<b>Grant Award Date by Federal Agency:</b> 06/29/2020
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**Agency Approved Indirect Rate:** 10.3% **Subrecipient Approved Indirect Rate:** 10.3%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> 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;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement
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Name	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**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 Department of Health and Human Services (hereafter referred to as "Department") 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 Department 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 Department or Recipient from its obligations under this Agreement.
  - The Department 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 Department 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 Department. 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 Department, become the property of the Department, 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 Department 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 Department may declare the Recipient ineligible for any further participation in the Department'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 Department 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).
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. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC & BEHAVIORAL HEALTH**  
**NOTICE OF SUBAWARD**

9. 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).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - 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.
  - 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.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - 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.
  - 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.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - 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 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.
  - 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.
  - 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.
14. An organization receiving grant funds through the 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:
  - 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
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - 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.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

**SECTION B**

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

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

Scope of Work for Washoe County Health District

# CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details	Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>		
Objective 1: Establish and Operationalize a Health Care Coalition		
Activity 1: Define Health Care Coalition Boundaries	<b>Planned activity(s)</b>	<b>Activity Documentation</b>
	1) Review and revise, if necessary, IHCC bylaws.	Agenda, meeting minutes
<b>Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):</b>		
1) Bylaws (if necessary)		
<b>Recurring Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2021.</b>		
Activity 2: Identify Health Care Coalition members	<b>Planned activity(s)</b>	<b>Activity Documentation</b>
	1) At least two HCC representatives will be included on at least one HCC exercise planning team by March 31, 2021.	Meeting Notes
		Q3

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<ul style="list-style-type: none"> <li>• HCC will provide at least two representatives to exercise planning teams by March 31, 2021.</li> </ul> <p>2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)</p> <ul style="list-style-type: none"> <li>• Core membership will be tracked through the attendance log</li> </ul> <p>3) Contact healthcare facilities for update of point-of-contact (POC) spreadsheet quarterly</p> <ul style="list-style-type: none"> <li>• For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics</li> </ul> <p>4) As appropriate, core membership will sign all HCC plans and bylaws.</p> <p>5) Maintain a collaborative partnership with a variety of stakeholders to ensure the community has:</p> <ul style="list-style-type: none"> <li>• Medical equipment and supplies,</li> <li>• Real-time information,</li> <li>• Communication systems, and</li> <li>• Trained and educated health care personnel to respond to an emergency.</li> </ul> <p>6) Local health department continued participation in the coalition.</p> <p>7) As requested, HCC will provide representation at other HCC meetings and events.</p> <ul style="list-style-type: none"> <li>• For example, HCC meetings, PODs, trainings, and exercises</li> </ul> <p><b>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</b></p> <ol style="list-style-type: none"> <li>1) A list of core and additional members</li> <li>2) Bylaws</li> <li>3) HCC Plans</li> </ol>	<p>Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>POC forms</p> <p>Meeting notes</p> <p>Agenda, meeting notes</p> <p>Documented meeting attendance</p> <p>Meeting notes</p>	<p>Q4</p> <p>Q3</p> <p>Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q4</p>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
<p>Activity 3: Establish Health Care Coalition Governance</p>	<p>1) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget)</p> <ul style="list-style-type: none"> <li>• Scope of practice for Clinical Advisor will be reviewed, if necessary</li> <li>• Reevaluation of existing HCC funding formula or boundaries</li> </ul>	<p>Meeting notes &amp; Scope of practice</p>	<p>Q2</p>
	<p>2) The HCC will annually update and maintain the following information related to its governance. For example, bylaws, Preparedness Planning Guidelines and Response Guide.</p> <ul style="list-style-type: none"> <li>• IHCC membership               <ul style="list-style-type: none"> <li>○ Identification of core members</li> </ul> </li> <li>• HCC led or co-led by hospitals or healthcare organizations</li> <li>• EFS # lead agency with IHCC jurisdiction</li> <li>• Member guidelines for participation</li> <li>• Appropriate policies and procedures</li> </ul>	<p>Agenda, meeting minutes</p>	<p>Q3</p>
	<p><b>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</b></p> <ol style="list-style-type: none"> <li>1) Clinical Advisor MOU/MOA or contract</li> <li>2) Clinical Advisor Scope of work</li> <li>3) Bylaws, response guide, preparedness plan</li> </ol>		



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Objective 2: Identify Risks and Needs			
<b>Statewide Objective: Nevada will complete a jurisdictional risk assessment (JRA) to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals.</b>			
<b>Recurring Statewide Objective: Nevada will include at-risk populations (HPP population is burn for FY20) into planning and exercise activities by June 30, 2021.</b>			
Activity 1: Assess Hazard Vulnerabilities and Risks	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<ol style="list-style-type: none"> <li>1) As requested, HCC will provide feedback on the JRA.</li> <li>2) HCC will annually update and maintain their HVA to identify risks. <ul style="list-style-type: none"> <li>• Send out HVA template during first quarter</li> <li>• Collect partner HVAs during second quarter</li> <li>• Collate partner HVAs into one document during second quarter to create coalition HVA</li> <li>• Review and approve coalition HVA results during a second quarter HCC meeting</li> </ul> </li> </ol>	<p>Meeting notes</p> <p>Meeting notes</p>	<p>Q3</p> <p>Q2</p>
Activity 2:	<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</b>		
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<ol style="list-style-type: none"> <li>1) HVA</li> <li>2) JRA (as requested)</li> </ol>		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Assess Regional Health Care Resources	<p>1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50)</p> <ul style="list-style-type: none"> <li>HCC will maintain an inventory of the resources belonging to the coalition</li> </ul> <p>2) HCC will review the Healthcare Operating Status form to ensure that resource needs are being met by coalition members.</p> <p>3) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool.</p> <ul style="list-style-type: none"> <li>Send out resource and gap analysis survey during second quarter</li> <li>Analyze survey results during the second quarter</li> <li>Identify top goals by provider type for the calendar year in second quarter</li> </ul>	Meeting notes	Q4
<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):</b>			
1) Coalition Resource and gap analysis			
2) Healthcare Operating Status form			
Activity 3: Prioritize Resource Gaps and Mitigation Strategies	<p><b>Planned activity(s)</b></p> <p>1) Track HCC's 2020 and 2021 goals, objectives and activities.</p> <ul style="list-style-type: none"> <li>For example, provide status at coalition meetings.</li> </ul> <p>2) Present HCC's 2020 accomplishments as it relates to goals, objectives and activities</p> <ul style="list-style-type: none"> <li>For example, presentation by HCC Chair to the District Board of Health.</li> </ul>	<p><b>Activity Documentation</b></p> <p>Tracking sheet, meeting notes</p> <p>Presentation</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p> <p>Q3</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>3) Coordinate HCC's 2020 and 2021 goals, objectives and activities.</p> <ul style="list-style-type: none"> <li>• Schedule meetings with provider types to determine appropriate steps and activities to accomplish identified goals <ul style="list-style-type: none"> <li>○ For example: assist in the facilitation of meetings, provide administrative support</li> </ul> </li> </ul> <p>4) Revise, if necessary, and distribute HCC annual evaluation for members.</p>	Meeting notes, tracking sheet	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):</b></p> <ol style="list-style-type: none"> <li>1) HCC Preparedness Plan</li> <li>2) District Board of Health presentation</li> </ol>	Annual evaluation	Q3
<p><b>Recurring Statewide Objective: Each of Nevada's HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2021.</b></p>			
<p>Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with</p>	<p style="text-align: center;"><b>Planned activity(s)</b></p> <p>1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2020 during exercises or real-world events.</p> <ul style="list-style-type: none"> <li>• Obtain de-identified data from emPOWER (once every 6 months) <ol style="list-style-type: none"> <li>i. Example: Obtain in September for the revision of the HCC Preparedness Planning Guidelines and January for the grant planning purposes</li> </ol> </li> </ul> <p>2) <b>(Joint HPP/PHEP activity)</b> HPP/HCC will share emPOWER data with PHEP for at-risk planning.</p>	<p style="text-align: center;"><b>Activity Documentation</b></p> <p>De-identified data</p> <p>De-identified data</p>	<p style="text-align: center;"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q3</p> <p>Q1/Q3</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Unique Needs	<p>3) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2021.</p> <ul style="list-style-type: none"> <li>• Update HCC Preparedness Planning guidelines with whole community data. <ul style="list-style-type: none"> <li>i. For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index</li> </ul> </li> </ul> <p>4) If applicable, conduct training and exercises for populations with unique needs.</p> <ul style="list-style-type: none"> <li>• For example: provide training and exercise assistance</li> </ul> <p>5) If requested, provide emergency preparedness materials/education to healthcare partners.</p> <ul style="list-style-type: none"> <li>• For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, and clinics</li> </ul> <p>6) As requested, work with organizations that work with at risk populations to prepare for emergencies.</p> <ul style="list-style-type: none"> <li>• Examples: AFN training, education and exercising</li> </ul> <p>7) As appropriate, HCC will support member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification through training opportunities.</p> <p>8) As requested, NNAFN Support Team representatives will participate in PODs and other exercise.</p> <p>9) HCC will continue to work with home health and hospice agencies to increase planning efforts, through education, for individuals to remain in their residences.</p>	Meeting notes	Q4
		Training and exercise documents	Q1/Q2/Q3/Q4
		Meeting notes	Q1/Q2/Q3/Q4
		Meeting notes	Q1/Q2/Q3/Q4
		Emails, meeting notes	Q1/Q2/Q3/Q4
		Exercise documents	Q1/Q2/Q3/Q4
		Education material, meeting notes	Q1/Q2/Q3/Q4

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</b>			
1) De-identified data sets			
2) HCC Preparedness Planning Guidelines			
<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>	
1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.	Meeting notes	Q1/Q2/Q3/Q4	
<b>Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):</b>			
1) If requested, meeting notes to review, update and train of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.			
<b>Objective 3: Develop a Health Care Coalition Preparedness Plan</b>			
<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>	
1) Review and revise the HCC Preparedness Planning Guidelines. <ul style="list-style-type: none"> <li>• Review guidelines during first quarter</li> <li>• Update with annual HVA information from second quarter</li> <li>• Update with annual coalition resource and gap analysis information in second quarter</li> <li>• Approved by all core member organizations</li> <li>• All member organizations will be provided a final copy upon approval</li> </ul>	Agendas, meeting notes	Q1/Q2/Q3	
<b>Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):</b>			
1) HCC Preparedness Planning Guidelines			

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Objective 5: Ensure Preparedness is Sustainable			
Activity 1: Promote the Value of Health Care and Medical Readiness	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Throughout the budget period, HCC will participate in statewide exercises as requested.	Meeting notes	Q1/Q2/Q3/Q4
	2) As requested, HCC will collaborate with public health to develop applicable objectives and injects.	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1):</b>		
	1) State developed exercise documents showing coalition input		
Activity 2: Engage Health Care Executives	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to promote health care executive's engagement in debriefs related to exercises, planned events, and real incidents. <ul style="list-style-type: none"> <li>Healthcare executives from the core leadership of the coalition will be represented in no-notice exercise debrief</li> </ul>	Meeting notes	Q3
	<b>Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1):</b>		
	1) Sign-in sheets for debrief		
Activity 3: Engage Clinicians	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52) <ul style="list-style-type: none"> <li>Clinical advisor will serve as a liaison between the coalition and medical directors/medical leadership to achieve the objectives of the HCC</li> </ul>	CV/Resume of Clinical Advisor and scope of practice; meeting notes	Q1/Q2/Q3/Q4

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>2) Continue to reach out and engage champions among HCC members and other response organizations to promote HCC preparedness efforts to health care executives, clinicians, community leaders, and others as deemed appropriate.</p> <ul style="list-style-type: none"> <li>• Examples of organizations to engage include: Nevada Chapter of American Academy of Pediatrics; Nevada System of Higher Education, Nevada Nurses Association, Northern Nevada Emergency Physicians</li> </ul>	Meeting notes, emails, exercise documents	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1):</b></p> <p>1) Clinical Advisor Scope of Practice</p> <p>2) Exercise documents</p>		
Activity 4: Engage Community Leaders	<p style="text-align: center;"><b>Planned activity(s)</b></p> <p>1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)</p> <ul style="list-style-type: none"> <li>• The HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercise to promote the resilience of the entire community <ul style="list-style-type: none"> <li>i. Examples include: business, charitable organizations, media</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Activity Documentation</b></p> <p>Meeting notes, exercise documents</p>	<p style="text-align: center;"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p>
Activity 5:	<p><b>Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):</b></p> <p>1) List of community organizations</p> <p>2) Exercise documents</p>		
<p style="text-align: center;"><b>Planned activity(s)</b></p>	<p style="text-align: center;"><b>Activity Documentation</b></p>	<p style="text-align: center;"><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p>	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<p>Promote Sustainability of Health Care Coalitions</p>	<p>1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)</p> <ul style="list-style-type: none"> <li>• HCC will offer members technical assistance, as requested in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Participating Providers and Suppliers <ul style="list-style-type: none"> <li>i. Example includes: trainings, exercise assistance, resource sharing</li> </ul> </li> </ul> <p>2) Revise, as appropriate, marketing materials will be developed to continue to share the benefits of HCC activities with members and additional stakeholders to promote HCC preparedness efforts.</p> <ul style="list-style-type: none"> <li>• For example: website and video development, newsletter distribution</li> </ul> <p>3) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.</p> <p>4) Review by-laws and Preparedness Planning Guidelines and update financial structure and funding sources, as appropriate.</p> <p>5) The HCC and subcommittees such as Supply Chain, will review current leverage group buying power to promote consistent equipment across the region to facilitate sharing in an emergency allocation.</p> <ul style="list-style-type: none"> <li>• For example: Alpha Kits, MCI/MAEA supplies</li> </ul>	<p>Meeting notes, calendar appointments</p>	<p>Q1/Q2/Q3/Q4</p>
		<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
		<p>Newsletter, email</p>	<p>Q1/Q2/Q3/Q4</p>
		<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>
		<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

<p><b>Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):</b></p> <ol style="list-style-type: none"> <li>1) By-laws</li> <li>2) Preparedness Planning Guidelines</li> </ol>			
<p><b>PHASE 2: Train and Equip</b></p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
<p><b>Recurring Statewide Objective: Annually, Nevada will provide NIMS and other training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2020. (see HPP FOA pg. 54)</b></p>			
<p>Activity 1: Promote Role-Appropriate National Incident Management System Implementation</p>	<p><b>Planned activity(s)</b></p> <ol style="list-style-type: none"> <li>1) NIMS and other training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request. <ul style="list-style-type: none"> <li>• HCC will maintain sign-in sheets for sponsored trainings and provide to Nevada State PHP upon request. <ol style="list-style-type: none"> <li>i. For example: Position specific training, ICS 300 and 400</li> </ol> </li> </ul> </li> <li>2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need.</li> <li>3) Continue to promote NIMS training opportunities to HCC and request certificates.</li> <li>4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. <ul style="list-style-type: none"> <li>• For example: review of plans, trainings</li> </ul> </li> </ol>	<p><b>Activity Documentation</b></p> <p>Training information, sign in sheets, certificates</p> <p>Training certificates or other applicable documentation</p> <p>Agendas, training information, sign in sheets, certificates</p> <p>Request for assistance</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p> <p>Q2</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 2:</p>	<p><b>Planned activity(s)</b></p> <ol style="list-style-type: none"> <li>1) Certificates</li> <li>2) Sign in sheets</li> <li>3) Number of people trained</li> </ol>	<p><b>Activity Documentation</b></p>	<p><b>Completion Quarter</b></p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<p>Educate and Train on Identified Preparedness and Response Gaps</p>	<p>1) HCC will develop a list of planned training activities based on the 2020 and 2021 goals and objectives and appropriate improvement items from AARs.</p>	<p>Meeting notes</p>	<p>(Q1, Q2, Q3, Q4)</p>
<p><b>Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2):</b></p> <p>1) List of training activities</p>			
<p><b>PHASE 3: Exercise and Respond</b></p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
<p><b>Statewide Objective: Nevada will conduct a joint HPP-PHEP statewide Full-Scale Exercise (FSE) to focus on a pandemic influenza scenario and exercise Medical Countermeasure (MCM) operations by February 5, 2021.</b></p>			
<p>Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations</p>	<p><b>Planned activity(s)</b></p> <p>1) HCC will participate in HPP-PHEP joint statewide full-scale exercise (FSE) based upon Extent of Play Agreement for HCC by February 5, 2021. (see HPP FOA pg. 55)</p> <ul style="list-style-type: none"> <li>• HCC will participate in the joint statewide exercise per the Extent of Play Agreement</li> </ul> <p>2) <b>(Joint HPP/PHEP activity)</b> At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health.</p> <ul style="list-style-type: none"> <li>• As requested, HCC will collaborate with public health to develop applicable objectives and injects</li> </ul>	<p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q3</p>
<p><b>Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3):</b></p> <p>1) State produced exercise documents</p>			
<p>Meeting notes</p> <p>Q3</p>			

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<b>Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements</b>		
1) HCC will follow HSEEP fundamentals for coalition sponsored exercises.	Exercise documentation	Q1/Q2/Q3/Q4
2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises.	Meeting notes	Q1/Q2/Q3/Q4
3) As appropriate, HCC sponsored exercises will include health care accreditation requirements. <ul style="list-style-type: none"> <li>• For example: Joint Commission Emergency Management Standards, Emergency Preparedness requirements for CMS</li> </ul>	Exercise documentation	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3):</b>		
1) Coalition exercise documents in HSEEP format 2) Where able, health care accreditation requirements within exercise documents will be provided		
<b>PHASE 4: Evaluate and Share Lessons Learned</b>		
Objective 4: Train and Prepare the Health Care and Medical Workforce		
<b>Statewide Objective: Nevada will conduct a joint HPP-PHEP statewide Full-Scale Exercise (FSE) to focus on a pandemic influenza scenario and exercise Medical Countermeasure (MCM) operations by February 5, 2021.</b>		
<b>Activity 5: Evaluate Exercises and Responses to Emergencies</b>	<b>Planned activity(s)</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) MCM FSE After-Action Report will be developed to identify opportunities for improvement by May 2, 2021. <ul style="list-style-type: none"> <li>• As requested, HCC will provide feedback for the AAR</li> </ul>	Meeting notes	Q4
<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4):</b>		
1) State produced exercise documentation		
<b>Activity 6: Share</b>	<b>Planned activity(s)</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
<b>Activity Documentation</b>		

STATE OF NEVADA  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
 NOTICE OF SUBAWARD

Leading Practices and Lessons Learned	1) After action reports will be shared with HCC members, when available.	Meeting notes, email	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 4):</b> 1) State produced exercise documentation 2) AAR/IP		

## CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details	Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>		
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans		
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation
	1) HCC will promote healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) <ul style="list-style-type: none"> <li>Examples: HCC Meetings, HCC MOU (possible update)</li> </ul> 2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. <ul style="list-style-type: none"> <li>HCC will participate in LEPC</li> <li>For example: hazard mitigation, damage assessment, and behavioral health plans</li> </ul>	Meeting notes    Meeting notes   Q1/Q2/Q3/Q4    Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):</b>		
Activity 2: Develop a Health Care Coalition Response Plan	Planned activity(s)	Activity Documentation
	1) HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)	Meeting notes   Q1/Q2/Q3

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>2) <b>(Joint HPP/PHEP activity)</b> HCC will update, as appropriate, the Response Guide, based on review, trainings/exercises, improvement plans, and lessons learned.</p> <p>3) <b>(Joint HPP/PHEP activity)</b> HCC will work with Public Health to specify coordination with the coalition within the all-hazards public health and medical preparedness and response plans.</p> <ul style="list-style-type: none"> <li>• For example: MCM Plan, Pandemic Influenza Plan</li> </ul>	<p>Meeting notes</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3</p> <p>Q4</p>
<p><b>Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):</b></p> <p>1) Response Guide</p> <p>2) MCM Plan</p> <p>3) Pandemic Influenza Plan</p>			
<p>Objective 2: Utilize Information Sharing Processes and Platforms</p>			
<p><b>Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.</b></p>			
<p>Activity 1: Develop Information Sharing Procedures</p>	<p><b>Planned activity(s)</b></p> <p>1) HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EEl)s. (see HPP FOA pg.58)</p> <ul style="list-style-type: none"> <li>• HCC will review procedures for sharing EEIs and, if necessary, update in Response Guide and Preparedness Planning Guidelines</li> </ul> <p>2) (State-led) Nevada State PHP will solicit areas for improvement on the Public Health and Medical SitRep Form from applicable local HCCs, LHAs, or emergency managers immediately following an exercise or real-world event.</p> <ul style="list-style-type: none"> <li>• When applicable, HCC will provide feedback on forms, following an exercise or real-world event</li> </ul>	<p><b>Activity Documentation</b></p> <p>Meeting notes</p> <p>Email, Meeting notes</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3</p> <p>Q1/Q2/Q3/Q4</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>3) (State-led) Nevada State PHP will publish applicable updated Public Health and Medical SitRep Form within 30 days of exercise or real-world event to all ESF-8 response partners and HCCs.</p> <ul style="list-style-type: none"> <li>When received by Nevada State PHP Program, HCC will distribute the developed EEI document</li> </ul> <p>4) HCC in coordination with its public health agency members and HPP and PHEP recipients will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2021. (FOA pg. 58)</p> <ul style="list-style-type: none"> <li>Information will be shared, as appropriate to HCC members</li> <li>When requested, Information sharing forms will be reviewed with public health agency members</li> </ul>	<p>Email, Meeting notes</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q4</p>
<p><b>Activity 2: Identify Information Access and Data Protection Procedures</b></p>	<p><b>Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):</b></p> <p>1) If necessary, updates to Response Guide and Preparedness Planning Guidelines</p> <p><b>Planned activity(s)</b></p> <p>1) HCC will continue to provide training/exercising, as requested, and promote the coalition EEI collection form to provide situational awareness during emergencies.</p> <p>2) HCC will exercise EEI collection form at least twice a year.</p> <p><b>Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):</b></p> <p>1) AAR/IP</p>	<p><b>Activity Documentation</b></p> <p>Meeting notes, training materials</p> <p>Exercise documentation</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p> <p>Q2/Q4</p>
<p><b>Activity 3: Utilize Communications Systems and Platforms</b></p>	<p><b>Planned activity(s)</b></p> <p>1) Coalition will conduct two redundant communication drills.</p> <ul style="list-style-type: none"> <li>For example: VESTA, WebEOC, 800 MHz, GroupMe and Ham radio</li> </ul>	<p><b>Activity Documentation</b></p> <p>Exercise documents</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q2/Q4</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>2) Keep VESTA updated for redundant communications, based on updated Point of Contact quarterly information.</p> <p>3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.</p> <p>4) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.</p>	<p>Calendar appointments</p> <p>Net Control Log</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p><b>Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):</b></p> <p>1) HCC Preparedness Planning Guidelines</p> <p>2) HCC Response Guide</p> <p>3) Redundant Communication AAR/IPs</p>			
<p><b>PHASE 2: Train and Equip</b></p>			
<p>Objective 3: Coordinate Response Strategy, Resources, and Communications</p>			
<p>Activity 4: Communicate with the Public during an Emergency</p>	<p><b>Planned activity(s)</b></p> <p>1) <b>(Joint HPP/PHEP activity)</b> Continue to collaborate with JIC, as appropriate, to determine type of information that will be disseminated to the public ensure information is accurate and consistent.</p> <p>2) Promote Public Information Officer (PIO) training opportunities to HCC and request certificates.</p>	<p><b>Activity Documentation</b></p> <p>Meeting notes</p> <p>Training certificates, emails</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p><b>Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2):</b></p> <p>1) Hospital Net Script</p> <p>2) Training certificates, if applicable</p>			
<p><b>PHASE 3: Exercise and Respond</b></p>			
<p>Objective 3: Coordinate Response Strategy, Resources, and Communications</p>			



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

**Statewide Objective:** Nevada will conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2021. (FOA pg. 62)

Activity 1: Identify and Coordinate Resource Needs during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms. 2) Continue to train and exercise on the Healthcare Operating Status Form. 3) Conduct redundant communications exercise utilizing Healthcare Operating Status Form. <ul style="list-style-type: none"> <li>• Examples include: redundant communications, WebEOC training, exercises</li> </ul> 4) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms. 5) As requested, participate in supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2021.	Meeting notes, sign in sheets  Training  Exercise documents  User information to platforms  Meeting Notes	Q1/Q2/Q3/Q4  Q1/Q2/Q3/Q4  Q3  Q1/Q2/Q3/Q4  Q4
	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3):</b> 1) AAR/IP		
Activity 2: Coordinate Incident Action Planning During an Emergency	<b>Planned activity(s)</b>  1) <b>(Joint HPP/PHEP activity)</b> HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)	<b>Activity Documentation</b>  Meeting notes	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>  Q1/Q2/Q3
Activity 3: Communicate	<b>Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3):</b> 1) Response Guide		
	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<p>with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency</p>	<p>1) HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency, if requested.</p> <ul style="list-style-type: none"> <li>• For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and visitors to better understand members' needs</li> </ul>	<p>Request for assistance</p>	<p>Q1/Q2/Q3/Q4</p>
<p><b>Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3):</b></p>			
<p>1) As necessary, meeting notes reviewing the resource gap analysis questions 2) Response plan updates, if necessary</p>			

# CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Identify Essential Functions for Health Care Delivery			
Activity 1: Identify Essential Functions for Health Care Delivery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If necessary, HCC will update the essential functions for health care delivery in coalition plans.	Meeting notes/ plans (if appropriate)	Q1/Q2/Q3
	<b>Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1):</b> 1) Response Guide (if appropriate) 2) Preparedness Planning Guidelines (if appropriate)		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Objective 2: Plan for Continuity of Operations			
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will review the Continuity of Operations section of the HCC Response Guide to determine the necessity of the following components based on level of coalition response:</p> <ul style="list-style-type: none"> <li>• Activation and response functions,</li> <li>• Multiple points of contact for each HCC member,</li> <li>• Orders of succession and delegations of authority for leadership continuity,</li> <li>• Immediate actions and assessments to be performed in case of disruptions,</li> <li>• Safety assessment and resource inventory to determine whether or not the coalition can continue to operate,</li> <li>• Redundant, replacement, or supplemental resources, including communication systems, and</li> <li>• Strategies and priorities for addressing disruptions to mission critical systems that include but not limited to electricity, water, and medical gases.</li> </ul>	Meeting notes, to include identified potential updates	Q1/Q2/Q3
<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):</b>			
	1) HCC Response Guide		
Activity 4: Plan for Health Care Organization Sheltering-in-Place	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will provide technical assistance and training on sheltering-in-place.	Meeting notes/training materials	Q1/Q2/Q3/Q4
<b>Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):</b>			
	1) If available, training documents		
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 1: Assess Supply	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Chain Integrity	<p>1) HCC will continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regard to purchasing pharmaceuticals and identify strategies for other medical material.</p> <ul style="list-style-type: none"> <li>• Review HCC Inventory Tracking Policy and make identified updates</li> </ul> <p>For example: Determine if mention of MOU needs to be included and if language pertaining to the disposal of expired materials is sufficient</p> <p>2) HCC will collaborate with health care organization members and other stakeholders to develop joint understanding and strategies to address supply chain vulnerabilities.</p> <p>3) Promote IHCC involvement in PODS (Joint PHEP activity).</p>	Meeting notes	Q1/Q2/Q3/Q4
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	<p><b>Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 1):</b></p> <p>1) Resource and gap analysis</p> <p>2) AAR/IP</p>	Meeting notes	Q4
Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks	<p><b>Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 1):</b></p> <p>1) Resource and gap analysis</p>	Meeting minutes	Q3
	<p><b>Planned activity(s)</b></p> <p>1) HCC will complete the resource and gap analysis to continue assessing the integrity assessment to evaluate equipment and supply needs that will be in demand during an emergency.</p> <ul style="list-style-type: none"> <li>• The results from the analysis will be given to the Supply Chain Subcommittee to further support efforts</li> </ul> <p>2) Review and revise (if necessary) the inventory tracking policy.</p>	<p><b>Activity Documentation</b></p> <p>Resource and gap analysis</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3</p>
	<p><b>Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):</b></p> <p>1) Resource and gap analysis</p>	Meeting minutes	Q4

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Activity 1: Develop Strategies to Protect Health Care Information Systems and Networks	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will provide technical assistance and training on information systems and networks.  <b>Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1):</b> 1) If available, training documents	Meeting notes/training documentation	Q1/Q2/Q3/Q4
<b>Objective 6: Plan for Health Care Evacuation and Relocation</b>			
Activity 1: Develop and Implement Evacuation and Relocation Plans	<b>Planned activity(s)</b>  1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63) <ul style="list-style-type: none"> <li>• HCC will revise the Response Guide as identified</li> </ul> 2) Review Emergent Evacuation in local planning.	<b>Activity Documentation</b>  Meeting notes          Meeting notes	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>  Q1/Q2/Q3/Q4          Q4
<b>Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1):</b>			
Activity 2: Develop and Implement Evacuation Transportation Plans	<b>Planned activity(s)</b>  1) HCC will be prepared to engage, if necessary, when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation. <ul style="list-style-type: none"> <li>• Examples include: alternate care site, evacuation, emergency credentialing, MAEA</li> </ul> 2) HCC will provide MAEA training and purchase supplies as identified.	<b>Activity Documentation</b>  Meeting notes          Training documents	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>  Q1/Q2/Q3/Q4          Q1/Q2/Q3/Q4

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1):</b>			
<ol style="list-style-type: none"> <li>1) Alternate Care Site</li> <li>2) Emergency Credentialing</li> <li>3) MAEA</li> </ol>			
<b>Objective 7: Coordinate Health Care Delivery System Recovery</b>			
Activity 1: Plan for Health Care Delivery System Recovery	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Research recovery processes that may be integrated into existing plans or developed as a separate standalone plan.	Research notes	Q1
<b>Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1):</b>			
1) Research notes			
<b>PHASE 2: Train and Equip</b>			
<b>Objective 5: Protect Responders' Safety and Health Activities</b>			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65) <ul style="list-style-type: none"> <li>• HCC will review Preparedness Planning Guidelines and identify language to support and promote regional PPE procurement</li> </ul>	Meeting notes	Q1/Q2/Q3
<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2):</b>			
1) Preparedness Planning Guidelines			

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Statewide Objective: Annually, Nevada will provide training and exercise opportunities for HCC members and personnel identified as responders during an emergency activation beginning July 1, 2020.			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
<p>Activity 2: Train and Exercise to Promote Responders' Safety and Health</p> <p>1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65)</p> <ul style="list-style-type: none"> <li>• <b>(Joint HPP/PHEP activity)</b> HCC will review previously identified equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations and make any relevant recommendations</li> </ul>	Meeting notes	Q1/Q2/Q3	
<p>2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)</p> <ul style="list-style-type: none"> <li>• <b>(Joint HPP/PHEP activity)</b> HCC, in collaboration with PHEP, will identify policies and practices regarding the type of PPE necessary for various pathogens                             <ul style="list-style-type: none"> <li>i. For example: Pharmaceutical Cache Plan, activation of coalition stockpiles</li> </ul> </li> </ul>	Meeting notes	Q1/Q2/Q3/Q4	
<p>3) Promote HCC involvement in PODS (joint activity with PHEP).</p>	Meeting notes	Q3	
<b>Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2):</b>			
1) Training Plan			
<b>PHASE 3: Exercise and Respond</b>			
Objective 7: Coordinate Health Care Delivery System Recovery			



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Activity 3: Facilitate Recovery Assistance and Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners.	Meeting notes	Q1/Q2/Q3/Q4
	<b>Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 3):</b> 1) If applicable, plans or AAR/IP		
<b>PHASE 4: Evaluate and Share Lessons Learned</b>			
<b>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</b>			
Activity 1: Assess Supply Chain Integrity	<b>Planned activity(s)</b>  1) HCC will continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regard to purchasing pharmaceuticals and identify strategies for other medical material. <ul style="list-style-type: none"> <li>• Review HCC Inventory Tracking Policy and make identified updates</li> </ul> For example: Determine if mention of MOU needs to be included and if language pertaining to the disposal of expired materials is sufficient	<b>Activity Documentation</b>  Meeting notes	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>  Q4
<b>Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 4):</b> 1) Plans			

# CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
<b>PHASE 1: Plan and Prepare</b>			
Objective 1: Plan for a Medical Surge			
<b>Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)</b>			
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	<b>Planned activity(s)</b>  1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate. <ul style="list-style-type: none"> <li>HCC will distribute training opportunities to volunteers as appropriate</li> </ul> 2) <b>(Joint HPP/PHEP activity)</b> Review and update, as appropriate, the HCC agreed upon rapid emergency credentialing form for situations requiring supplemental staffing in healthcare facilities.	<b>Activity Documentation</b>  Meeting notes/emails           Meeting notes	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>  Q1/Q2/Q3/Q4           Q2
<b>Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):</b> 1) Emergency Credentialing Form update, if necessary.			

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
<p>Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan</p>	<p>1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.</p>	<p>Meeting notes</p>	<p>Q1</p>
<p><b>Output(s) for planned activities for Capability 4, Objective 1, Activity 1, Activity 2 (PHASE 1):</b></p> <p>1) If applicable, updated regional MCI plan</p>			
<p>Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan</p>	<p>1) HCC will develop complementary coalition-level Burn annex to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-71)</p> <ul style="list-style-type: none"> <li>• HCC will provide input on elements to be included in the MCIP Pediatric Response information and update if necessary</li> </ul>	<p>Meeting notes</p>	<p>Q1</p>
<p><b>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1) – Statewide Objective 1:</b></p> <p>1) If applicable, updated regional MCI plan</p>			
<p><b>Statewide Objective: Nevada will submit an updated Crisis Standards of Care CONOPS that integrates the elements described in the FOA on pg. 74-75 by June 30, 2021.</b></p>			
<p>Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan</p>	<p>1) (State-led) Nevada PHP Program will coordinate and collaborate with HCCs, LHAs, and other healthcare stakeholders to identify areas of improvement and revisions needed in the Nevada CSC Plan.</p> <ul style="list-style-type: none"> <li>• As requested, HCC will participate in the revisions of the Nevada CSC Plan</li> </ul>	<p>HCC meeting notes, email documentation, PHP Partners Meeting agendas and notes.</p>	<p>Q1</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>2) (State-led) Nevada PHP Program will implement the identified revisions in collaboration with the Emergency Providers of Nevada (EPON) project.</p> <ul style="list-style-type: none"> <li>As requested, HCC will participate in the revisions of the Nevada CSC Plan</li> </ul> <p>3) (State-led) Nevada PHP Program will publish the updated CSC CONOPS. Published with all local, state, and federal HPP and PHEP stakeholders through email documentation and applicable website link. Submitted with HPP Annual Progress Report (APR)</p> <ul style="list-style-type: none"> <li>As requested, HCC will email documentation to Coalition members</li> </ul>	<p>Documented revisions to NV CSC Plan</p> <p>Meeting notes, emails</p>	<p>Q2</p> <p>Q3</p>
<p><b>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):</b></p> <p>1) State produced documents</p>			
<p><b>Objective 2: Respond to a Medical Surge</b></p>			
<p>Activity 3: Develop an Alternate Care System</p>	<p><b>Planned activity(s)</b></p> <p>1) Revise and review Alternate Care Site Plan as needed based on exercises and real world events.</p> <p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):</b></p> <p>1) Alternate Care site plan</p>	<p><b>Activity Documentation</b></p> <p>Meeting notes</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q4</p>

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

PHASE 3: Exercise and Respond			
Objective 2: Respond to a Medical Surge			
<b>Recurring Statewide Objective: Annually, each HCC will conduct a “low to no-notice” surge test exercise, including all core HCC members, by June 30, 2021.</b>			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	Meeting notes	Q1/Q2/Q3/Q4	
<ol style="list-style-type: none"> <li>1) Documented identification of “trusted insider” and planning committee. <ul style="list-style-type: none"> <li>• HCC will identify a trusted insider and planning committee for the coalition surge exercise</li> </ul> </li> <li>2) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes. <ul style="list-style-type: none"> <li>• If appropriate, HCC will use licensed bed count, as this is a higher number than the census</li> </ul> </li> </ol>	Meeting notes	Q1/Q2/Q3/Q4	
<ol style="list-style-type: none"> <li>3) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise. <ul style="list-style-type: none"> <li>• HCC will provide exercise documentation within 90 days of the exercise</li> </ul> </li> </ol>	Exercise documentation	Q4	
<ol style="list-style-type: none"> <li>4) As appropriate, purchase supplies to be utilized by the HCC for medical surge, healthcare facilities evacuation or mass casualty training and/or response.</li> </ol>	Meeting materials, purchasing documents	Q1/Q2/Q3/Q4	
<ol style="list-style-type: none"> <li>5) As necessary, HCC will participate in the update of the Mutual Aid Evacuation Annex. <ul style="list-style-type: none"> <li>• For example: planning meetings, training and exercising</li> <li>• As able, purchase supplies as identified</li> </ul> </li> </ol>	Meeting notes	Q1/Q2/Q3/Q4	
<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):</b>			
<ol style="list-style-type: none"> <li>1) AAR/IP</li> <li>2) Updated MAEA</li> </ol>			

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Activity 3: Develop an Alternate Care System	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79)</p> <ul style="list-style-type: none"> <li>• <b>(Joint HPP/PHEP activity)</b> As requested, HCC will coordinate with PHEP to address public health, medical and mental health needs of those impacted by an incident at congregate locations <ul style="list-style-type: none"> <li>i. For example: Serve as a subject matter expert</li> </ul> </li> </ul>	Meeting notes	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 3):</b></p> <p>1) As requested, meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations</p>		
Activity 4: Provide Pediatric Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a Pediatric Care needs response:</p> <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul>	Meeting Notes	Q1/Q2/Q3/Q4
	<p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):</b></p> <p>1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a Pediatric Care medical surge response.</p>		
Activity 6: Provide Burn Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will validate their Burn Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p>	Exercise documents, meeting notes	Q4

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

	<p>2) Continue to include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels in coalition activities.</p> <p>3) As appropriate, HCC will work to enhance burn and trauma response capability within the region.</p> <ul style="list-style-type: none"> <li>• Example: training, exercising, plan updates, purchasing of supplies</li> </ul> <p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3):</b></p> <p>1) AAR/IP</p> <p>2) Training certificates</p>	<p>Meeting notes</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 7: Provide Trauma Care during a Medical Surge Response</p>	<p><b>Planned activity(s)</b></p> <p>1) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a Trauma Care needs response:</p> <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul> <p><b>Output(s) for planned activities for Capability 4, Objective 2, Activity 7 (PHASE 3):</b></p> <p>1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a Trauma Care needs response</p>	<p><b>Activity Documentation</b></p> <p>Meeting Notes</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response</p>	<p><b>Planned activity(s)</b></p> <p>1) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a behavioral health needs response:</p> <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul>	<p><b>Activity Documentation</b></p> <p>Meeting Notes</p>	<p><b>Completion Quarter (Q1, Q2, Q3, Q4)</b></p> <p>Q1/Q2/Q3/Q4</p>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3):</b> 1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a behavioral health needs response.			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
<p>Activity 9: Enhance Infectious Disease Preparedness and Surge Response</p> <p>1) When appropriate during an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80)</p> <ul style="list-style-type: none"> <li>• <b>(Joint HPP/PHEP activity)</b> When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response: <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul> </li> </ul>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>	
		<p>Q1/Q2/Q3/Q4</p>	
<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3):</b> 1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a highly infectious disease response.			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
<p>1) <b>(Joint HPP/PHEP activity)</b> When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures:</p> <ul style="list-style-type: none"> <li>• Establish a medical common operating picture</li> <li>• Develop or update plans accordingly</li> <li>• Establish key indicators in EEIs</li> <li>• Provide real-time information sharing</li> <li>• Coordinate public messaging</li> </ul>	<p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p>	
<p>Activity 10: Distribute Medical Countermeasures during Medical Surge Response</p>			



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3):</b> 1) As appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasure.		
Activity 11: Manage Mass Fatalities	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b> Q1/Q2/Q3/Q4
	1) As requested, update with regional partners, the Mass Fatality Plans	Meeting notes	
	<b>Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3):</b> 1) Updated plans, as requested		

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C**

**Budget and Financial Reporting Requirements**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 5 U3REP190613-02-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department not the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant number 5 U3REP190613-02-00 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE-SFY21**

<b>Total Personnel Costs</b>	including fringe	<b>Total:</b>	<b>\$226,507.00</b>
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Vacant, Director, Epidemiology and Public Health Preparedness</u>	\$182,000.00	40.00%	15.00%	12	100.00%	\$38,220

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes health care emergency preparedness, emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community and is the liaison between Public Health Preparedness and the medical community. During an event, assist with risk communication by providing technical expertise. The EPHP Director is also a partner of the healthcare coalition, provides technical expertise on emergency planning for communicable disease as well as provides technical support in the designing of functional processes for emergency response and reporting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Andrea Esp Preparedness and EMS Program Manager</u>	\$92,410.00	48.00%	16.00%	12	100.00%	\$21,883

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives to include healthcare coalition identified activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; provides direct, consistent, timely and accurate communication and coordination with PHP program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality. Specific to the healthcare coalition, the Program Manager participates on the development and/or revision of emergency plans, is the primary planner for mass fatality initiatives, is a responder to the Emergency Operations Center facilitating communication with the coalition membership during an emergency. With the Health District being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Jessie Latchaw Public Health Emergency Response Coordinator</u>	\$84,558.00	48.00%	95.00%	12	100.00%	\$118,889

Public Health Emergency Response Coordinator (HCC Readiness and Response Coordinator): specifically identified to work with the coalition as the Healthcare Coalition Readiness and Response Coordinator. Work is achieved by coordinating planning actions between the WCHD and local healthcare system and emergency response professionals; through the coalition, develops and strengthen partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiner's office, and healthcare organizations; through the coalition, collaborate with healthcare system leaders on disaster preparedness planning, training and exercises. With approval from the coalition, the coordinator is able to represent the coalition on various boards and committees, research and write staff reports, make recommendations and presentations to the healthcare coalition leadership and financial sub-committee.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Jacqueline Lawson Office Support Specialist</u>	\$62,520.00	52.00%	50.00%	12	100.00%	\$47,515

Office Support Specialist (OSS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with require explanation of coalition or department processes; performs support services

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

to management and the coalition through preparation of agendas, transcribes minutes, maintains records and updates contact lists; processes paperwork for purchases that support coalition initiatives and maintains the all related documentation and records.

<b>Total Fringe Cost</b>	\$72,831.00	<b>Total Salary Cost:</b>	<b>\$153,676.00</b>
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<b>Travel</b>	<b>Total:</b>	<b>22,632.00</b>
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**Out-of-State Travel**

<u>Association of Healthcare Emergency Preparedness Professionals (AHEEP): San Antonio, TX</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$800 per trip x 1 trip x 2 staff	\$800	1		2	\$1,600
Baggage fee: \$100 per person x 1 trip x 2 staff	\$100	1		2	\$200
Per Diem: \$61 per day per GSA rate for area x 1 trip x 2 staff	\$61	1	4	2	\$488
Lodging: \$250 per day x 1 trip x 3 nights x 2 staff	\$250	1	3	2	\$1,500
Ground Transportation: \$40 per r/trip x 1 trip x 2 staff	\$40	1	2	2	\$160
Parking: \$14 per day x 1 trip x 4 days x 2 staff	\$14	1	4	2	\$112
					<b>\$17,534.00</b>

**Justification:**

2 coalition members to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward.

<u>Preparedness Summit: Location TBD – Estimated at Washington, DC</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$950 per trip (Reno & TBD) x 1 trip x 4 staff	\$950	1		4	\$3,800
Per Diem: \$76 per day per GSA rate for area x 1 trip x 4 staff	\$76	1	4	4	\$1,216
Lodging: \$298 per day x 1 trip x 3 nights x 4 staff	\$298	1	3	4	\$3,576
Ground Transportation: \$50 per r/trip x 1 trip x 4 staff	\$50	1	2	4	\$400
Parking: \$14 per day x 1 trip x 5 days x 4 staff	\$14	1	4	4	\$224

**Justification:**

WCHD PHERC and 5 coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency.

<u>Joint Commission Conference: Location TBD – Estimated at Washington, DC</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$800 per trip (Reno & TBD) x 1 trip x 2 staff	\$800	1		2	\$1,600
Per Diem: \$76 per day per GSA rate for area x 1 trip x 2 staff	\$76	1	4	2	\$608
Lodging: \$289.60 per day x 1 trip x 3 nights x 2 staff	\$289.60	1	3	2	\$1,738
Ground Transportation: \$50 per r/trip x 1 trip x 2 staff	\$50	1	2	2	\$200
Parking: \$14 per day x 1 trip x 4 days x 2 staff	\$14	1	4	2	\$112

**Justification:**

2 coalition members to learn how to break down related accreditation standards and the opportunity to network.

**In-State Travel**

<u>Coalition Conference: Las Vegas, NV</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Airfare: \$500 per trip (Reno & Las Vegas) x 1 trip x 2 staff	\$500	1		3	\$1,500
Per Diem: \$61 per day per GSA rate for area x 1 trip x 3 staff	\$61	1	4	3	\$732
Lodging: \$202 per day x 1 trip x 3 nights x 3 staff	\$202	1	3	3	\$1,818
					<b>\$5,098.00</b>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

Mileage: \$0.575 rate per mile x 69.6 miles per r/trip x 2 trips x 3 staff	\$40	2		3	\$240
Parking: \$10 per day x 1 trip x 4 days x 3 staff	\$10	1	4	3	\$120

**Justification:**

WCHD PHERC and 2 coalition members will attend the Coalition Preparedness Conference to learn about healthcare preparedness planning and methods to involve and engage other healthcare and non-traditional partner facilities in planning efforts.

<u>Partner Meeting:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
<u>Las Vegas, NV</u>					
Airfare: \$300 per trip (Reno & Las Vegas) x 1 trip x 1 staff	\$300	1		1	\$300
Per Diem: \$61 per GSA rate for area x 1 trip x 1 staff	\$61	1	1	1	\$61
Parking: \$10 per day x 1 trip x 1 day x 1 staff	\$10	1	1	1	\$10

**Justification:**

Meeting with coalition partners throughout the state.

<u>Partner Meeting:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
<u>Las Vegas, NV</u>					
Mileage: \$0.575 per mile x 275.65 miles x 1 trips x 1 staff	\$158.50	1		2	\$317

**Justification:**

Routine local trips to healthcare facilities.

<b>Operating</b>		<b>Total:</b>	<b>\$38,250.00</b>
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Office Supplies: \$20.83 x 12 months	\$250.00
Operating Supplies	\$38,000.00

Justification: Operating Supplies to support IHCC objectives and identified gaps from the Hazard & Vulnerability Assessment. Items could include, but are not limited to, bleeding control kits, MCI/MAEA tags, MCI/MAEA supplies, alpha kit supplies, and/or exercise supplies.

<b>Equipment</b>		<b>Total:</b>	<b>\$0.00</b>
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<b>Contractual/Contractual and all Pass-thru Subawards</b>		<b>Total:</b>	<b>\$45,719.00</b>
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TBD following bidding process **Total \$11,719**

Method of Selection: Competitive bid or sole source depending on training topic

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Contractual support to provide training to healthcare coalition membership as identified in hazard vulnerability assessment.

Training topics could include, but are not limited to, burns, behavioral/resiliency, supply management, radiation, HICS, decontamination, EOP workshops, MCIP and MAEA.

\* Sole Source Justification: TBD following bidding process

Budget

Personnel	\$11,719.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$11,719.00</b>

Method of Accountability:

The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

TBD following bidding process **Total \$2,500**

Method of Selection: Competitive bid or sole source depending on topic

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Contractual support to provide emergency planning assistance to the IHCC. Topic areas could include emergent evacuation planning, burn surge planning, and/or supply management plans.

\* Sole Source Justification: TBD following bidding process

Budget

Personnel	\$2,500.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$2,500.00</b>

Method of Accountability:

The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

TBD following bidding process **Total    \$2,500**

Method of Selection: Competitive bid or sole source depending on topic

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Contractual support to provide exercise support to the IHCC for the annual required exercises. Could include the no-notice exercise, community exercise, MAEA exercise, and/or another identified exercise based on an after-action report.

\* Sole Source Justification: TBD following bidding process

<u>Budget</u>	
Personnel	\$2,500.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$2,500.00</b>

Method of Accountability:

The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

HCC Approved Clinical Advisor Position **Total    \$24,000**

Method of Selection: Sole Source

Period of Performance: July 1, 2020 – June 2021

Scope of Work: Clinical Advisor position, sole source with the sponsoring hospital

\* Sole Source Justification: Clinical Advisor is a required position within the grant, the applicant's sponsoring hospital would be the appropriate contractor for services. Cannot do a competitive bid.

<u>Budget</u>	
Personnel	\$24,000.00
Travel	\$0.00
<b>Total Budget</b>	<b>\$24,000.00</b>

Method of Accountability:

The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

Utah Medical **Total    \$5,000**

Method of Selection: Sole Source

Period of Performance: July 1, 2020 – June 2021

Scope of Work: Utah personnel to provide burn training to Washoe County.

\* Sole Source Justification: Training was held during FY20 and was very well attended. Regional would like to bring it back.

<u>Budget</u>	
Personnel	\$3,000.00
Travel	\$2,000.00
<b>Total Budget</b>	<b>\$5,000.00</b>

Method of Accountability:

The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

<b>Training</b>	<b>Total:    \$7,990.00</b>
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Registration: \$7,990.00

Justification: Association of Healthcare Emergency Preparedness Professionals (AHEPP) - \$695/person x 2 attendees; Coalition Conference - \$650/person x 2 attendees; Preparedness Summit - \$650/person x 4 attendees; Joint Commission - \$900/person x 3 attendees

<b>Other</b>	<b>Total:    \$5,849.00</b>
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Office Furniture and Equipment: \$12.50/month x 12 months	\$150
Telephone: \$27.91/month x 12 months	\$335
Postage: \$1.00/month x 12 months	\$12
Copy Machine Expenses: \$29.33/month x 12 months	\$352
Equipment - Medical surge supplies, evacuation supplies, burn supplies, trauma supplies, etc.	\$5,000

Justification: Office Furniture and Equipment – as needed to replace printer, fax, office chair, etc.; Telephone – 2 landlines, long distance, and conference calls; Equipment - Equipment identified in the hazard and vulnerability assessment, to be purchased for Coalition members to increase preparedness efforts.

<b>TOTAL DIRECT CHARGES</b>	<b>\$    346,947.00</b>
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<b>Indirect Charges</b>	<b>Indirect Rate:    10.30%</b>	<b>\$35,736.00</b>
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**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Indirect Methodology:** An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A. EPHP Divisional rate for FY20 is 22.34%; the Health District is requesting 10.3% for this funding.

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**TOTAL BUDGET**

**Total: \$382,683.00**

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STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD

Form 2

Applicant Name: Washoe County Health District (WCHD)  
PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<u>FUNDING SOURCES</u>	<u>PHP</u>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$382,683	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$382,683

EXPENSE CATEGORY

Personnel	\$226,507								\$226,507
Travel	\$22,632								\$22,632
Operating	\$38,250								\$38,250
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$45,719								\$45,719
Training	\$7,990								\$7,990
Other Expenses	\$5,849								\$5,849
Indirect	\$35,736								\$35,736

TOTAL EXPENSE	\$382,683	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$382,683
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$35,736
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Total Agency Budget	\$382,683
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services 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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$38,268.30**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

**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 **\$382,683.00**;
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- 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. Funds may only be redistributed to budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$38,268.30**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2021 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- 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 Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The 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 Department are SUBJECT TO AUDIT.
- 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 Department, 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 30<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.**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
SECTION D**

Agency Ref. #: **HD 17700**  
 Budget Account: 3218  
 GL: 8516  
 Job #: 9388921  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89512-2845
<b>Subaward Period:</b> July 1, 2020 to June 30, 2021	<b>Subrecipient's:</b> EIN: 88-60000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$226,507.00	\$0.00	\$0.00	\$0.00	\$226,507.00	0.0%
2. Travel	\$22,632.00	\$0.00	\$0.00	\$0.00	\$22,632.00	0.0%
3. Operating	\$38,250.00	\$0.00	\$0.00	\$0.00	\$38,250.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$45,719.00	\$0.00	\$0.00	\$0.00	\$45,719.00	0.0%
6. Training	\$7,990.00	\$0.00	\$0.00	\$0.00	\$7,990.00	0.0%
6. Other	\$5,849.00	\$0.00	\$0.00	\$0.00	\$5,849.00	0.0%
7. Indirect	\$35,736.00	\$0.00	\$0.00	\$0.00	\$35,736.00	0.0%
<b>Total</b>	<b>\$382,683.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$382,683.00</b>	<b>0.0%</b>

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$38,268.30	\$0.00	\$0.00	\$0.00	\$0.00	-

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 Department USE ONLY**

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

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

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

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

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**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).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION F**

**Current or Former State Employee Disclaimer**

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 Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION G**

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION H  
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (referred to as "Subrecipient").

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Washoe County Health District (WCHD)
<b>Federal Grant Number</b>	5 U3REP190613-02-00	<b>Subaward Number</b>	HD 17700
<b>Federal Amount</b>	\$382,683.00	<b>Contact Name</b>	Andrea Esp
<b>Non-Federal (Match) Amount</b>	\$38,268.30	<b>Address</b>	1001 East Ninth Street / PO Box 11130 Reno, NV 89512
<b>Total Award</b>	\$382,683.00		
<b>Performance Period</b>	July 1, 2020 to June 30, 2021		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

**Total Amount Awarded**                      **\$382,683.00**  
**Required Match Percentage**    **10%**  
**Total Required Match**                      **\$38,268.30**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	22,650.70
2	Travel	\$	2,263.20
3	Operating	\$	3,825.00
4	Equipment	\$	0.00
5	Contractual/Consultant	\$	4,571.90
6	Training	\$	799.00
7	Other	\$	584.90
8	Indirect Costs	\$	3,573.60
	<b>Total</b>	\$	<b>38,268.30</b>

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

**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 2, 2020

**TO:** District Board of Health

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

**SUBJECT:** Approve Subaward Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$118,073.00 (no required match) retroactive to January 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; authorization to purchase and donate personal protective equipment (PPE) to Inter-Hospital Coordinating Council (IHCC) Coalition members (to be determined by IHCC leadership); and authorize the District Health Officer to execute the Subaward and any subsequent amendments.

**SUMMARY**

The Washoe County Health District received Subaward Amendment #2 on September 30, 2020 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health for \$118,073.00 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. The revised total award is \$152,398.00; the funding period is retroactive to January 1, 2020 through June 30, 2021. A copy of the Amendment 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.
- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

The District Health Officer signed the Notice of Subaward on April 16, 2020 for \$34,325.00 and Subaward Amendment #1 on June 4, 2020 that reallocated budget categories.

**BACKGROUND**

This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's on-going activities in the Public Health Preparedness Program to improve and maintain healthcare worker readiness for COVID-19 and future pathogen disease outbreaks. These funds support the IHCC, specifically focusing on healthcare worker safety. The IHCC leadership will determine specifically what PPE will be purchased with these funds, based on supply levels.

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

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



**FISCAL IMPACT**

Should the Board approve this Amendment, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$107,047.00 (\$11,026.00 indirect costs) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11699- 431100	Federal Grants	\$ 107,047.00
2002-IO-11699- 710300	Operating Expense	\$ 107,047.00

**RECOMMENDATION**

It is recommended that the District Board of Health approve Subaward Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$118,073.00 (no required match) retroactive to January 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; authorization to purchase and donate personal protective equipment (PPE) to Inter-Hospital Coordinating Council (IHCC) Coalition members (to be determined by IHCC leadership); and authorize the District Health Officer to execute the Subaward and any subsequent amendments.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Subaward Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$118,073.00 (no required match) retroactive to January 1, 2020 through June 30, 2021 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; authorization to purchase and donate personal protective equipment (PPE) to Inter-Hospital Coordinating Council (IHCC) Coalition members (to be determined by IHCC leadership); and authorize the District Health Officer to execute the Subaward and any subsequent amendments.



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

Agency Ref. #: **HD 17660-2**  
 Budget/Category: 3218/29  
 GL/Funct: 8516/COVID  
 Job Number: 9388920  
 Sub-Org: CV

## SUBAWARD AMENDMENT #2

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / <a href="mailto:msouthard@health.nv.gov">msouthard@health.nv.gov</a>	<b>Subrecipient Name:</b> Washoe County Health District (WCHD) Andrea Esp / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
<b>Subaward Period:</b> January 20, 2020 through June 30, 2021	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

- Scope of Work
  Term
 Budget

**Reason for Amendment:** To account for additional ASPR-COVID funding awarded.

**Required Changes:**

- Current Language:** Total reimbursement through this subaward will not exceed \$34,325.00. See Section B, C and D of the original subaward.
- Amended Language:** Total reimbursement through this subaward will not exceed \$152,398.00. See attached Section B, C and D **revised on 05/21/20.**

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel			\$0.00
2. Travel			\$0.00
3. Supplies	\$31,120.00	\$107,047.00	\$138,167.00
4. Equipment			\$0.00
5. Contractual/Consultant			\$0.00
6. Other			\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$31,120.00</b>	<b>\$107,047.00</b>	<b>\$138,167.00</b>
7. Indirect Costs	\$3,205.00	\$11,026.00	\$14,231.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$34,325.00</b>	<b>\$118,073.00</b>	<b>\$152,398.00</b>

**Incorporated Documents:**

- Section B: Description of Services, Scope of Work and Deliverables **revised on 06/10/20**
- Section C: Budget and Financial Reporting Requirements **revised on 06/10/20**
- Section D: Request for Reimbursement **revised on 06/10/20**
- Exhibit A: Original Notice of Subaward and all previous amendments

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.**

Name	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION B  
Description of Services, Scope of Work and Deliverables  
revised on 06/10/20**

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

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

**Goal 1:** Support the urgent preparedness and response needs of hospitals, health systems, and healthcare workers on the frontline of the COVID-19 pandemic.

<b>CAPABILITY 2: Healthcare and Medical Response Coordination</b>			
<b>Objective 1:</b> Improve and maintain healthcare worker readiness for COVID-19 and future pathogen disease outbreaks.	<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Due Date</b>
	1. Provide health care facility-level guidance's/best practices to healthcare facilities, specifically focusing on healthcare worker safety when caring for a COVID-19 patients or PUIs (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's updated plan.	Emails	Q1, Q2, Q3, Q4, Q5
	2. Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.	Purchase orders	Q1, Q2, Q3, Q4, Q5
	<b>Output(s) for planned activities:</b>		
	1. Distribution list of PPE		

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION C  
Budget and Financial Reporting Requirements  
revised on 05/21/20**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 6 U3REP190613-01-02 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6 U3REP190613-01-02 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b><u>Total Personnel Costs</u></b>	including fringe	<b>Total:</b>	<b>\$0.00</b>
<b>Total Fringe Cost</b>	\$ -	<b>Total Salary Cost:</b>	\$ -
<b><u>Travel</u></b>		<b>Total:</b>	<b>\$0.00</b>
<b><u>Supplies</u></b>		<b>Total:</b>	<b>\$138,167.00</b>
Personal Protective Equipment (PPE)	\$138,167.00		
Justification: Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.			
<b><u>Equipment</u></b>		<b>Total:</b>	<b>\$0.00</b>
<b><u>Contractual/Contractual and all Pass-thru Subawards</u></b>		<b>Total:</b>	<b>\$0.00</b>
<b><u>Other</u></b>		<b>Total:</b>	<b>\$0.00</b>
<b>TOTAL DIRECT CHARGES</b>		<b>\$</b>	<b>138,167.00</b>
<b><u>Indirect Charges</u></b>	<b>Indirect Rate:</b>	<b>10.300%</b>	<b>\$14,231.00</b>
<b>Indirect Methodology:</b> An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A. Rates are set by Health District Division; EPHP Division rate for FY20 is 22.34%. The District is requesting 10.3%.			
<b>TOTAL BUDGET</b>		<b>Total:</b>	<b>\$152,398.00</b>

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**Applicant Name: Washoe County Health District – COVID19 ASPR**  
PROPOSED BUDGET SUMMARY - SFY20

**Form 2**

**A.** PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<b>FUNDING SOURCES</b>	<b>PHP</b>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$152,398	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$152,398

**EXPENSE CATEGORY**

Personnel	\$0								\$0
Travel	\$0								\$0
Supplies	\$138,167								\$138,167
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$14,231								\$14,231

TOTAL EXPENSE	\$152,398	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$152,398
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$14,231
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Total Agency Budget	\$ 152,398
Percent of Subrecipient Budget	100%

**B. Explain any items noted as pending:**

n/a

**C. Program Income Calculation:**

n/a

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Department of Health and Human Services 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 **\$152,398.00**
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- 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. Funds may only be redistributed to budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**15,239.80**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2021 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
  - Providing technical assistance, upon request from the Subrecipient;
  - Providing prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated to other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and



**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The 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 Department are SUBJECT TO AUDIT.
- 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 Department, 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 30<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.

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
**SECTION D**  
Request for Reimbursement  
revised on 05/21/20

Agency Ref #: **HD 17660**  
Budget/Category: 3218/29  
GL/Funct: 8516/COVD  
Job #: 9388920  
Sub-Org: CV  
Draw #: \_\_\_\_\_

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
<b>Subaward Period:</b> January 20, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: 88-60000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Supplies	\$138,167.00	\$0.00	\$0.00	\$0.00	\$138,167.00	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Indirect	\$14,231.00	\$0.00	\$0.00	\$0.00	\$14,231.00	0.0%
<b>Total</b>	<b>\$152,398.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$152,398.00</b>	0.0%

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 \_\_\_\_\_

**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 7, 2020

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the budget period retroactive to April 1, 2020 through March 31, 2021 for supplemental funding totaling \$160,000.00 (no cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11570 and authorize the District Health Officer to execute the Notice of Award and any future amendments.

**SUMMARY**

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

The Community and Clinical Health Services Division received a Notice of Award from U.S. Department of Health and Human Services, Public Health Service issued on September 14, 2020 providing \$160,000.00 supplemental Title X funding to support the Family Planning Program, bringing the total funding for the budget period from April 1, 2020 through March 31, 2021 to \$941,200.00. A copy of the Notice of Award is attached.

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

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

**BACKGROUND**

The Title X Family Planning Program seeks to improve the overall health of individuals, couples, and families in Washoe County through cost effective and efficient family planning services. Funding supports the Family Planning Program's ongoing efforts to reduce unintended pregnancy by



providing most methods of birth control including vasectomies, provide routine gynecological exams and tests, diagnose and treat gynecological problems and sexually transmitted diseases.

The supplemental funds are restricted to activities necessary to preparing and transitioning the current project for implementation of FPAR2.0 (Family Planning Annual Report). This may include taking actions to improve readiness; providing training for staff on data collection; and working with the EHR (Electronic Health Record) vendor to add data elements.

### **FISCAL IMPACT**

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$160,000.00 in the following accounts:

<b><u>Account Number</u></b>		<b><u>Description</u></b>	<b><u>Amount of Increase</u></b>
2002-IO-11570	-431100	Federal Grant	\$ 160,000.00
2002-IO-11570	-701412	Salary Adjustment	\$ 108,110.00
2002-IO-11570	-705360	Benefit Adjustment	\$ 1,890.00
2002-IO-11570	-710212	Software Subscription	\$ 50,000.00

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the budget period retroactive to April 1, 2020 through March 31, 2021 for supplemental funding totaling \$160,000.00 (no cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11570 and authorize the District Health Officer to execute the Notice of Award and any future amendments.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the budget period retroactive to April 1, 2020 through March 31, 2021 for supplemental funding totaling \$160,000.00 (no cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11570 and authorize the District Health Officer to execute the Notice of Award and any future amendments."

1. DATE ISSUED MM/DD/YYYY 09/14/2020		1a. SUPERSEDES AWARD NOTICE dated 03/18/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.217 - Family Planning Services			
3. ASSISTANCE TYPE Project Grant			
4. GRANT NO. 6 FPHPA006463-02-01 Formerly		5. TYPE OF AWARD Service	
4a. FAIN FPHPA006463		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 04/01/2019		Through 03/31/2022	
7. BUDGET PERIOD MM/DD/YYYY From 04/01/2020		Through 03/31/2021	

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
OASH Office of Grants Management**

200 Independence Avenue, SW  
Washington, DC 20201

**NOTICE OF AWARD**

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

8. TITLE OF PROJECT (OR PROGRAM)  
Family Planning services in Washoe County, Nevada to Include the cities of Reno and Sparks.

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

9b. GRANTEE PROJECT DIRECTOR  
Ms. Kelly Verling  
1001 E 9TH ST  
RENO, NV 89512-2845  
Phone: 775-328-2465

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

10b. FEDERAL PROJECT OFFICER  
Lisa Creatura  
1101 Wootton Parkway  
Suite 700  
Rockville, MD 20852  
Phone: 240-453-2837

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
i Financial Assistance from the Federal Awarding Agency Only	
ii Total project costs including grant funds and all other financial participation <span style="border: 1px solid black; padding: 2px;">ii</span>	
a. Salaries and Wages	541,294.00
b. Fringe Benefits	260,470.00
c. Total Personnel Costs	801,764.00
d. Equipment	0.00
e. Supplies	16,500.00
f. Travel	9,104.00
g. Construction	0.00
h. Other	278,451.00
i. Contractual	58,416.00
j. TOTAL DIRECT COSTS	1,164,235.00
k. INDIRECT COSTS	89,168.00
l. TOTAL APPROVED BUDGET	1,253,403.00
m. Federal Share	941,200.00
n. Non-Federal Share	312,203.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	941,200.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	781,200.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	160,000.00
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	1,722,400.00

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
a. DEDUCTION	<span style="border: 1px solid black; padding: 10px;">e</span>
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	

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

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

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

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This action provides a supplement in the amount of \$160,000.

See attached Terms and Conditions.

**GRANTS MANAGEMENT OFFICIAL:**

Scott Moore, OASH Grants Management Officer  
1101 Wootton Parkway  
Rockville, MD 20852  
Phone: 2404538822

17. OBJ CLASS	41.51	18a. VENDOR CODE	1886000138A1	18b. EIN		19. DUNS	073786998	20. CONG. DIST.	02
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	0-3984521	b.	FPHPA6463A	c.	FPH70	d.	\$160,000.00	e.	75-20-0359
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 09/14/2020
GRANT NO. 6 FPHPA006463-02-01	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
04/01/2019	06/30/2019	Quarterly	07/30/2019
07/01/2019	09/30/2019	Quarterly	10/30/2019
10/01/2019	12/31/2019	Quarterly	01/30/2020
01/01/2020	03/31/2020	Quarterly	04/30/2020
04/01/2020	06/30/2020	Quarterly	07/30/2020
07/01/2020	09/30/2020	Quarterly	10/30/2020
10/01/2020	12/31/2020	Quarterly	01/30/2021
01/01/2021	03/31/2021	Quarterly	04/30/2021
04/01/2021	06/30/2021	Quarterly	07/30/2021
07/01/2021	09/30/2021	Quarterly	10/30/2021
10/01/2021	12/31/2021	Quarterly	01/30/2022
01/01/2022	03/31/2022	Final	06/29/2022

**SPECIAL TERMS AND REQUIREMENTS**

**1. Use of Supplement Funds**

Funds awarded under this supplement are restricted to activities necessary to preparing and transitioning the current project for implementation of FPAR2.0. The purpose of the supplemental award is to assist awardees in preparing the project for encounter-level data collection with FPAR 2.0 and to expand the use of data to drive continuous improvements in Title X service provision. The activities that each awardee will need to take to prepare for FPAR 2.0 are varied, but may include, assessing the readiness of their subrecipients and services sites and taking actions to improve readiness; providing training for staff at the awardee, subrecipient, and service site levels on how to collect and use encounter-level data; and working with their EHR vendors to add data elements.

**2. Prior Terms, Conditions, and Requirements**

Unless specifically removed, all prior terms, conditions, and requirements under this grant remain in effect.

**CONTACTS**

**1. Grants Administration Assistance.**

For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at (240) 453-8830, or e-mail robin.fuller@hhs.gov or mail:

*OASH Grants and Acquisitions Management Division  
 Department of Health and Human Services  
 Office of the Secretary  
 Office of the Assistant Secretary for Health  
 1101 Wootton Parkway, Rockville, MD 20852.*

**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 9, 2020  
**TO:** District Board of Health  
**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)  
**THROUGH:** Dr. John Novak, District Board of Health Chair  
**SUBJECT:** Review and Approval of Overtime Payout for the District Health Officer for Excess Hours Worked Due to COVID-19 and Comp Time Earned Prior To and During the Emergency Declaration.

**SUMMARY**

The Washoe County District Board of Health approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of an Overtime Payout for the District Health Officer for excess hours worked due to COVID-19 Pandemic and comp time earned prior to and during the emergency declaration.

Due to the COVID-19 Pandemic and the extensive number of extra hours the District Health Officer has been required to work during the emergency declaration, and prior to the declaration; Mr. Dick has reached the maximum number of Comp Time hours he can earn (240 hours) and has worked over 401 Management Additional Hours so far this year, for which he has not been compensated. The DBOH Chair has been working with the County Manager on an Overtime Payout to compensate the District Health Officer (Mr. Dick) for the combined total of Comp Time and Management Additional Hours on an hour for hour basis, currently on the books and any that may accumulate prior to payment. This Overtime Payout will clear Mr. Dick's Comp Earned account of all hours earned prior to and during the emergency declaration period and enable him the capacity to work extra hours needed for the COVID-19 Pandemic and future Health District needs.

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

**6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

During the month of September 2020, the District Board of Health Chair (Dr. John Novak) e-mailed, met with and corresponded with the County Manager (Mr. Eric Brown) concerning an Overtime Payout for the District Health Officer (Mr. Kevin Dick). They are both in favor of

processing a payout for the combined total of Comp Time and Management Additional hours on an hour for hour basis, currently on the books and any that may accumulate prior to payment.

On August 18, 2020, there was an email follow up from County Manager Brown to District Board of Health (DBOH) Chairman Dr. John Novak concerning Overtime Payouts for Health District Division Directors. The e-mail from County Manager Brown indicated “WCHD Board can negotiate and Overtime Payout for the Health Officer which can be paid from the fund balance.”

### **BACKGROUND**

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The Chair presents the compensation recommendation to the Board. The Board discusses the proposed compensation (Overtime Payout) and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

Due to the COVID-19 Pandemic and the extensive number of extra hours the District Health Officer has been required to work during the emergency declaration and prior to the declaration; Mr. Dick has reached the maximum number of Comp Time hours he can earn (240 hours) and has worked over 401 Management Additional Hours so far, for which he has not been compensated. The DBOH Chair has been working with the County Manager on an Overtime Payout to compensate the District Health Officer (Mr. Dick) for the combined total of Comp Time and Management Additional hours on an hour for hour basis currently on the books and any that may accumulate prior to payment. This Overtime Payment will clear Mr. Dick’s Comp Earned account of all hours earned prior to and during the emergency declaration period and enable him the capacity to work extra hours needed for the COVID-19 Pandemic and future Heath District needs.

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them that an Overtime Payout has been approved for Mr. Dick and will outline the compensation approved by the board.

### **FISCAL IMPACT**

The Fiscal Impact will be covered by the Health Fund, there is sufficient budget authority to cover this payout. The total cost is estimated at \$57,811.18 (\$56,984.90 for base pay and \$826.28 for Medicare costs).

### **RECOMMENDATION**

Recommend approving an Overtime Payout for the District Health Officer (Mr. Kevin Dick) for the total Comp Time and Management Additional Hours currently on the books at the time of the payout on an hour for hour basis.

### **POSSIBLE MOTION**

Should the Board agree with staff’s recommendation a possible motion would be: Move to approve an Overtime Payout for the District Health Officer (Mr. Kevin Dick) for the total Comp Time and Management Additional Hours currently on the books at the time of the payout on an hour for hour basis.

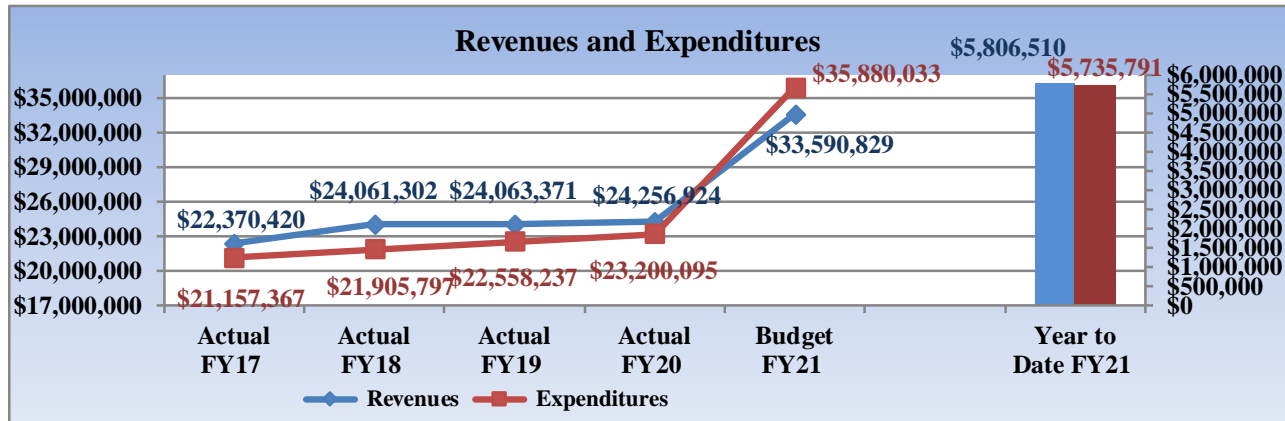


**Staff Report**  
**Board Meeting Date: October 22, 2020**

**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 September, Fiscal Year 2021

**SUMMARY**

The first quarter of FY21 ended with a cash balance of \$8,807,060. The total revenues of \$5,806,510 or 17.3% of budget and up 13.6% or \$694,663 over FY20, mainly due to the increased grant revenue for COVID-19 response and the \$500,000 Environmental Health Services received due to SB4 relating to public health. The expenditures totaled \$5,735,791 or 16.0% of budget and up \$14,105 or 0.2% compared to FY20.



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

**6. 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.

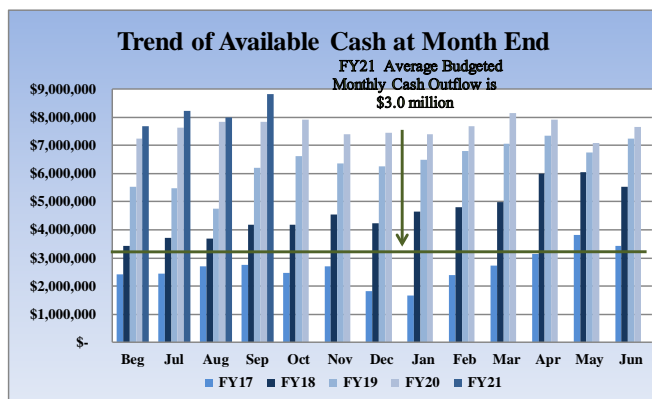
**PREVIOUS ACTION**

Fiscal Year 2021 Budget was adopted May 19, 2020.

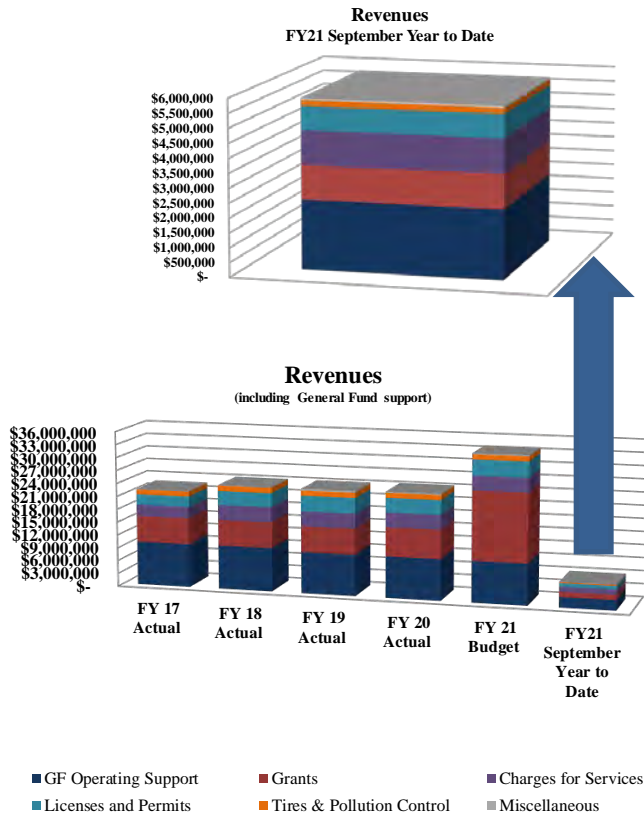
**BACKGROUND**

**Review of Cash**

The available cash at the end of September, FY21, was \$8,807,060 which is enough to cover approximately 2.9 months of expenditures. The cash balance is \$970,627 greater than FY20. The encumbrances and other liability portion of the cash totals \$4.7 million; the cash restricted as to use is approximately \$2.0 million; leaving a balance of \$2.1 million.

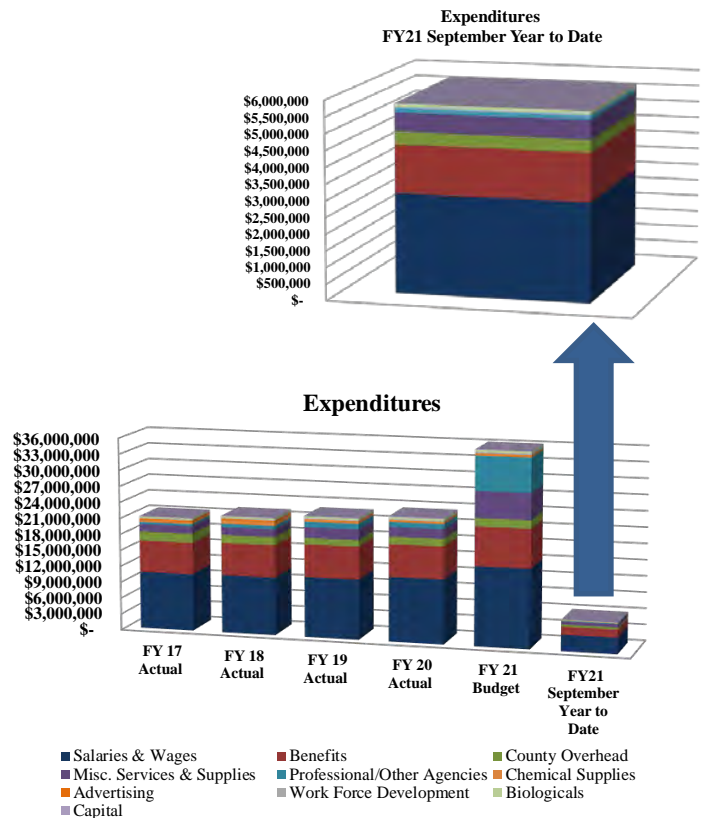


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$5,806,510 up \$694,663 or 13.6% compared to September FY20. The revenue categories up over FY20 were Federal and State grants of \$1,184,062 up \$603,722 or 104.0%; charges for services of \$1,172,120 up \$235,147 or 25.1%; miscellaneous revenues of \$56,140 up \$43,124. The revenue categories down compared to FY20 includes; tire and pollution control funding of \$200,577 down \$31,756 or 13.7%; and, licenses and permits of \$814,398 down \$155,573 or 16.0%. The County General Fund support of \$2,379,214 is level at the FY20 funding.

The total year to date **expenditures** of \$5,735,791 were up \$14,105 or 0.2% compared to FY20. Salaries and benefits expenditures for the first quarter of FY21 were \$4,507,298 down \$23,530 or 0.5% over the prior year and 20.5% of budget. The total services and supplies of \$1,228,493 were up \$49,089 or 4.2% compared to FY20 and 8.8% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$122,780 up \$74,724 over FY20; the biologicals of \$98,026 up \$13,456; Chemical supplies normally fall in this category but there are no expenditures year to date; and, County overhead charges of \$385,218 up \$35,020. There have not been any capital expenditures for FY21.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$145,761 down \$112,271 or 43.5% over FY20 due to the reallocation of staff for COVID-19 response and savings from the vacant Director of Programs and Projects position.

**AHS** has spent \$250,392 down \$44,121 or 15.0% compared to FY20 mainly due to salary savings from vacant positions.

**AQM** revenues were \$971,297 up \$129,645 or 15.4% mainly due to an increase in dust plan revenue and a \$45,000 contribution from the City of Reno to help pay for the movement of the Reno4 Air Monitoring Station. The Division spent \$663,234 down \$44,763 or 6.3% mainly due to salary savings from vacant positions.

**CCHS** revenues were \$599,983 up \$61,346 or 11.4% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$1,805,651 down \$193,417 or 9.7% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees.

**EHS** revenues were \$1,568,547 up \$371,185 or 31.0% over FY20 mainly due to the \$500,000 received from the COVID SB4 approved in the special session. Without the SB4 funding revenues are down \$128,815 or 10.8% mainly in the special events permits. Total expenditures were \$1,315,024 down \$566,167 or 30.1% mainly due to savings from vacant positions and chemical supplies for mosquito abatement not being purchased in FY21 due to enough inventory on hand.

**EPHP** revenues were \$287,468 up \$132,486 or 85.5% due to additional grant funding. The division spent \$1,555,728 up \$974,843 or 167.8% over FY20 due to the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through September Year to Date Fiscal Year 2020/2021 (FY21)									
	Actual Fiscal Year			FY 2019/2020		Fiscal Year 2020/2021			
	2016/2017	2017/2018	2018/2019	Year End (unaudited)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY21 Increase over FY20
<b>Revenues (all sources of funds)</b>									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	841,652	3,496,067	971,297	27.8%	15.4%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	538,637	4,535,181	599,983	13.2%	11.4%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	1,197,362	4,598,283	1,568,547	34.1%	31.0%
EPHP	2,027,242	1,854,862	2,126,580	2,903,681	154,982	11,444,442	287,468	2.5%	85.5%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	2,379,214	9,516,856	2,379,214	25.0%	0.0%
<b>Total Revenues</b>	<b>\$22,370,420</b>	<b>\$24,061,302</b>	<b>\$24,063,371</b>	<b>\$24,256,924</b>	<b>\$ 5,111,847</b>	<b>\$33,590,829</b>	<b>\$ 5,806,510</b>	<b>17.3%</b>	<b>13.6%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	904,268	826,325	1,336,494	1,153,186	258,032	2,005,399	145,761	7.3%	-43.5%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	294,513	1,448,157	250,392	17.3%	-15.0%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	707,997	3,907,527	663,234	17.0%	-6.3%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	1,999,068	8,801,187	1,805,651	20.5%	-9.7%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	1,881,191	7,416,665	1,315,024	17.7%	-30.1%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	580,885	12,301,098	1,555,728	12.6%	167.8%
<b>Total Expenditures</b>	<b>\$21,157,367</b>	<b>\$21,905,797</b>	<b>\$22,558,237</b>	<b>\$23,200,095</b>	<b>\$ 5,721,686</b>	<b>\$35,880,033</b>	<b>\$ 5,735,791</b>	<b>16.0%</b>	<b>0.2%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(258,032)	(2,005,399)	(145,761)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(294,513)	(1,448,157)	(250,392)		
AQM	122,763	607,078	507,427	508,014	133,655	(411,460)	308,063		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(1,460,431)	(4,266,006)	(1,205,668)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(683,829)	(2,818,382)	253,523		
EPHP	(589,169)	(702,490)	(729,444)	(1,710,574)	(425,903)	(856,656)	(1,268,260)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	2,379,214	9,516,856	2,379,214		
<b>Surplus (deficit)</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 1,056,829</b>	<b>\$ (609,839)</b>	<b>\$ (2,289,203)</b>	<b>\$ 70,719</b>		
<b>Fund Balance (FB)</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 8,898,365</b>		<b>\$ 6,609,162</b>			
FB as a % of Expenditures	19.8%	28.9%	34.8%	38.4%		18.4%			

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

**Review of Future Projections given the Impact of COVID-19**

The impact of COVID-19 on the projected annual revenues reflects a decline of \$1.0 million in licenses, permits, and charges for services for FY21. This decline is offset with an FY21 increase of \$9.0 million in grant funding mainly to cover the COVID-19 response. The FY21 expenditures are estimated at \$32.9 million up \$6.1 million from the budget of \$26.8 million from the Pre COVID projections mainly due to the increase in costs from the COVID-19 response. Assuming a drop in expenditures once the COVID-19 grant funding is no longer available, an additional reduction of \$325,000 will still need to happen but that can be achieved through additional hiring freezes on vacant positions, further reducing non-mission critical services and supplies expenditures, or reducing the fund balance level.

	Unaudited FY19-20	Pre COVID	COVID-19	Projected Based on Historical Trends		
		FY 2020- 2021Budget	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>SOURCES OF FUNDS:</b>						
Opening Fund Balance	\$ 7,841,536	\$ 8,898,365	\$ 8,898,365	\$ 8,438,129	\$ 7,235,153	\$ 5,566,114
<b>Revenues:</b>						
Licenses and Permits	3,340,170	3,626,311	2,588,377	2,458,958	2,471,253	2,508,322
Federal & State Grants	6,048,024	6,101,910	14,879,508	8,019,937	6,258,318	6,505,789
Federal & State Indirect Rev.	640,610	549,846	649,880	774,324	597,197	620,950
Tire Fees (NRS 444A.090)	527,526	525,000	517,764	506,600	516,732	527,067
Pollution Control (NRS 445B.830)	629,970	628,105	686,379	665,787	672,445	682,532
Dust Plan	623,229	578,414	779,598	491,531	493,989	501,398
Birth & Death Certificates	569,553	589,467	591,264	597,177	603,149	615,212
Other Charges for Services	2,157,625	2,151,925	2,019,605	1,959,016	1,968,811	1,998,344
Miscellaneous	203,360	209,074	209,074	214,160	223,148	232,588
Total Revenues	14,740,068	14,960,051	22,921,448	15,687,491	13,805,042	14,192,202
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	24,256,924	24,476,907	32,438,304	25,204,347	23,321,898	23,709,058
<b>Total Sources of Funds</b>	<b>32,098,460</b>	<b>33,375,272</b>	<b>41,336,669</b>	<b>33,642,476</b>	<b>30,557,051</b>	<b>29,275,172</b>
<b>USES OF FUNDS:</b>						
<b>Expenditures:</b>						
Salaries & Wages	12,010,723	13,108,160	13,468,209	13,798,885	12,778,852	13,417,795
Group Insurance	1,547,604	1,790,455	1,885,774	1,921,268	1,823,949	1,915,147
OPEB Contribution	1,118,614	1,113,772	1,113,772	1,169,461	1,227,934	1,289,330
Retirement	3,132,706	3,599,709	3,661,854	3,860,215	3,691,606	4,010,364
Other Employee Benefits	250,499	251,968	248,957	251,575	264,154	277,362
Professional/Other agencies	924,363	1,742,758	5,678,189	1,438,701	973,207	1,008,877
Advertising	85,088	155,159	115,916	68,964	71,499	74,119
Chemical Supplies	296,585	236,200	118,700	236,200	236,791	237,382
Biologicals	358,430	345,461	322,757	342,178	354,757	367,759
Fleet Management billings	174,577	189,836	189,836	191,965	194,073	197,776
Workforce training & development	140,001	297,397	79,489	281,444	283,555	285,682
Other Services and Supplies	1,598,194	2,294,366	4,405,753	1,327,229	1,398,152	1,449,398
Indirect cost allocation	1,400,792	1,540,871	1,540,871	1,725,776	1,898,353	2,088,188
Capital	161,920	100,000	68,463	118,463	119,055	120,246
<b>Total Expenditures</b>	<b>23,200,095</b>	<b>26,766,110</b>	<b>32,898,540</b>	<b>26,732,323</b>	<b>25,315,937</b>	<b>26,739,426</b>
<b>Additional reductions required</b>				<b>(325,000)</b>	<b>(325,000)</b>	<b>(325,000)</b>
<b>Total Uses of Funds</b>	<b>23,200,095</b>	<b>26,766,110</b>	<b>32,898,540</b>	<b>26,407,323</b>	<b>24,990,937</b>	<b>26,414,426</b>
Net Change in Fund Balance	1,056,829	(2,289,203)	(460,236)	(1,202,976)	(1,669,039)	(2,705,368)
<b>Ending Fund Balance (FB)</b>	<b>\$ 8,898,365</b>	<b>\$ 6,609,162</b>	<b>\$ 8,438,129</b>	<b>\$ 7,235,153</b>	<b>\$ 5,566,114</b>	<b>\$ 2,860,746</b>
<b>FB as a percent of Uses of Funds</b>	<b>38.4%</b>	<b>24.7%</b>	<b>25.6%</b>	<b>27.4%</b>	<b>22.3%</b>	<b>10.8%</b>
<b>Reported to the DBOH in February, 2020 - Pre COVID-19</b>						
Ending Fund Balance (FB)				5,062,341	4,162,960	3,017,139
FB as a percent of Uses of Funds				20.3%	16.3%	11.6%
<b>Variance between Pre-Covid and Covid-19 projections</b>						
Ending Fund Balance (FB)				2,172,812	1,403,154	(156,393)
FB as a percent of Uses of Funds				7.1%	6.0%	-0.8%

**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 September, Fiscal Year 2021.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for September, Fiscal Year 2021.

Period: 1 thru 3 2021  
 Accounts: GO-P-I P&L Accounts  
 Business Area: \*

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

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
422503 Environmental Permits	127,376	22,968	104,408	18	82,438	25,106	57,331	30
422504 Pool Permits	305,703	49,524	256,180	16	272,588	42,702	229,886	16
422505 RV Permits	29,386	8,596	20,790	29	32,198	9,191	23,007	29
422507 Food Service Permits	1,636,378	386,201	1,250,176	24	1,483,902	387,221	1,096,681	26
422508 Wat Well Const Perm	91,018	46,890	44,128	52	179,055	46,372	132,682	26
422509 Water Company Permits	3,298	3,308	11	100	66,145	3,061	63,083	5
422510 Air Pollution Permits	709,437	175,318	534,119	25	650,135	223,889	426,245	34
422511 ISDS Permits	412,744	101,370	311,374	25	263,853	107,482	156,371	41
422513 Special Event Permits	194,950	1,013	195,963	1	175,849	92,430	83,419	53
422514 Initial Applic Fee	116,022	21,236	88,786	18	88,434	32,516	55,918	37
* Licenses and Permits	3,626,311	814,398	2,811,913	22	3,294,595	969,971	2,324,624	29
431100 Federal Grants	14,641,423	1,057,718	13,583,705	7	6,502,886	457,482	6,045,404	7
431105 Federal Grants - Indirect	508,832	70,484	438,349	14	494,709	71,483	423,226	14
432100 State Grants	710,337	49,549	660,788	7	919,314	45,983	873,331	5
432105 State Grants-Indirect	41,013	6,311	34,703	15	2,525	5,392	2,867	214
432310 Tire Fee NRS 444A.090	525,000	123,927	401,073	24	486,000	136,983	349,017	28
432311 Pol CtrI 445B.830	628,105	76,650	551,455	12	628,105	95,350	532,755	15
* Intergovernmental	17,054,710	1,384,638	15,670,072	8	9,033,539	812,674	8,220,865	9
460160 Other General Government		24						
460162 Services O Agencies	10,000		10,000		10,000		10,000	
460173 Reimbursements - Reno	65,000	22,009	42,991	34	64,040	18,572	45,468	29
460500 Other Immunizations	156,000	40,347	115,653	26	181,467	43,073	138,394	24
460501 Medicaid Clinic Svcs					6,204	1,127	5,077	18
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth Death Certific	589,467	167,214	422,253	28	515,000	136,268	378,732	26
460512 Duplication Service Fees	68,154	46,377	21,777	68	100,888	51,432	49,456	51
460513 Other Health Service								
460514 Food Service Certifi	223,000	94,356	128,644	42	196,807	77,912	118,895	40
460516 Pgm Inc-3rd Prty Rec	15,000	11,918	3,082	79	36,190	7,432	28,758	21
460518 STD Fees								
460519 Outpatient Services								
460520 Eng Serv Health	295,255	86,407	208,848	29	209,943	86,578	123,365	41
460521 Plan Review - Pools	2,588	3,008	420	116	6,212	2,438	3,774	39
460523 Plan Review - Food S	99,442	25,302	74,140	25	90,059	29,768	60,291	33
460524 Family Planning	88,000	24,482	63,518	28	51,700	20,110	31,590	39
460525 Plan Review - Vector	82,843	31,207	51,636	38	76,465	23,067	53,398	30
460526 Plan Review-Air Quality	118,045	25,505	92,539	22	115,940	17,860	98,081	15
460527 NOE-AQM	272,665	87,859	184,806	32	263,732	84,207	179,525	32
460528 NESHAP-AQM	249,213	44,516	204,697	18	247,948	51,008	196,940	21
460529 Assessments-AQM	120,423	20,115	100,308	17	132,000	32,597	99,403	25
460530 Inspector Registr-AQ	3,485		3,485		3,328	963	2,365	29

Period: 1 thru 3 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
460531 Dust Plan-Air Quality	578,414-	361,928-	216,486-	63	659,365-	159,152-	500,213-	24
460532 Plan Rvw Hotel/Motel						3,948-	3,948	
460534 Child Care Inspection	23,263-	7,370-	15,893-	32	23,234-	8,821-	14,413-	38
460535 Pub Accomod Inspectn	29,316-	7,706-	21,611-	26	29,345-	7,339-	22,006-	25
460570 Education Revenue								
460723 Other Fees	230,234-	64,471-	165,763-	28	208,183-	73,299-	134,884-	35
* Charges for Services	3,319,806-	1,172,120-	2,147,686-	35	3,228,052-	936,972-	2,291,080-	29
481150 Interest-Non Pooled		2-						
484000 Donations,Contributions	4,000-	652-	3,348-	16	4,500-	4,500-		100
484050 Donation Fed Pgm Inc	6,000-	906-	5,094-	15	6,721-	940-		14
484195 Non-Govt'l Grants	125,231-	7,573-	117,658-	6	195,438-	7,014-	5,781-	4
484197 Non-Gov. Grants-Indirect	24,987-	618	25,604-	2-	30,604-	2,430	188,424-	8-
485100 Reimbursements	48,857-	47,624-	1,232-	97	48,854-	2,991-	33,034-	6
485300 Other Misc Govt Rev							45,862-	
* Miscellaneous	209,074-	56,140-	152,934-	27	150,000-	0-	150,000-	3
** Revenue	24,209,901-	3,427,296-	20,782,606-	14	436,116-	13,016-	423,100-	17
701110 Base Salaries	11,141,668	2,646,587	8,495,081	24	15,992,302-	2,732,633-	13,259,669-	23
701120 Part Time	508,540	117,083	391,457	23	10,815,100	2,528,996	8,286,104	33
701130 Pooled Positions	504,800	157,890	346,910	31	351,414	115,880	235,534	28
701140 Holiday Work	4,319	8,219	3,901-	190	445,526	124,249	321,277	15
701150 xcContractual Wages						648	3,671	
701199 Lab Cost Sav-Wages	144,900	412	144,488	0	157,065	1,138	155,928	1
701200 Incentive Longevity	63,017	93,255	30,238-	148	63,517	22,040	41,477	35
701300 Overtime	300	40	260	13	300	60	240	20
701403 Shift Differential	38,000	19,252	18,748	51	38,000	9,762	28,238	26
701406 Standby Pay	5,000	305	4,695	6	5,000	147	4,853	3
701408 Call Back								
701412 Salary Adjustment	2,111,868	90,054-	2,201,922	4-	1,010,330	43,720	966,610	4
701413 Vac Payoff/Sick Pay-Term	228,970	37,668	191,302	16	199,393	195,000	4,394	98
701414 Vacation Denied-Payoff	3,852	28,759	24,907-	747	1,226	13,986	12,760-	1,141
701417 Comp Time		13,945	13,945-		28,350	28,601	251-	101
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	14,755,232	3,033,359	11,721,873	21	13,119,542	3,084,227	10,035,315	24
705110 Group Insurance	1,526,134	360,058	1,166,076	24	1,477,850	336,012	1,141,838	23
705115 ER HSA Contribs	170,000	4,363	165,637	3	149,160	1,788	147,372	1
705190 OPEB Contribution	1,113,772	229,587	884,185	21	1,118,614	279,653	838,961	25
705199 Lab Cost Sav-Benef								
705210 Retirement	3,441,515	817,097	2,624,418	24	3,303,746	768,633	2,535,113	23
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	43,236	120,084	26	157,625	42,093	115,532	27
705240 Insur Budgeted Incr	46,656		46,656		36,465		36,465	
705320 Workmens Comp	77,146	18,410	58,736	24	77,087	17,321	59,766	22

Period: 1 thru 3 2021  
 Accounts: GO-P-I P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
705330 Unemploy Comp	11,501	1,186	10,315	10	9,982	1,102	8,880	11
705360 Benefit Adjustment	711,325		711,325		253,842		253,842	
* Employee Benefits	7,273,947	1,473,938	5,800,009	20	6,584,370	1,446,601	5,137,769	22
710100 Professional Services	1,177,391	66,341	1,111,050	6	713,822	8,303	705,519	1
710101 Lab Testing Services		125	125-			88	88-	
710103 Radiology								
710105 Medical Services	11,338	2,502	8,837	22	12,948	810	12,138	6
710108 MD Consultants	55,401	7,924	47,477	14	50,536	8,474	42,062	17
710110 Contracted/Temp Services	4,709,933	13,928	4,696,005	0	321,145	9,568	311,577	3
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	141,782	70,757	71,025	50	80,047	31,047	49,000	39
710201 Laundry Services	1,822	193	1,629	11	1,850	385	1,465	21
710205 Repairs and Maintenance	10,307		10,307		13,450	865	12,585	6
710210 Software Maintenance	4,200	900	3,300	21	11,151	6,256	4,855	56
710212 Software Subscription	89,400	14,269	75,131	16				
710215 Operating Contracts	1,536,000	11,171	1,524,829	1				
710300 Operating Supplies	726,896	154,744	572,153	21	391,389	12,809	378,581	3
710302 Small Tools & Allow	1,735	268	1,467	15	1,300		1,300	
710308 Animal Supplies	1,600		1,600		1,535		1,535	
710310 Parts and Supplies		1,640	1,640-					
710312 Special Dept Expense	100,000		100,000		297,250	294,450	2,800	99
710319 Chemical Supplies	236,200		236,200					
710325 Signs and Markers								
710334 Copy Machine Expense	36,597	6,281	30,316	17	30,028	4,188	25,840	14
710335 Copy Machine-Copy Charges	8,955	823	8,132	9	9,965	1,169	8,797	12
710347 Medical Supplies								
710350 Office Supplies	92,997	8,668	84,329	9	83,521	4,848	78,673	6
710355 Books and Subscriptions	10,965	1,317	9,648	12	6,940	1,450	5,490	21
710360 Postage	16,744	5,805	10,939	35	18,269	2,722	15,546	15
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Fmts to O Agencies	447,975	31,960	416,015	7	416,085	20,813	395,272	5
710412 Do Not Use								
710500 Other Expense	169,384	8,096	161,288	5	175,691	17,653	158,038	10
710502 Printing	32,800	11,336	21,464	35	42,450	2,019	40,431	5
710503 Licenses & Permits	9,230	1,718	7,512	19	8,480	1,630	6,850	19
710504 Registration	1,400		1,400			623	623-	
710505 Rental Equipment					200		200	
710506 Dept Insurance Deductible					150	650	500-	433
710507 Network and Data Lines	12,260	1,357	10,903	11	12,730	3,577	9,153	28
710508 Telephone Land Lines	41,857	11,447	30,410	27	37,811	6,325	31,486	17
710509 Seminars and Meetings	68,060	3,897	64,163	6	80,259	9,717	70,542	12
710512 Auto Expense	14,460	691	13,770	5	13,303	1,579	11,724	12



Period: 1 thru 3 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
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Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
710513 Property Losses								
710514 Regulatory Assessments	25,000	11,828	13,172	47	25,000	4,833	25,000	32
710519 Cellular Phone	14,093	3,351	10,742	24	15,279	2,748	10,446	11
710529 Dues	21,680	2,525	19,155	12	25,080	17,018	22,332	25
710535 Credit Card Fees	60,890	5,825	55,065	10	67,640	4,561	50,622	2
710546 Advertising	155,159	40,316	114,843	26	233,981		229,420	
710551 Cash Discounts Lost		4		4-				
710563 Recruitment		799	799-					
710571 Safety Expense	50,000	314	49,686	1	86,611	3,014	83,598	3
710577 Uniforms & Special C	7,800	289	7,511	4	3,200	727	2,473	23
710585 Undesignated Budget	658,478		658,478		553,436		553,436	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	75,289	18,239	57,050	24	70,532	17,958	52,574	25
710620 LT Lease-Equipment								
710701 Emergency Shelter Care								
710703 Biologicals	345,461	98,026	247,434	28	371,940	84,570	287,370	23
710713 Post Adoption Refer	9,040		9,040		5,876-		7,232-	23-
710714 Referral Services	67,253	413	66,840	1	90,480	16,443	74,037	18
710721 Outpatient								
710852 Investigation								
710872 Food Purchases	7,710	1,580	6,130	20	22,910	1,344	21,566	6
711008 Combined Utilities	107,715	26,929	80,786	25	105,282	26,321	78,962	25
711010 Utilities								
711011 Waste Removal					5,000		5,000	
711100 ESD Asset Management	46,200	11,760	34,440	25	44,980	11,440	33,540	25
711113 Equip Srv Replace	58,410	13,659	44,751	23	58,429	12,376	46,052	21
711114 Equip Srv O & M	53,015	12,606	40,409	24	52,608	13,700	38,909	26
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,211	6,132	21,079	23	29,193	7,920	21,273	27
711119 Prop & Liab Billings	95,845	23,961	71,884	25	95,845	23,961	71,884	25
711210 Travel	212,632		212,632		198,584	42,816	155,768	22
711212 Meals and Lodging						104	104-	
711213 Travel-Non Cnty Pers	16,000	608	15,392	4	15,827	3,522	12,305	22
711300 Cash Over Short		179	179-					
711399 ProCard in Process								
711400 Overhead - General Fund	1,540,871	385,218	1,155,653	25	1,400,792	350,198	1,050,594	25
711410 Overhead - Administration								
711502 Build Imp nonCapital						598	598-	
711504 Equipment nonCapital	119,513	43,827	75,685	37	115,441	14,848	100,593	13
711508 Computers nonCapital	119,543	7,463	112,080	6	56,517	1,589	54,928	3
711509 Comp Sftw nonCap	143,281	6,690	136,592	5	14,672	8,458	6,214	58
Services and Supplies	13,817,292	1,160,735	12,656,557	8	6,597,204	1,125,044	5,472,160	17

\*

Period: 1 thru 3 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \* Fund: 202  
 Fund Center: 000  
 Functional Area: 000

Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
781001 Land Improvements Capital								
781002 Build Imprv Capital								
781004 Equipment Capital	100,000		100,000		16,000	11,454	16,000	7
781007 Vehicles Capital					154,413		142,960	
781009 Computer Software Capital					25,000		25,000	
* Capital Outlay	100,000		100,000		195,413		183,960	6
** Expenses	35,946,471		30,278,439	16	26,496,529		20,829,203	21
621001 Transfer From General	9,516,856-	5,668,033	7,137,642-	25	9,516,856-	5,667,326	7,137,642-	25
* Transfers In	9,516,856-	2,379,214-	7,137,642-	25	9,516,856-	2,379,214-	7,137,642-	25
812230 To Reg Permits-230	69,489	67,758	1,731	98	73,123	54,360	18,763	74
814430 To Reg Permits Capit								
* Transfers Out	69,489	67,758	1,731	98	73,123	54,360	18,763	74
** Other Financing Src/Use	9,447,367-	2,311,456-	7,135,911-	24	9,443,733-	2,324,854-	7,118,879-	25
*** Total	2,289,203	70,719-	2,359,922	3-	1,060,494	609,839	450,654	58



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**SEPTEMBER 2020**



**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
<b>Totals</b>	<b>8,477</b>	<b>\$11,645,008.80</b>	<b>\$1,373.72</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: September 2020**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-20	6 Minutes 08 Seconds	88%	84%
Aug-20	6 Minutes 38 Seconds	87%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%
Oct-20			
Nov-20			
Dec-20			
Jan-21			
Feb-21			
Mar-21			
Apr-21			
May-21			
Jun-21			



**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 20 Seconds	89%	96%

**Year to Date: September 2020**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-20	P-1	5:28	6:05	8:50
	P-2	6:04	6:53	9:10
Aug-20	P-1	5:57	6:44	9:16
	P-2	6:32	7:35	9:32
Sep-20	P-1	5:32	6:31	8:36
	P-2	6:19	7:08	9:01
Oct-20	P-1			
	P-2			
Nov-20	P-1			
	P-2			
Dec-20	P-1			
	P-2			
Jan-21	P-1			
	P-2			
Feb-21	P-1			
	P-2			
Mar-21	P-1			
	P-2			
Apr-21	P-1			
	P-2			
May-21	P-1			
	P-2			
Jun-21	P-1			
	P-2			

**Fiscal Year to Date: September 2020**

Priority	Reno	Sparks	Washoe County
P1	05:37	06:26	08:58
P2	06:16	07:12	09:15



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 09/01/2020 THRU 09/30/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	9/5/20 13:32	9/5/20 13:38	1C11	0:08:59	0:10:26
Zone A	9/5/20 20:46	9/5/20 20:51	1C02	0:08:59	0:09:04
Zone A	9/6/20 19:31	9/6/20 19:34	1C35	0:08:59	0:12:40
Zone A	9/7/20 17:49	9/7/20 17:55	1C01	0:08:59	0:34:53
Zone A	9/10/20 9:29	9/10/20 9:30	1C24	0:08:59	23:59:43
Zone A	9/16/20 21:52	9/16/20 21:53	1C04	0:08:59	0:00:46
Zone A	9/17/20 6:00	9/17/20 6:08	1C16	0:08:59	0:15:59
Zone A	9/17/20 10:17	9/17/20 10:24	1W03	0:08:59	0:22:31
Zone A	9/20/20 21:16	9/20/20 21:22	1V51	0:08:59	0:07:18
Zone A	9/24/20 10:06	9/24/20 10:06	1C23	0:08:59	0:00:17
Zone A	9/25/20 12:36	9/25/20 12:41	1C21	0:08:59	0:17:44
Zone A	9/26/20 12:52	9/26/20 12:52	1C34	0:08:59	0:00:00
Zone A	9/27/20 15:33	9/27/20 15:48	1V51	0:21:20	0:15:13
Zone A	9/28/20 16:58	9/28/20 17:08	1C42	0:08:59	0:09:19
Zone A	9/30/20 12:34	9/30/20 12:59	1C36	0:08:59	0:25:35

<b>UPGRADE REQUESTED</b>				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				



EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
09/02/2020	Exemption Approved	Off Road	Zone A	00:09:16
09/05/2020	Exemption Approved	Incorrect Address	Zone A	00:12:29
09/20/2020	Exemption Requested	Other as Approved	Zone A	00:12:22
09/04/2020	Exemption Approved	Overload	Zone A	00:09:56
09/04/2020	Exemption Approved	Overload	Zone A	00:09:49
09/04/2020	Exemption Approved	Overload	Zone A	00:27:52
09/04/2020	Exemption Approved	Overload	Zone B	00:20:24
09/04/2020	Exemption Approved	Overload	Zone A	00:13:22
09/04/2020	Exemption Approved	Overload	Zone A	00:15:55
09/04/2020	Exemption Approved	Overload	Zone A	00:13:40
09/04/2020	Exemption Approved	Overload	Zone A	00:20:46
09/04/2020	Exemption Approved	Overload	Zone A	00:11:24
09/04/2020	Exemption Approved	Overload	Zone A	00:15:23
09/04/2020	Exemption Approved	Overload	Zone A	00:12:31
09/04/2020	Exemption Approved	Overload	Zone A	00:10:01
09/04/2020	Exemption Approved	Overload	Zone A	00:15:43
09/04/2020	Exemption Approved	Overload	Zone A	00:13:20
09/04/2020	Exemption Approved	Overload	Zone A	00:15:30
09/04/2020	Exemption Approved	Overload	Zone A	00:09:59
09/06/2020	Exemption Approved	Overload	Zone A	00:19:33
09/06/2020	Exemption Approved	Overload	Zone A	00:10:04
09/06/2020	Exemption Approved	Overload	Zone A	00:10:51
09/06/2020	Exemption Approved	Overload	Zone A	00:17:00
09/06/2020	Exemption Approved	Overload	Zone A	00:10:40
09/06/2020	Exemption Approved	Overload	Zone A	00:14:57
09/07/2020	Exemption Approved	Overload	Zone A	00:12:55
09/21/2020	Exemption Approved	Overload	Zone A	00:09:22
09/22/2020	Exemption Approved	Overload	Zone A	00:09:44



## **GROUND AMBULANCE OPERATIONS REPORT SEPTEMBER 2020**

### **1. Overall Statics**

- a) Total number of system responses: 6722
- b) Total number of responses in which no transports resulted: 2680
- c) Total number of system transports (including transports to out of county):  
4042

### **2. Call Classification**

- a) Cardiopulmonary Arrests: 2.2%
- b) Medical: 46.7%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 10.2%
- e) Transfers: 14.6%
- f) Trauma – MVA: 10%
- g) Trauma – Non MVA: 7.7%
- h) Unknown: 8.0%

### **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: 1,915

Total number of above calls receiving QA Reviews: 218

Percentage of charts reviewed from the above transports: 11.3%





**SEPTEMBER 2020 MONTHLY REMSA EDUCATION REPORT**

DISCIPLINE	CLASSES	STUDENTS
ACLS	7	57
BLS (CPR)	27	118
Heartsaver (CPR)	12	46
ITLS/PHTLS	2	12
PALS	6	23

**COMMUNITY OUTREACH SEPTEMBER 2020**

Point of Impact		
9/22-26/2020	POI Program conducted a 36 hour Child Passenger Safety Technician class 5 student successfully passed.	2 staff instructors;5 volunteer instructors
09/26/20	POI Checkpoint at Children`s Cabinet in Reno. 6 cars and 8 seats inspected.	12 volunteers; 2 staff; 5 students
Cribs for Kids/Community		
09/02/20	Traveled to Las Vegas to meet with East Family Valley Services to check on the Cribs for Kids program and provide support.	
09/03/20	Participated in Immunize Nevada Community Meeting via Zoom	
09/08/20	Attended #SafeSleepSnap/SIDS Awareness Month Refresher Webinar	
09/09/20	Conducted Train-the-Trainer C4K class in Las Vegas for Southern Nevada Health District	5 participants
09/10/20	Attended Maternal Child Health Coalition via Zoom	
09/15/20	Attended Safe Kids Coalition meeting via video conference	
09/16/20	Attended -Introducing the Updated Sudden Unexpected Infant Death Investigation Reporting Form webinar	
09/19/20	Proctor for NRAEMT National Psychomotor Exam	



REMSA

Reno, NV  
Client 7299



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# EMS System Report

September 1, 2020 to September 30, 2020

Your Score

**96.42**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,448**

Number of Transport Services in All EMS DB

**167**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **09/01/2020** and **09/30/2020**.

The overall mean score for the standard questions was **96.42**; this is a difference of **3.31** points from the overall EMS database score of **93.11**.

The current score of **96.42** is a change of **-1.08** points from last period's score of **97.50**. This was the **14th** highest overall score for all companies in the database.

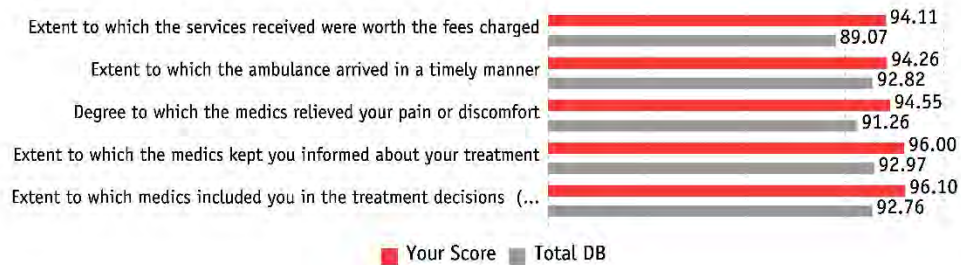
You are ranked **4th** for comparably sized companies in the system.

**90.53%** of responses to standard questions had a rating of Very Good, the highest rating. **99.12%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

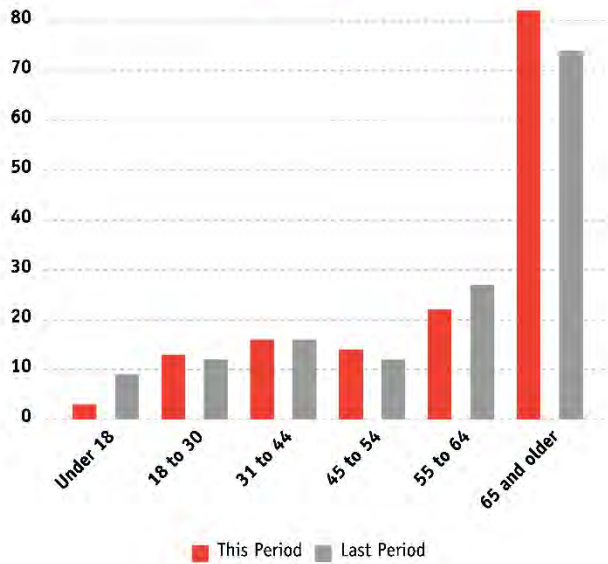


REMSA  
**September 1, 2020 to September 30, 2020**

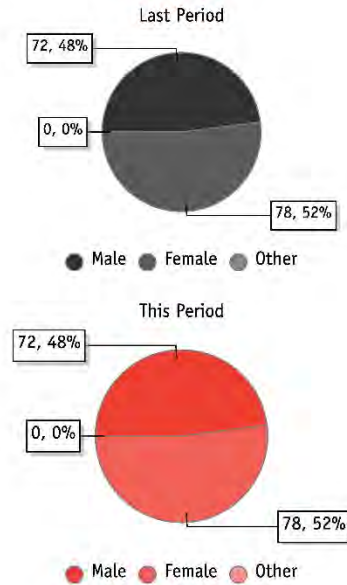
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	9	4	5	0	3	2	1	0
18 to 30	12	5	7	0	13	5	8	0
31 to 44	16	8	8	0	16	6	10	0
45 to 54	12	6	6	0	14	11	3	0
55 to 64	27	17	10	0	22	12	10	0
65 and older	74	32	42	0	82	36	46	0
<b>Total</b>	<b>150</b>	<b>72</b>	<b>78</b>	<b>0</b>	<b>150</b>	<b>72</b>	<b>78</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**September 1, 2020 to September 30, 2020**

**Monthly Breakdown**

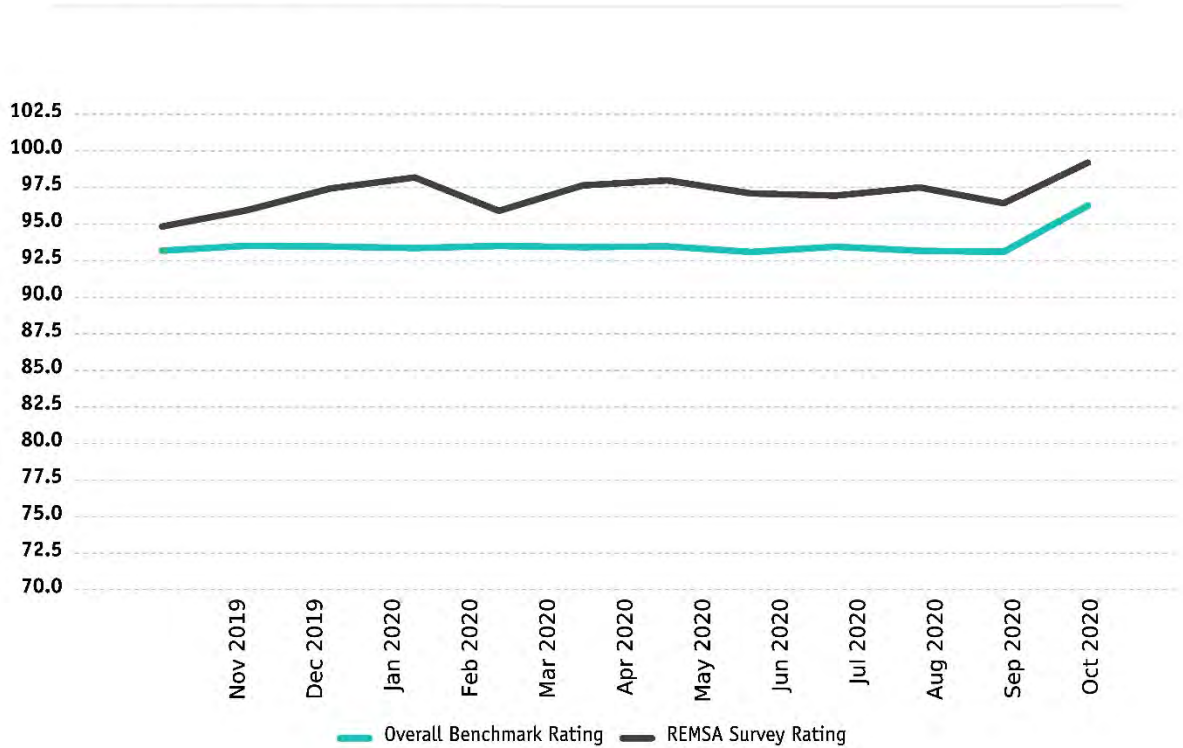
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020
Helpfulness of the person you called for ambulance service	96.74	97.41	97.55	99.54	98.68	95.02	97.22	98.86	99.15	98.37	98.30	96.83
Extent to which you were told what to do until the ambulance arrived	95.65	97.41	97.00	99.54	98.68	95.85	97.22	98.86	99.15	98.91	98.30	96.79
Extent to which the ambulance arrived in a timely manner	97.14	93.20	95.48	96.63	96.33	96.80	96.35	96.66	96.43	95.26	95.80	94.26
Cleanliness of the ambulance	97.38	95.53	96.73	98.84	99.26	99.34	98.67	99.17	97.78	98.59	98.41	96.98
Skill of the person driving the ambulance	94.92	94.28	95.31	97.93	98.72	96.82	95.93	97.76	96.31	97.56	97.22	96.23
Care shown by the medics who arrived with the ambulance	96.32	95.28	96.51	97.33	98.68	96.67	98.67	98.17	97.17	97.32	98.32	96.80
Degree to which the medics took your problem seriously	95.64	96.15	96.67	97.00	98.36	96.98	99.00	98.33	97.99	97.32	98.32	96.73
Degree to which the medics listened to you and/or your family	95.45	95.45	96.32	96.72	97.68	94.43	98.28	97.73	96.98	96.50	97.60	96.36
Extent to which the medics kept you informed about your treatment	95.32	95.38	95.21	97.32	98.17	95.60	97.34	97.55	96.61	96.94	97.71	96.00
Extent to which medics included you in the treatment decisions (if	94.62	95.23	95.72	98.38	97.65	95.09	96.29	98.06	96.84	97.29	96.85	96.10
Degree to which the medics relieved your pain or discomfort	93.94	93.01	93.25	94.32	95.58	89.94	95.51	95.81	95.20	92.65	93.23	94.55
Medics' concern for your privacy	96.59	95.08	95.84	97.76	98.21	95.80	98.16	98.61	97.10	97.37	97.69	97.00
Extent to which medics cared for you as a person	96.27	95.14	96.73	97.50	98.84	96.43	98.31	98.67	97.15	97.28	98.65	97.49
Professionalism of the staff in our ambulance service billing office	91.07	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00	
Willingness of the staff in our billing office to address your needs	90.38	80.00	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00	
How well did our staff work together to care for you	96.34	94.97	96.73	98.12	99.32	97.07	98.67	98.78	97.24	97.77	98.48	97.31
Extent to which the services received were worth the fees charged	81.86	85.05	90.67	100.00	98.08	87.50	90.38	75.00	82.14	50.00	85.07	94.11
Overall rating of the care provided by our Emergency Medical Transportation	95.42	95.32	96.61	96.00	98.50	95.38	97.99	98.31	97.45	97.11	98.31	97.12
Likelihood of recommending this ambulance service to others	96.09	94.66	95.80	97.99	98.36	96.07	98.06	98.39	97.92	98.01	98.55	97.23
Your Master Score	95.65	94.83	95.93	97.43	98.18	95.90	97.64	97.98	97.09	96.94	97.50	96.42
Your Total Responses	150	150	150	150	152	151	150	150	150	150	150	150





Monthly tracking of Overall Survey Score





## REMSA GROUND AMBULANCE SEPTEMBER 2020 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1.	07/01/2020			"I just wanted to let you know that you were 5 stars all around."	
2.	07/01/2020	"Oh yes they were very kind and knowledgeable. I would give them a 10 on everything, they were just that good."		"No, they were absolutely excellent. REMSA has some excellent medics."	
3.	07/01/2020	"They very much cared for me and tried to ease my discomfort."		"Nothing, they did a fine job while I was having a heart attack and were very professional."	
4.	07/01/2020		"Patient stated the medics were absolutely amazing and they truly helped her with the pain and her situation."		
5.	07/01/2020		"Patient stated the medics were very professional and also noted that the ambulance arrived before his wife could even get off of the phone. He said everything was executed very well."		
6.	07/01/2020		"Patient stated the medics quickly answered his questions and also got him to the hospital in a timely manner."		
7.	07/01/2020		"The paramedics worked well together."	"Patient thought the medics may have given him a bit too much medication to get his	G. Jones



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				heart rate up. He wants it noted to use less medication if there is a next time."	
8.	07/02/2020		"Patient stated one of the medics was a very good listener and held her hand. She is thankful for that medic's care."		
9.	07/02/2020		"The arrival time was fast and the ambulance was very clean."	"Patient noted that one medic seemed a veteran and the other more of a rookie. She said they were a bit at odd with how to treat her epileptic event. A bit more teamwork."	G. Jones
10.	07/02/2020		"Patient said she felt like the medics considered her in every decision they made in regards to her wellbeing and comfort."		
11.	07/02/2020		"Patient stated he has taken multiple ambulance rides due to his medical condition. He noted the medics are always professional and caring."		
12.	07/02/2020		"The medics kept her up-to-date every step of the way so she was informed and there were no surprises. The patient said she appreciated the thorough explanations."	"Please make sure the hospital is accepting patients before we arrive."	G. Jones





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
13.	07/02/2020	"Always here quickly and are always professional. They were all around excellent, I have had to use them several times in the last couple of months and I would have to say REMSA is all around outstanding."		"Nothing, you can't improve on excellence."	
14.	07/02/2020	"They were all around very good!"		"Keep up the good work!"	
15.	07/02/2020	"I would rate them well over a 5, they were above and beyond excellent."		"No, you are perfect just stay the same."	
16.	07/02/2020			"I can't see how you could be any better."	
17.	07/02/2020	"Those paramedics worked very hard and were kind as well as professional."		"Only if you could teleport me there, could you be any better."	
18.	07/02/2020	"Came very quickly. They were professional, kind, and very skilled."		"No, all the help they gave me was fantastic, they were great!"	
19.	07/02/2020			"Overall, they were very good."	
20.	07/03/2020		"Patient stated the medics were kind, compassionate and up to snuff."		
21.	07/03/2020		"Mother of the minor patient stated things were overall done well."		
22.	07/05/2020		"Patient said the medics took her problem seriously and quickly got her to the hospital."		
23.	07/05/2020		"Everything on the side of medical care was performed well."	"Patient stated there was a particular odor in the ambulance that was unappealing. She	G. Jones



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				said everything looked clean and tidy, but the odor of the cleanser was nauseating."	
24.	07/05/2020		"Patient stated everything was done well."		
25.	07/05/2020		"Patient stated the medics were very personable and professional."		
26.	07/04/2020		"Patient's mother stated everything was done well. Patient is a minor and the mother did not ride in the ambulance."		
27.	07/04/2020		"Patient stated the medics assessed her and got her to the hospital where she needed to be, exactly as they should have."		
28.	07/04/2020		"Patient stated the medics were very transparent with her and answered all of her questions. She also noted the cleaner in the ambulance and she was assured sanitizing precautions were in effect."		
29.	07/04/2020		N/A		
30.	07/07/2020		"Patient stated the ambulance service did an excellent job all the way around."		
31.	07/07/2020		"Patient noted that the medics were so very kind."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
32.	07/06/2020		"Patient stated the medics made him feel secure and took him all the way into his room. He also noted they made him part of their conversation and included him in all aspects of his care."		
33.	07/06/2020		"Patient noted the driver let her know when bumps were coming up in the road. She also stated the medics stayed with her until a room became available and treated her kindly."		
34.	07/06/2020		"Patient noted this was a transport to the helicopter and the medics were very conscience that they were under a timeline to get the appropriate medication. She said everyone worked well together to provide the needed care within that timeline."		
35.	07/06/2020		"The medics worked well together while providing care."		
36.	07/06/2020		"Patient said the medics were very polite, he does distinctly remember that fact. He also said he doesn't remember much about the event, but his family members		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			told him the service and care was excellent."		
37.	07/06/2020		"Patient stated everything was done well."		
38.	07/06/2020		"Patient stated the medics were professional from beginning to end."		
39.	07/06/2020		"Patient stated, They took really good care of this old guy."	"Patient stated he doesn't think anything could have been done better."	
40.	07/06/2020		"Patient stated everything was done well."		
41.	07/06/2020		"Patient stated the medics were good and capable."		
42.	07/06/2020		"Everything was done well."	"Please pass along a little more information to the patient."	
43.	07/09/2020		"Patient stated the medics were very prompt, they came right in and started taking care of her. She said this was her first experience like that and she was well cared for."		
44.	07/09/2020		"The medics were kind and professional."	"Patient said the ambulance should also go out to Gerlach."	
45.	07/09/2020		"Patient's medical POA stated the medics were willing to listen to her case specifics and did a good job of explaining to her exactly what was		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			happening. They were also very courteous."		
46.	07/09/2020		N/A		
47.	07/08/2020		"The ride and medics were okay, but there wasn't any complaint."		
48.	07/08/2020		"Everything. The medics treated him like an actual human being. He always knows he can count on the medics."	"Nothing at all; They were always phenomenal."	
49.	07/08/2020		"Everything was great."	"Nothing, had no problems."	
50.	07/09/2020		"They were great, very professional."	"Nothing, no issues."	
51.	07/09/2020		"They were great, very professional people."	"Nothing."	
52.	07/08/2020		"Everything was fine."	"No complaints."	
53.	07/10/2020		"They were great. Did an awesome job."	"Nothing!"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
54.	07/08/2020		"Everything was great."	"No problems."	
55.	07/10/2020		"Very professional and helpful."	"No complaints."	
56.	07/08/2020	"They took very good care of my wife."		"Nothing, they were great!"	
57.	07/10/2020		"Patient stated the medics were very professional and he would be happy to see them again if needed."		
58.	07/10/2020		"Patient stated they covered all bases, they arrived quickly and were also professional."		
59.	07/11/2020		"Paramedics were very nice."	"He was thirsty, however the medics didn't want him drinking because of his medications."	
60.	07/10/2020		"The medics were very nice and did a great job."	"Nothing, everything went great."	
61.	07/11/2020		"They arrived very quickly, were very professional and addressed her problems immediately."	"Absolutely nothing. Only concerns were with COVID."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
62.	07/10/2020		"Medics were okay, but didn't have any outright complaints."		
63.	07/12/2020		"Everything went fine."	"Nothing."	
64.	07/12/2020		"Got to the hospital very quickly."	"Nothing."	
65.	07/12/2020		"Everything went fine."	"Nothing."	
66.	07/11/2020		"They were great."	"Had no issues."	
67.	07/12/2020		"Medics were good. I was in a lot of pain on the way to the hospital."	"Nothing."	
68.	07/12/2020		"Got to the hospital in one piece."	"Said the medics were getting a little personal for just riding in an ambulance."	
69.	07/12/2020		"Everything went great. Medics treated him great."	"Nothing."	
70.	07/11/2020		"Said the medics were awesome and that they deserve an award."	"Nothing."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
71.	07/14/2020		"Medics were great. Talked to him about how to become an EMT."	"Nothing."	
72.	07/14/2020		"Medics were really great. She was really impressed."	"Nothing."	
73.	07/14/2020		"Everything went fine."	"Nothing that she could remember."	
74.	07/14/2020		"Everything is always great, always punctual, and take great care of him."	"Absolutely nothing."	
75.	07/14/2020		"Medics and technicians made him feel very safe and comfortable."	"Nothing. Only thing was that billing had charged him for the entire ride."	
76.	07/16/2020			"Faster arrival time."	
77.	07/13/2020		"Patient stated everything was wonderful."		
78.	07/13/2020	"They arrived very promptly. I have a split spine and they were attentive, gentle, and very caring when they lifted me and took care of me. They were absolutely wonderful!"	"They are trained so well, that they handled me with ease. And they are very skilled caring paramedics."	"No, they were already perfect, attentive, and all around wonderful."	





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
79.	07/09/2020	"They were okay, I just think they could be a little more caring."		"They could have been more compassionate to my problem."	G. Jones
80.	07/16/2020	"They took excellent care of my father, he had no complaints."			
81.	07/16/2020	"Very careful, kind, and professional."		"I don't think that they could be any better than they are."	
82.	07/16/2020		"Everything went fine."	"Nothing."	
83.	07/13/2020		"Everything went great."	"Nothing."	
84.	07/13/2020		"Everything went just fine."	"Nothing."	
85.	07/15/2020		"Everything went fine."	"Nothing."	
86.	07/15/2020		"Took good care of him. He hit his head, so didn't remember a lot of it, but knew they took good care of him."	"Nothing."	
87.	07/18/2020		"Everything. Everything is always good."	"Nothing."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
88.	07/18/2020		"Said everything went great, and was thankful for their help."	"Nothing."	
89.	07/15/2020		"Medics were great."	"Nothing."	
90.	07/17/2020		"Everything was great; had problems with past medics in previous rides, but this ride was great."	"Nothing."	
91.	07/18/2020		"The medics are ALWAYS great. He was blacked out because of alcohol, but knows the medics always treat him with the best care possible."	"Nothing."	
92.	07/17/2020		"Everybody was great and very professional."	"Nothing."	
93.	07/17/2020		"Patient stated the work of the REMSA ambulance service was magnificent, they worked to the best of their ability. She also noted it was a smooth transition into the hospital."		
94.	07/19/2020		"Patient stated everything was done well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
95.	07/17/2020		"Patient stated he is blurry on some of the details, but he does know the medics saved his life. He wishes he was physically able to get into town and buy the medics a cup of coffee and a piece of pie. He is very thankful for the service."		
96.	07/19/2020		"Patient stated the medic's knowledge of their protocols and their insistence were key in getting him to the hospital, which is where he needed to be."		
97.	07/17/2020		"Everything is always good - Medics and the ride itself."	"Nothing."	
98.	07/19/2020		"The medics were excellent and very kind."	"Nothing."	
99.	07/19/2020		"Medics were very kind, took good care of her. She was in a car accident, so it wasn't the most pleasant ride."	"Nothing."	
100.	07/20/2020		"Do not have time to answer more questions, but they were what was needed at the moment."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
101.	07/20/2020		"They were quick, efficient, very caring and gentle, which is important for elderly."		
102.	07/20/2020		"Put into the ambulance in a timely manner and to the hospital quick."		
103.	07/20/2020		"They were on the ball when they arrived."		
104.	07/20/2020		"They were very kind and expressed concern. He felt reassured. They did a wonderful job."		
105.	07/20/2020		"Cannot remember much."		
106.	07/20/2020		"Everything they did was great. They were very considerate."		
107.	07/20/2020		"They got me there to the hospital without problems and quickly."		
108.	07/21/2020		"The care itself was good."		
109.	07/21/2020		"They got there in a timely manner and were nice."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
110.	07/21/2020		"The whole process was uncomplicated. Everything went smooth."		
111.	07/23/2020		"The medics were fantastic."	"Nothing!"	
112.	07/23/2020		"REMSA is the greatest bunch of people in the world."		
113.	07/21/2020		"They kept taking vitals often and also saved him a trip to the hospital one time. They were very good."		
114.	07/21/2020		"They are brave professionals."		
115.	07/23/2020		"They communicated well, and showed care and consideration. They kept family well informed."		
116.	07/23/2020		"Arrival time was great, general care, courtesy, and professionalism."		
117.	07/22/2020		"Patient states she was in and out of consciousness so she is unable to remember a lot, but she specifically remembers the kindness of the medics and that they were		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			able to calm her down when she went into panic mode. She is very thankful for the care."		
118.	07/22/2020		"Patient stated she believes the medics went above and beyond in caring for her, she is extremely pleased."		
119.	07/23/2020			"Patient stated the younger medic seemed a bit cocky, but otherwise the service was excellent."	
120.	07/22/2020		"Medics were very professional and told her what they were doing to her before they did it."	"Nothing."	
121.	07/22/2020		"Medics and ambulance were alright."	"Nothing."	
122.	07/22/2020		"Very nice medics."	"Nothing."	
123.	07/24/2020		"The medics were great. He was treated with the utmost care, and really appreciates everything we do."	"Nothing."	
124.	07/24/2020		"Super thankful for the medics as they saved her life."	"Nothing."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
125.	07/24/2020		"Everything was done well except for taking care of the pain."	"Better pain relief."	
126.	07/24/2020		"Patient stated the ambulance arrived quickly and the medics were friendly and helpful. He feels he received excellent care from start to finish."		
127.	07/24/2020		"Patient stated from the moment the medics entered, they were reassuring him they would take care of him. Patient doesn't remember much past that, but wants it known he felt like he was in good hands."		
128.	07/27/2020		"Patient stated the medics really worked with her on the pain for her injury. They gave her a half-dose and then the rest was administered at the hospital. She said she is thankful they talked her into something to relieve some of her pain from a broken bone. The service was excellent overall."		
129.	07/27/2020		N/A		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
130.	07/27/2020		"Less bumps on the ride."		
131.	07/28/2020		"Everything. REMSA is always her savior."	"Nothing."	
132.	07/28/2020		"Everything. Doesn't remember too much, but remembers it was great."	"No complaints!"	
133.	07/28/2020		"Medics were great."	"Nothing."	
134.	07/28/2020		"Everything went fine."	"Nothing."	
135.	07/28/2020		"Ride and ambulance were great."	"Nothing."	
136.	07/28/2020		"Wife had said everything went great."	"No problems."	
137.	07/29/2020		"Nothing."	"Listen to problems and believe her."	G. Jones
138.	07/30/2020	"Those paramedics were very skilled."		"They were great! I really can't see any way they could be better."	





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
139.	07/30/2020	"They were very good with my husband. My husband received very great service."		"Nothing, they did a great job."	
140.	07/30/2020	"No, problems at all."		"Next time, put the sirens on."	
141.	07/29/2020	"The medic in the back was very nice, she made me feel at ease."		"They were perfect, thank you for the expert care."	
142.	07/29/2020	"My husband received top quality care."		"Nothing, they cared for my husband very well and we appreciated the care."	
143.	07/29/2020		"The medics were very caring."		
144.	07/30/2020		"They were helpful. They took their jobs seriously."		
145.	07/29/2020		"They treated me right."		
146.	07/30/2020		"They wore their masks. They kept him comfortable with their good humor, as he likes humor."		
147.	07/30/2020		"They were really great at calming nerves, just really great."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
148.	07/31/2020		"They kept a good eye on him during transport."		
149.	07/31/2020		"Patient stated that the medics did well."		
150.	07/31/2020		"The medics made her relaxed by talking to her and using some light humor."		

#### FOLLOW UP

7- This gentleman had an onset of hypotension and decreased heart rate with a cardiac arrhythmia. Our crew established an IV and gave the pt. Versed, which causes amnesia, prior to initiating external cardiac pacing to increase the pt's. heart rate. This treatment was effective and pt's. heart rate and blood pressure increased. Pt. was also given Fentanyl for pain relief. Pt. recalls his heart pounding in his chest but does not specifically remember events leading up to that feeling. I told him neither of the meds we had given him would have caused the pounding in his chest, but that the electrical stimulation from the pacer would have. He said that was probably the case, but nonetheless he did not wish that to happen to him again. The pt. said his potassium levels were found to be high, and his sodium levels were low. Once corrected in the hospital he has not had a recurrence of the problem. He thanked me for the follow-up call. 10/6/20 GJ

9- The patient told me her care was never compromised, but that one crew member insisted on placing an IV because "it's protocol". The "more experienced" crew member told him he didn't need to since the patient was refusing it. Patient stated at that point no further discussion about it ensued with our crew, and that her treatment from that point was fine. I did explain to her that the crew member in question was an experienced AEMT who was in paramedic school, and that he probably was intent on doing the right thing for the patient. The patient felt this was probably accurate and thanked me for our service and for the follow-up phone call. 10/5/20 GJ

12- Second message left 10.6.2020, 1329. The chart indicates the pt. was transported to RPMC due to diversion from NNMC. GJ

23- The patient was concerned about an odor in the patient compartment that she was unable to describe. She said she is sensitive to cleaning products and felt it was either a cleaning solution smell or possibly "burnt rubber". I admitted I had never had a complaint such as this, but that I assumed it was a new product we were using due to COVID. The patient was very nice and thanked me for the call. I asked her to call me personally should she have further concerns. 10/5/20 GJ

79- Pt. states she was having an anxiety attack and "felt like she was dying". Our crew, per the pt., was not compassionate and appeared annoyed with her. She said the crew kept telling her to slow her breathing but did not seem alarmed at her condition and did not reassure her. The crew started an IV, did a 12 lead EKG, and administered a fluid bolus. The pt. was sedated with 2mg of Versed, which the pt. states was effective in calming



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		her. Per the chart the pt's. respiratory rate and heart rate had decreased upon arrival at the ER. The crew did not remember the call, but was advised of the pt's. concerns. 10/6/20 GJ			
		137- This patient was unable to advise me of the actual date where our crew failed to "listen better", she did relate several other unspecific incidents where our crews did not treat her with respect, and one incident on 11/29/2019 when our crew refused to transport her to the hospital and stayed on scene for 2 hours "grilling" her about what meds she had taken. A review of that chart revealed a scene time of 31 minutes before transport occurred, with all treatment within protocol. The patient stated she had contacted an attorney and would be suing her surgeon, the hospital, and REMSA for malpractice. I requested she contact me with future concerns regarding our service. 10/6/20 GJ			



## SEPTEMBER 2020 REMSA AND CARE FLIGHT 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 & COMMUNITY RELATIONS

### **REMSA OFFERS CRIBS FOR KIDS PROGRAM TO THE CHILDREN'S CABINET**

REMSA has partnered with The Children's Cabinet in Reno to help keep infants safe. Free Safe Sleep Parenting Classes and sleep kits are offered to those who complete this training.

FEATURED

### **Children's Cabinet, REMSA promote infant sleep safety**

By ThisIsReno | September 8, 2020



Photo by Helena Lopes on Unsplash

The Children's Cabinet is working with REMSA to offer free resources to parents of infants through the Cribs for Kids program as part of their mission to keep children safe. The resources are designed to prevent some of the more than 3,000 annual sudden unexplained infant deaths nationally, which include SIDS (Sudden Infant

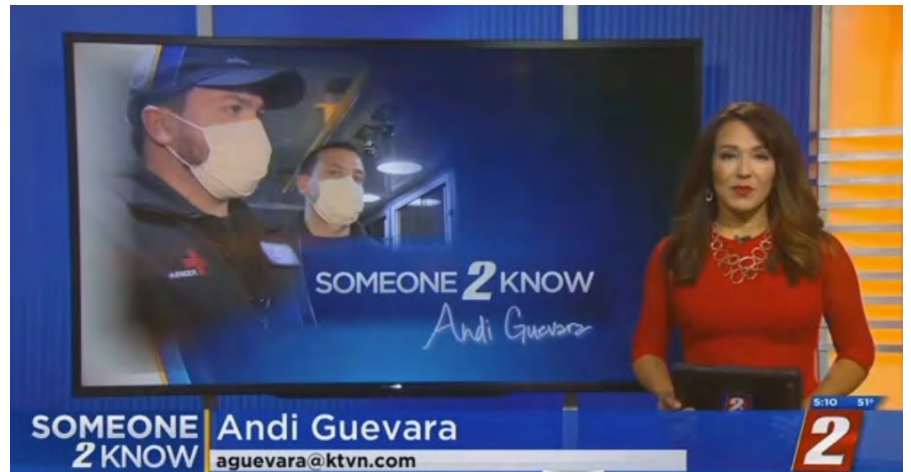


## PUBLIC & COMMUNITY RELATIONS

### **KTVN – SOMEONE 2 KNOW: JOSH & JAKE DUFFY**

KTVN recently highlighted REMSA's Logistics Department Supervisors, Josh and Jake Duffy. Their responsibility, dedication and passion are admired during this segment.

The Duffy brothers also share challenges with finding supplies and extra sanitization practices during the COVID-19 pandemic.



### **REMSA OFFERS FREE FLU SHOTS**

REMSA is proud to offer free flu shots to homebound adults again this flu season.

These shots are administered by registered nurses and paramedics in the comfort of your home.



### **REMSA HELPS ADMINISTER COVID-19 TESTING**

REMSA has been helping to administer COVID testing to diverse populations through faith communities. This is something that REMSA will continue to do.



# REMSA WEBSITE & SOCIAL MEDIA THIRD QUARTER REPORT

## REMSA Website Google Analytics

Jul 1, 2020 - Sep 30, 2020: Sessions  
Jul 1, 2019 - Sep 30, 2019: Sessions



2020 3rd Quarter Sessions vs. 2019 3rd Quarter Sessions

### Overview of Site Data in the 3rd Quarter (Year-Over-Year Comparison)

- Sessions: 32,883 **17% increase**
- Users: 22,569 **24% increase**
- New Users: 21,598 **27% increase**
- Pageviews: 74,179 **9% increase**
- Avg. Session Duration: 01:36 **18% decrease**
- Bounce Rate: 50% **15% increase**

### Traffic Sources

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

- **Organic search** is a natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **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.
- **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.
- **Email traffic** is any traffic coming from email blasts.
- **Social traffic** is any traffic coming from social media platforms

Here is how each channel performed year-over-year:

- Organic search sessions: 11,365 **1.5% increase**
- Direct traffic sessions: 7,602 **39% increase**
- Referral traffic sessions: 1,421 **18% decrease**
- Email traffic sessions: 2 **94% decrease**
- Social traffic sessions: 814 **70% increase**



## Organic Sessions

Jul 1, 2020 - Sep 30, 2020: Sessions

Jul 1, 2019 - Sep 30, 2019: Sessions



## Direct Sessions

Jul 1, 2020 - Sep 30, 2020: Sessions

Jul 1, 2019 - Sep 30, 2019: Sessions



## Referral Sessions

Jul 1, 2020 - Sep 30, 2020: Sessions

Jul 1, 2019 - Sep 30, 2019: Sessions



## Top 5 Referral Sites:

1. Facebook
2. REMSA Enrollware
3. LinkedIn
4. TruckeeFire.org
5. Ktvn.com

## Top 5 Pageviews Sites:

- Education - 7,634 views
- Homepage - 6,863 views
- Careers - 4,336 views
- Care Flight Intranet - 3,560 views
- Care Flight - 3,133 views





## Facebook

Likes to-date: 3,715 (+66 likes this quarter)

Followers to-date: 3,743 (+66 followers this quarter)

Number of posts in the 3rd Quarter: 75 posts

### Average Engagement by Post Type:

- Status Posts (posts without links, photos, or videos) have an average reach of 2,204 people and have an average engagement of 64 post clicks and 59 reactions, comments & shares. **(Average Engagement Rate: 5.60%)**
- Photo Posts have an average reach of 1,097 people and have an average engagement of 141 post clicks and 74 reactions, comments & shares. **(Average Engagement Rate: 19.60%)**
- Video Posts have an average reach of 1,009 people and have an average engagement of 75 post clicks and 32 reactions, comments & shares. **(Average Engagement Rate: 10.60%)**
- Link Posts have an average reach of 513 people and have an average engagement of 40 post clicks and 33 reactions, comments & shares. **(Average Engagement Rate: 14.23%)**


### Top 5 3rd Quarter Posts By Engagement Rate:

1. **9/15/2020 - Salvaged Ambulance Units**  
1,198 people reached; 511 engagements (post clicks, likes, shares and comments); 28% engagement rate
2. **8/28/2020 - ER at McCarran, NW Infection Control**  
1,599 people reached; 638 engagements (post clicks, likes, shares and comments); 24% engagement rate
3. **8/22/2020 - Students Completing Paramedic Program**  
1,882 people reached; 931 engagements (post clicks, likes, shares and comments); 28% engagement rate
4. **8/12/2020 - In the Wild Wednesday Red Canyon**  
662 people reached; 93 engagements (post clicks, likes, shares and comments); 27% engagement rate
5. **7/23/2020 - What You Need to Know About Medical Dispatch**  
713 people reached; 331 engagements (post clicks, likes, shares and comments); 33% engagement rate



Top Post by Reach by Month

1. September 2020 –




 **Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by Alexia Bratiotis Jobson [?] · September 28 · 🌐

\*\*\*\*UPDATED: All 9-1-1 systems have been restored throughout Washoe County, Reno and Sparks.\*\*\*\*\*

All 911 systems are down in Washoe County/Reno/Sparks. Rerouting is unconfirmed at this time. If you need emergency assistance - including emergency medical services - call 775-785-9276 for unincorporated Washoe County Response; in the City of Reno call 775-334-2121 and in the City of Sparks call 775-353-2231.

✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

**2,207** **123**  
People Reached Engagements [Boost Post](#)

   Valeria Arredondo, Jack Underwood and 17 others · 1 Comment · 24 Shares

2. August 2020 –

 **Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by KPS3 [?] · August 17 · 🌐

REMSA and Care Flight, along with our Plumas District Hospital partner are supporting the efforts related to the Loylton Fire with a paramedic ambulance, but that does not affect how we serve and care for the rest of our community. REMSA's medical 9-1-1 dispatch center is prepared to take your calls and our emergency medical technicians and paramedics are ready to respond as needed. #AlwaysReady



✔ **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

**2,181** **211**  
People Reached Engagements [Boost Post](#)

   39 2 Comments 10 Shares

### 3. July 2020 –

**Regional Emergency Medical Services Authority - REMSA** Published by KPS3 [?] · July 11 ·

We continue to use appropriate personal protective equipment (PPE) on every call we answer to keep you and our team safe. We asked our team to share the reason why they wear a mask when they're off the clock. Leanna E., paramedic, wears her mask to stay healthy so she can be the best dog mom possible to her puppies!

Stay safe and 'mask up' Nevada! #CoverForAnother #MaskUpNV



**Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>21,373</b> People Reached	<b>1,326</b> Engagements	<a href="#">Boost Post</a>
---------------------------------	-----------------------------	----------------------------

 Gilbert Gomez, Adam Tresidder and 105 others 2 Comments 13 Shares



## LinkedIn

Followers to-date: 1,914 (+70 followers during the 3rd Quarter)  
Number of updates during the 3rd Quarter: 8 updates  
Average engagement rate: 5.86%

### Top Post by Impressions for the 3rd Quarter

A screenshot of a LinkedIn post from the company REMSA. The post is from 2 months ago and has 1,914 followers. The text of the post reads: "Please join us in congratulating REMSA's Public Affairs Manager Alexia Jobson for being elected as the new president of WIN Nevada." Below the text is a portrait of Alexia Jobson, a woman with short blonde hair, wearing a brown blazer over a dark patterned top. The post has 68 likes and 16 comments. At the bottom of the screenshot, it shows "Organic impressions: 2,237 Impressions" and a "Show stats" dropdown menu.

**REMSA**  
1,914 followers  
2mo •

Please join us in congratulating REMSA's Public Affairs Manager Alexia Jobson for being elected as the new president of WIN Nevada.

68 · 16 Comments

Like Comment

Organic impressions: 2,237 Impressions Show stats



**REMSA 2020-21 Penalty Fund Reconciliation as of  
August 31, 2020**

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**2020-21 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2020	8,916.19
August 2020	14,106.85
September 2020	
October 2020	
November 2020	
December 2020	
January 2021	
February 2021	
March 2021	
April 2021	
May 2021	
June 2021	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$23,023.04</b>

**2020-21 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total Encumbered as of 08/31/2020** \_\_\_\_\_ **\$0.00**

**Penalty Fund Balance at 08/31/2020** \_\_\_\_\_ **\$23,023.04**

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**REMSA INQUIRIES  
SEPTEMBER 2020**

No inquiries for September 2020

**Staff Report**  
**Board Meeting Date: October 22, 2020**

**DATE:** October 9, 2020  
**TO:** District Board of Health  
**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)  
**THROUGH:** Dr. John Novak, DBOH Chair  
**SUBJECT:** Review and Approval of the District Health Officer's Annual Performance Evaluation Results

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**SUMMARY**

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2020 District Health Officer's Performance Evaluation as presented.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including Unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick is at the top of his pay range.

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

**6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

On September 24, 2020, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2020 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 24, 2019, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2019. The Board accepted the performance evaluation as presented. Mr. Dick is at the top of his pay range, so no wage increase was requested or approved.

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

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



On September 26, 2019, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2019 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 25, 2018, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2018. The Board accepted the performance evaluation as presented. Mr. Dick has reached the top of the District Health Officer pay range; no increase was requested this year.

On September 27, 2018, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2018 Performance Evaluation, as well as the questions to be used and the list of 35 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

## **BACKGROUND**

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review, the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January 23, 2014, regularly scheduled meeting; states under Section 4 Item B – "Employee's annual salary may be adjusted as follows, by a vote of the Board:

- A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
- B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached."

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick's annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. County Code 5.121 provides for merit salary adjustments of 5% to the employee's base



Subject: 2020 DHO Evaluation

Date: October 22, 2020

Page 3 of 3

salary based upon satisfactory job performance, up to the top of their positions pay range. Mr. Dick is at the top of the District Health Officer pay range; no merit increase is requested at this time.

**FISCAL IMPACT**

No Fiscal Impact.

**RECOMMENDATION**

Recommend approving the District Health Officer's Annual Performance Evaluation Results.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation a possible motion would be: Move to approve the District Health Officer's Annual Performance Evaluation Results.

**Kevin Dick**  
**District Health Officer**

**Health District Accomplishments: October 2019 – October 2020**

The COVID-19 pandemic response has occupied most of my time since the first positive case in Washoe County was identified on March 5, 2020. It consumed some time prior to that in the beginning of 2020 as the Health District activated our Emergency Operations Plan on January 17, 2020, as the pandemic was growing, and we were isolating travelers returning to the U.S. from China.

After the first Washoe County case was identified I led the Health District's efforts to provide for testing of persons under investigation (PUI) for having COVID-19 and immediately began providing press briefings to inform the public and provide recommendations to prevent the spread of disease. To date, I have conducted over sixty press briefings to inform our community. I have also provided daily, then semi-weekly, and now weekly briefings for local elected officials and other governmental leaders. The Health District's Communications Manager leads the Regional Information Team which has developed extensive education and information materials on the regional [www.covid19washoe.com](http://www.covid19washoe.com) website. Through the course of COVID-19, efforts were made to provide over 200 press releases and 20 graphics, both in Spanish and English.

I worked with the City and County Managers to develop the Interlocal Agreement for Delegation of Authorities to establish a regional joint command and an Incident Commander for the COVID-19 response. I have worked closely with the Managers and the Incident Commander throughout the response. Under the Incident Management Team the Health Branch ramped up testing as the Centers for Disease Control and Prevention relaxed strict criteria for testing to achieve the Governor's targets for testing conducted in Washoe County with the establishment of the Point of Screening and Testing (POST) at the Livestock Events Center. As the response evolved, the Health District became responsible for leading the entire response Operations Section.

The Health District initially redeployed staff to be assigned to support the POST, a call center, and disease investigations for contact tracing, logistics and finance. Staffing was bolstered by the National Guard activation and through hiring of additional Health District staff and temporary staffing through the UNR Public Health Training Center.

To date over 100 staff members have been brought on to support the COVID-19 response, which is an increase in staffing of approximately 65%. The Health District's revenue has increased by approximately \$9.6 million of grant funds to date. Some of the UNR staffing costs are being borne by the State and an additional \$5.1 million of CARES funding support is being provided for the COVID-19 response. This represents a 61% increase of the Health District's annual revenues.

The Health District is now offering flu vaccinations through a Point of Dispensing (POD) also located at the Livestock events center and through our clinic. Over 1,000 flu shots have already

been dispensed in the initial three PODs operated at the POST. Planning is beginning for the delivery of the COVID-19 vaccine once it becomes available.

In spite of the COVID response the following items were accomplished during the year:

- Continued to provide the most essential Environmental Health, Air Quality Management, Epidemiology, Public Health Preparedness, and Community and Clinical Services to protect and enhance the health of the community.
- Achieved an FY20 Fiscal Year budget surplus of revenues exceeding expenditures by \$1,056,829.
- Maintained National Public Health Accreditation for the Washoe County Health District from the Public Health Accreditation Board, originally awarded August 20, 2019.
- Conducted or participated in preparedness planning exercises for coordinated terrorist attacks, mass casualties, hospital evacuations, family assistance centers, and PODs.
- The 2018-2020 Washoe County Community Health Improvement Plan was revised in September 2019 because 10 of the 11 original behavioral health objectives had already been achieved. The February 2020 the annual report of 2019 CHIP accomplishments found that 75% of the physical activity and nutrition strategies had been implemented, 67% of the housing and homelessness strategies had been implemented and that 25% of the new behavioral health strategies had been implemented and that 33% were in progress. Over fifty regional partners are involved in implementing the plan.
- Launched a new Community Health Data website which can be found at: <https://dashboards.mysidewalk.com/washoe-county-health-data> .
- Served as President of the Truckee Meadows Healthy Communities (TMHC) Board of Directors.
- TMHC received a Robert Wood Johnson BUILD Health Challenge grant to support a collaboration between the Health District, Renown Health, and TMHC to enhance quality of life for elders by reducing senior loneliness and the serious health issues it creates.
- The *Regional Strategy for Housing Affordability*, developed by TMHC, Enterprise Community Partners, and the Truckee Meadows Regional Planning Agency(TMRPA) was incorporated in the TMRPA Regional Plan in October 2019. On September 22, 2020 the Board of County Commissioners adopted the amendment to the Housing Element of the Washoe County Master Plan which incorporated the *Regional Strategy for Housing Affordability*, which provides a roadmap and toolkit for a regional approach to addressing housing needs.
- Implemented a Workforce Development Plan for the professional development of Health District staff. Held in-house professional development and training on Health Equity.
- Participated on the following Boards/Committees
  - Nevada Association of Local Health Officials (Vice-President)
  - Nevada Public Health Foundation Board of Directors (President)
  - Regional Business License and Permits Project Management Oversight Group
  - Regional EMS Advisory Board

- REMSA Board of Directors (ex-officio)
- Truckee Meadows Healthy Communities (President)
- UNR School of Community Health Sciences Community Advisory Board
- Washoe Behavioral Health Policy Board (until June 2020)
- Recognitions
  - Enrolled in the Delta Phi Chapter of the Delta Omega Honorary Society in Public Health
  - 2020 Nevada Public Health Association Public Health Hero *Nevada COVID-19 Response*



**2020 District Health Officer's Annual Performance Evaluation**

**Mr. Kevin Dick**

**Presented by the District Board of Health (DBOH)  
Thursday, October 22, 2020**

## Summary

### 2020 District Health Officer Performance Evaluation - Mr. Kevin Dick

Ques	1	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health	19.05%	4
			Division Director or Admin	19.05%	4
			Peer from an Outside	61.90%	13

21 people accessed and participated in the survey

1 person did not answer the question in #4

Ques	2	LEADERSHIP	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Sets an effective example of	12	9	0	0	21
			Inspires trust and confidence	9	8	3	1	21
			Functions as an effective	12	5	4	0	21
			Values staff, helps staff	7	11	1	2	21
			Develops a talented team	10	7	3	1	21

Ques	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and	9	8	3	1	21
			Listens attentively and	7	12	2	0	21
			Speaks and writes logically,	9	11	1	0	21
			Delivers logical and well-	11	10	0	0	21
			Encourages and uses	7	11	2	1	21

Ques	4	COMMUNITY RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively represent the	10	7	3	0	20
			Has a successful working	8	8	2	2	20
			Has a successful working	9	9	2	0	20
			Encourages and considers	9	8	3	0	20
			Strives to maintain citizen	12	5	2	1	20

Ques	5	INTERGOVERNMENTAL RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Accessible to leadership of	6	13	1	1	21
			Effectively represents and	7	10	2	2	21
			Effectively communicates	7	9	3	2	21
			Appropriately considers the	6	12	2	1	21
			Ensures that the Health	7	13	1	0	21

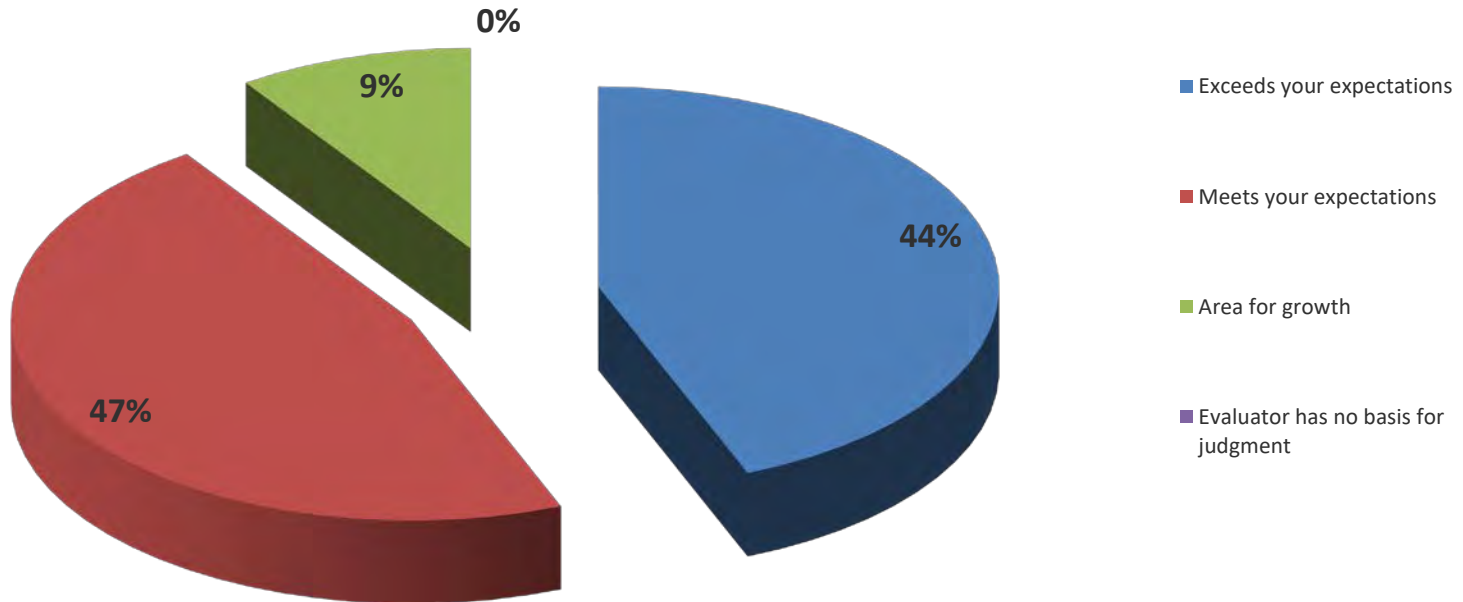
Ques	6	DISTRICT BOARD OF HEALTH RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively implements the	7	5	0	9	21
			Disseminates complete and	5	4	0	12	21
			Responds well to requests,	6	5	2	8	21
			Provides support to the	4	5	0	12	21
			Facilitates the board's	3	6	1	11	21

## Kevin Dick's 2020 Overall Performance Evaluation Results

Excluding the "No Basis for Judgement" responses

90.51% Rated Mr. Dick as Meets or Exceeds Expectations

9.49% indicated areas for growth



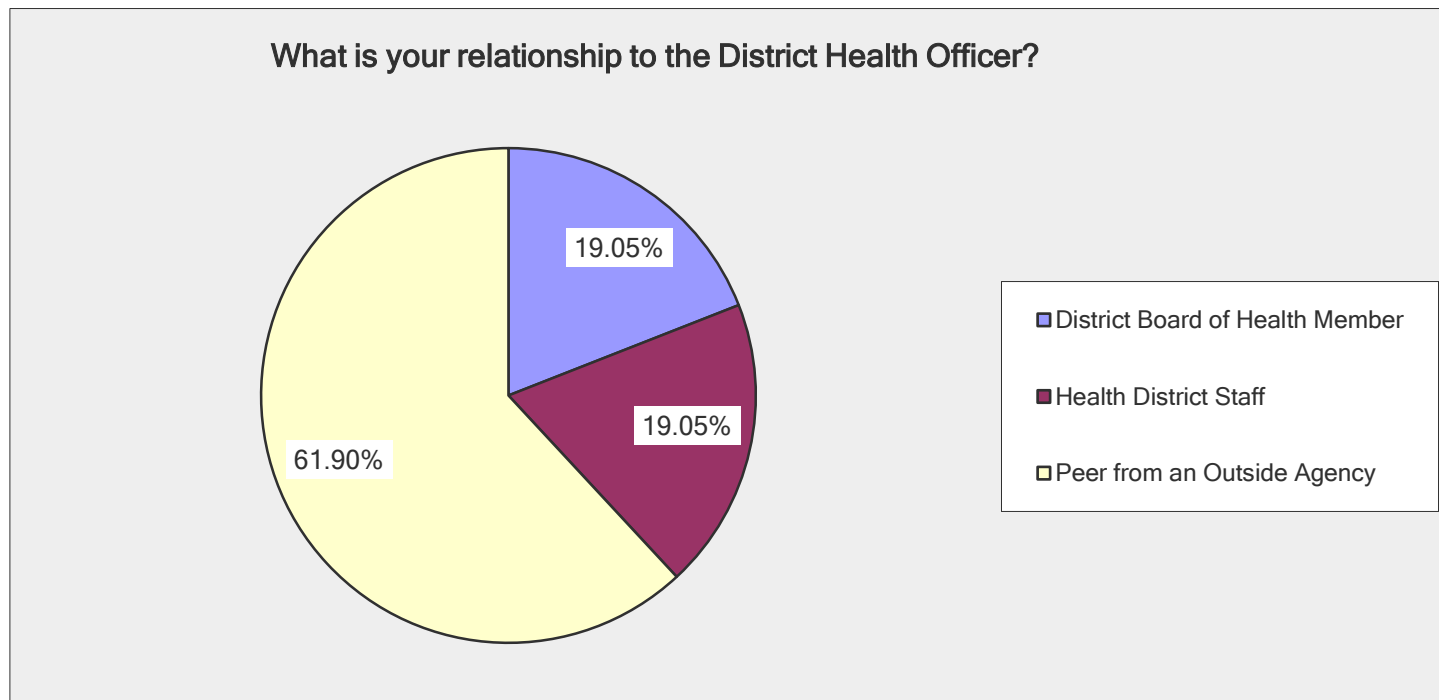
AVERAGE RESULTS FOR QUESTIONS 2-6 not counting the no basis for judgement	SUMMERY	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
Total Response 453	Responses by area	199.00	211.00	43.00	Not Counted
90.51% Rated Mr. Dick as Meets or Exceeds Expectations.	Percentage %	43.93%	46.58%	9.49%	#VALUE!

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## Kevin Dick's 2020 District Health Officer Evaluation Question 1

What is your relationship to the District Health Officer?		
Answer Options	Response Percent	Response Count
District Board of Health Member	19.05%	4
Health District Staff	19.05%	4
Peer from an Outside Agency	61.90%	13
<i>answered question</i>		<b>21</b>
<i>skipped question</i>		<b>0</b>



## Kevin Dick's 2020 District Health Officer Evaluation Question 2

### LEADERSHIP

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	12	9	0	0	21
Inspires trust and confidence with staff, the District Board of Health and the public.	9	8	3	1	21
Functions as an effective leader of the organization, gaining respect and cooperation from others.	12	5	4	0	21
Values staff, helps staff develop a passion for their work and recognizes their contributions.	7	11	1	2	21
Develops a talented team and challenges them to perform to their highest level.	10	7	3	1	21
Additional comments regarding Leadership:					6
<i>answered question</i>					<b>21</b>
<i>skipped question</i>					<b>0</b>

### Additional comments regarding Leadership:

The COVID Response would not have been as successful without the support and direction from the Health Officer.

Recognizing the tremendous demands on this position at this time, I have nonetheless observed staff within the agency who are driving issues and concerns without appropriate level of management guidance and direction on priorities.

Leadership means creating a culture for employees to follow. In general, my experience with WCDH employees is they don't appear to be customer oriented or feel the need to be problem solvers. In some cases, I have found them to be problem creators.

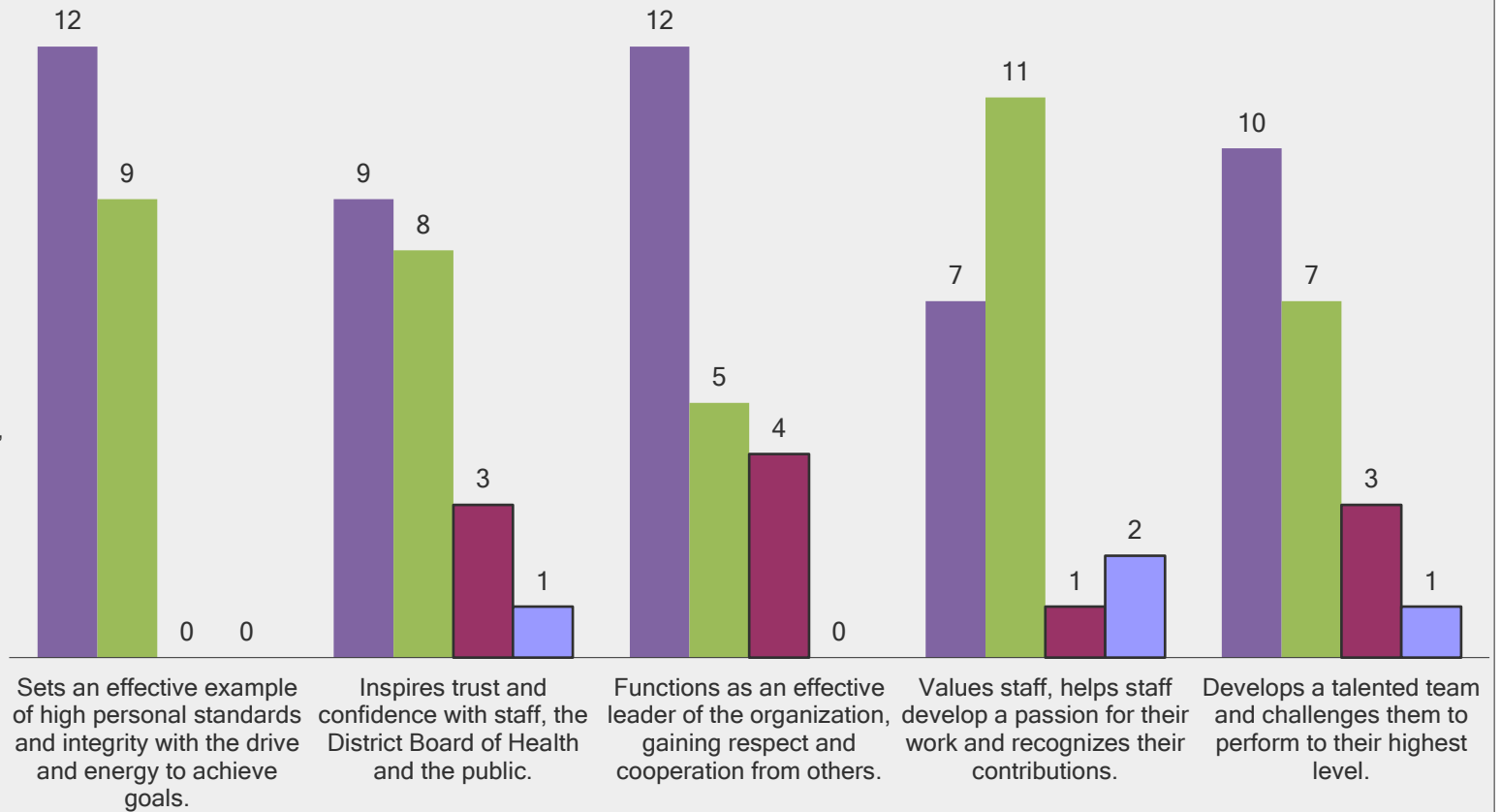
Kevin's work ethic sets a good example for all Health District staff. He has worked tirelessly throughout the COVID response.

Kevin leads his staff well.

During this COVID-19 crisis, Kevin has shown steady leadership. His style is collaborate and inclusive.

# LEADERSHIP

- "Exceeds your expectations"
- "Meets your expectations"
- "Area for growth"
- "Evaluator has no basis for judgment"



### Kevin Dick's 2020 District Health Officer Evaluation Question 3

#### COMMUNICATION

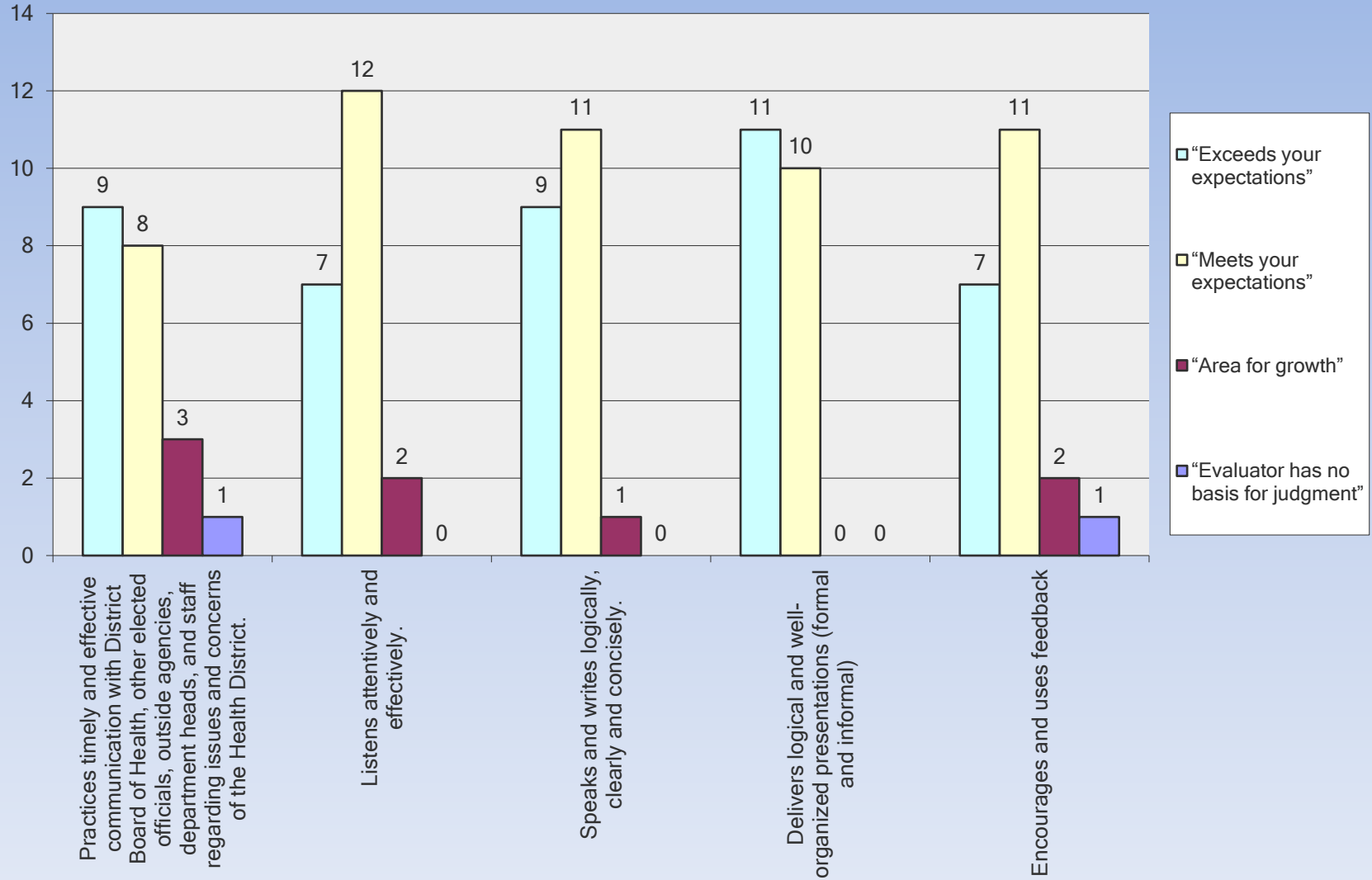
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads, and staff regarding issues and concerns of the Health District.	9	8	3	1	21
Listens attentively and effectively.	7	12	2	0	21
Speaks and writes logically, clearly and concisely.	9	11	1	0	21
Delivers logical and well-organized presentations (formal and informal)	11	10	0	0	21
Encourages and uses feedback	7	11	2	1	21
Additional comments regarding Communication:					2
					<i>answered question</i>
					<i>skipped question</i>
					<b>21</b>
					<b>0</b>

#### Additional comments regarding Communication:

In the past, this is an area that seemed to meet expectations but this year I am asking for Kevin to use more wisdom of timing and message in speaking out regarding areas that affect our region and cities. I would ask that strong opinions that are controversial be shared with us as board members before they are stated publicly. This puts our board and our community partners in a difficult place when we are surprised. This mainly refers to our covid conversations.

He is able to clearly articulate positions and advocate for the community.

# COMMUNICATION



## Kevin Dick's 2020 District Health Officer Evaluation Question 4

### COMMUNITY RELATIONS

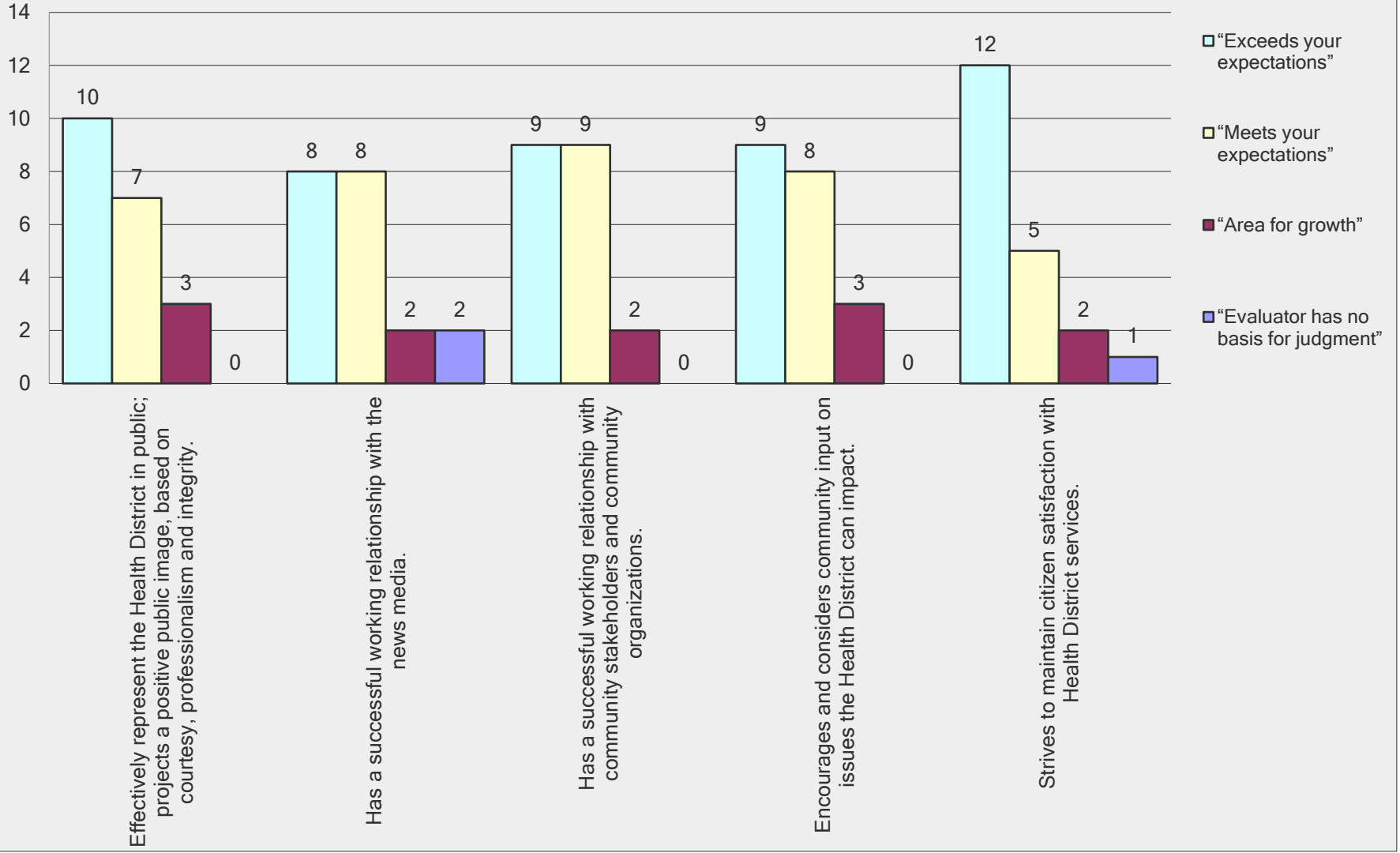
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.	10	7	3	0	20
Has a successful working relationship with the news media.	8	8	2	2	20
Has a successful working relationship with community stakeholders and community organizations.	9	9	2	0	20
Encourages and considers community input on issues the Health District can impact.	9	8	3	0	20
Strives to maintain citizen satisfaction with Health District services.	12	5	2	1	20
Additional comments regarding Community Relations:					2
<i>answered question</i>					<b>21</b>
<i>skipped question</i>					<b>1</b>

#### Additional comments regarding Community Relations:

He has shown a balanced approach to protecting HIPPA while being transparent and open with citizens and the media.

The Health Officer has put forth a tremendous amount of effort to maintain transparency with the media and all community partners and citizens during the pandemic.

## COMMUNITY RELATIONS



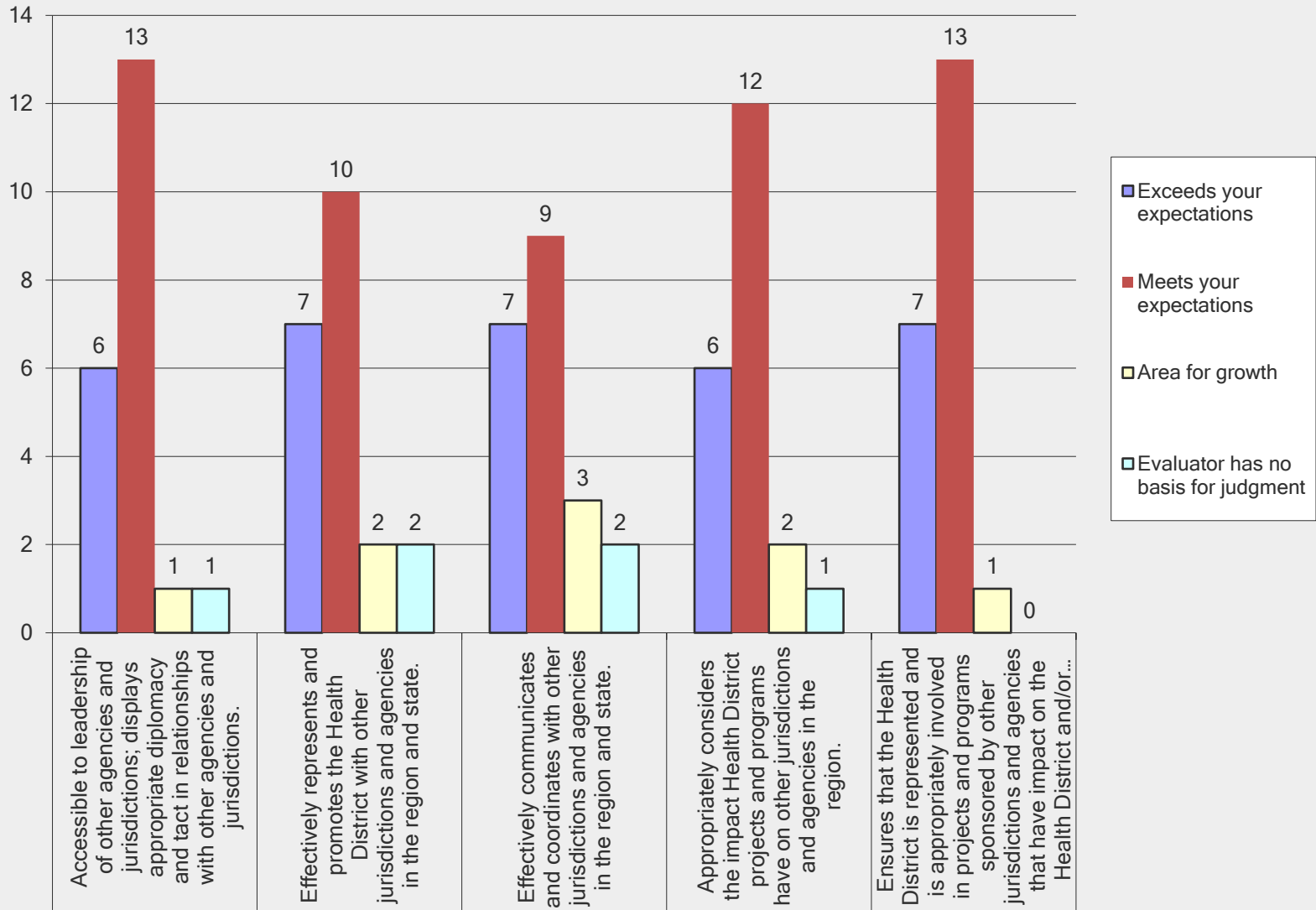
## Kevin Dick's 2020 District Health Officer Evaluation Question 5

INTERGOVERNMENTAL RELATIONS					
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	6	13	1	1	21
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	7	10	2	2	21
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	7	9	3	2	21
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	6	12	2	1	21
Ensures that the Health District is represented and is appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	7	13	1	0	21
Additional comments regarding Community Relations:					3
					<b>answered question</b>
					<b>21</b>
					<b>skipped question</b>
					<b>0</b>

Additional comments regarding Community Relations:
Mr. Dick has truly been a regional leader, able to work with multiple jurisdictions and competing priorities in the interest of a healthier community.
I have found certain members of the staff to be very helpful. However, they are the exceptions rather than the rule. I believe the health dept sees themselves as being outside of the 3 local governments rather than as a partner. I see them as the 3 local governments agent for public health and not an independent body. Establishing this perspective would greatly increase the agencies support and trust by the 3 local governments in my opinion.
Kevin typically does meet my expectation and even exceeds it. There have been a few instances with Covid conversations that I would like to have seen handled differently. With that said, there are many areas with Covid that he has fantastically collaborated and has put the hard work in to support our region and our state.



# INTERGOVERNMENTAL RELATIONS

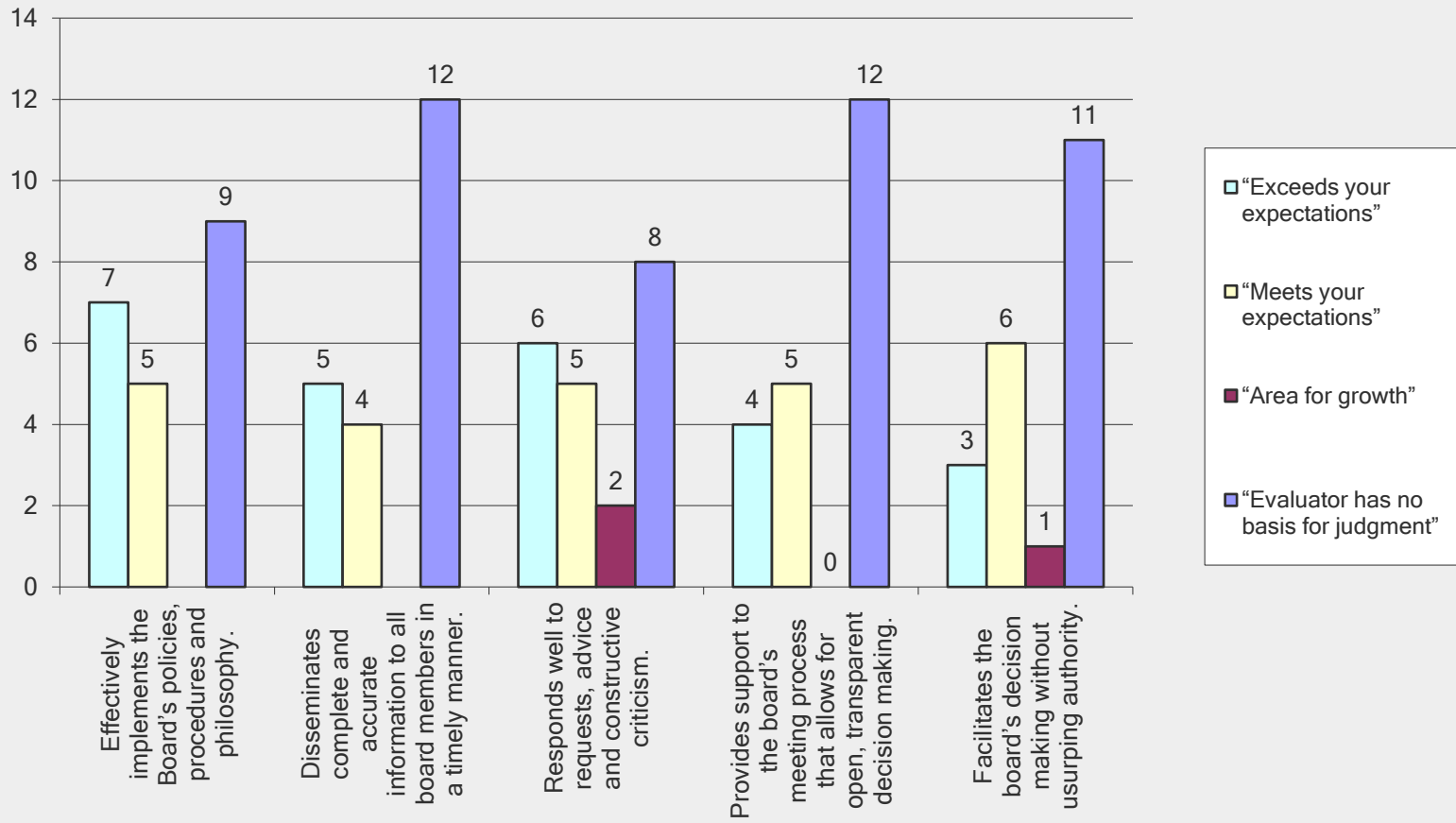


## Kevin Dick's 2020 District Health Officer Evaluation Question 6

DISTRICT BOARD OF HEALTH RELATIONS					
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively implements the Board's policies, procedures and philosophy.	7	5	0	9	21
Disseminates complete and accurate information to all board members in a timely manner.	5	4	0	12	21
Responds well to requests, advice and constructive criticism.	6	5	2	8	21
Provides support to the board's meeting process that allows for open, transparent decision making.	4	5	0	12	21
Facilitates the board's decision making without usurping authority.	3	6	1	11	21
Additional comments regarding District Board of Health Relations:					2
<i>answered question</i>					<b>21</b>
<i>skipped question</i>					<b>0</b>

Additional comments regarding District Board of Health Relations:
Kevin has continually worked at keeping the board apprised over the year. This year has been more difficult and I would like to be more apprised of decisions and moving parts as it pertains to Covid.
He is always careful to exercise his authority on behalf of the Board to ensure their intent is met.

## DISTRICT BOARD OF HEALTH RELATIONS



**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: October 22, 2020**

**DATE:** October 22, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
 775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – VALE Program, Divisional Update, Program Reports,  
 Monitoring and Planning, Permitting and Compliance

**1. Program Update**

- a. The Vision 100 - Century of Aviation Reauthorization Act (the Vision 100 Act), signed into law in December 2003, establishes a program to reduce emissions from airport vehicles, ground support equipment (GSE), and infrastructure at commercial service airports in air quality nonattainment and maintenance areas. The Vision 100 Act directs the Administrator of the Environmental Protection Agency (EPA), in consultation with the Secretary of the U.S. Department of Transportation (DOT)/Federal Aviation Administration (FAA), to issue guidance on how to ensure that airport sponsors receive appropriate emission reduction credits for carrying out projects described in the Vision 100 Act.

Recently, The FAA Voluntary Airport Low Emission Program (VALE) awarded the Reno-Tahoe Airport Authority (RTAA) \$1.2 million to add electric-powered ground support equipment charging stations at Reno-Tahoe International Airport (RNO). This is the first time since Congress created the program in 2003 that the FAA recognized RNO's sustainable energy initiatives. In partnership with airline tenants, the RTAA's Electric



Ground Support Charging Stations Project provides the infrastructure to decrease airport-related emissions and improve air quality. Funded entirely by VALE, the grant covers costs associated with the acquisition and installation of

twenty (20) charging stations located in the B and C concourses, air cargo, and the baggage handling area. The grant also covers the electrical infrastructure system for airline-owned equipment such as aircraft pushback tugs, baggage tractors, and belt loaders. Administrative expenses and all costs associated with planning, feasibility and design, bidding, and application preparation and permits were also included.

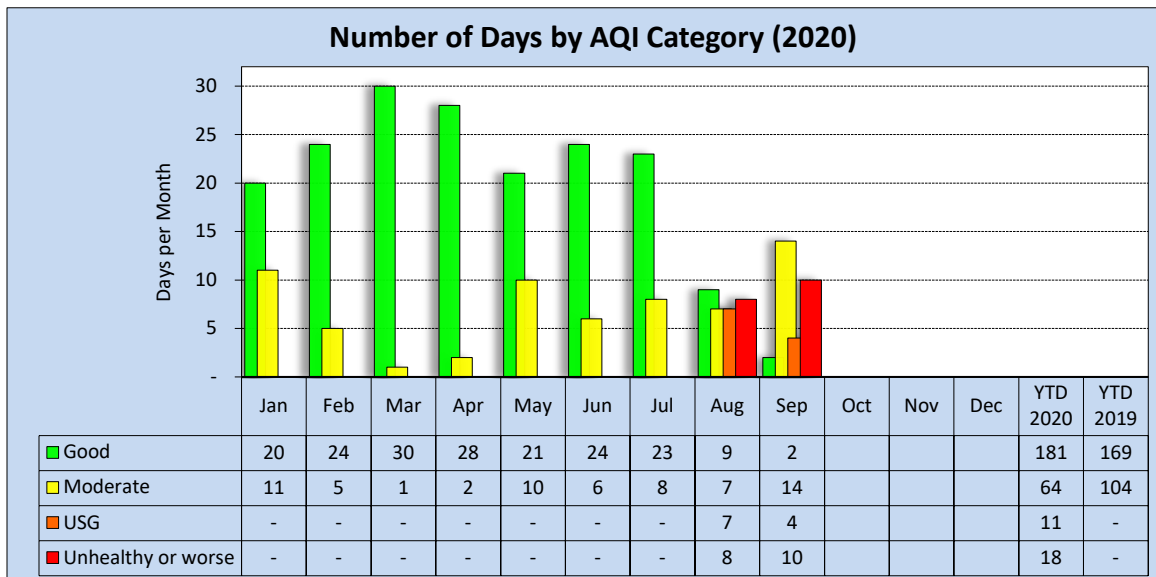
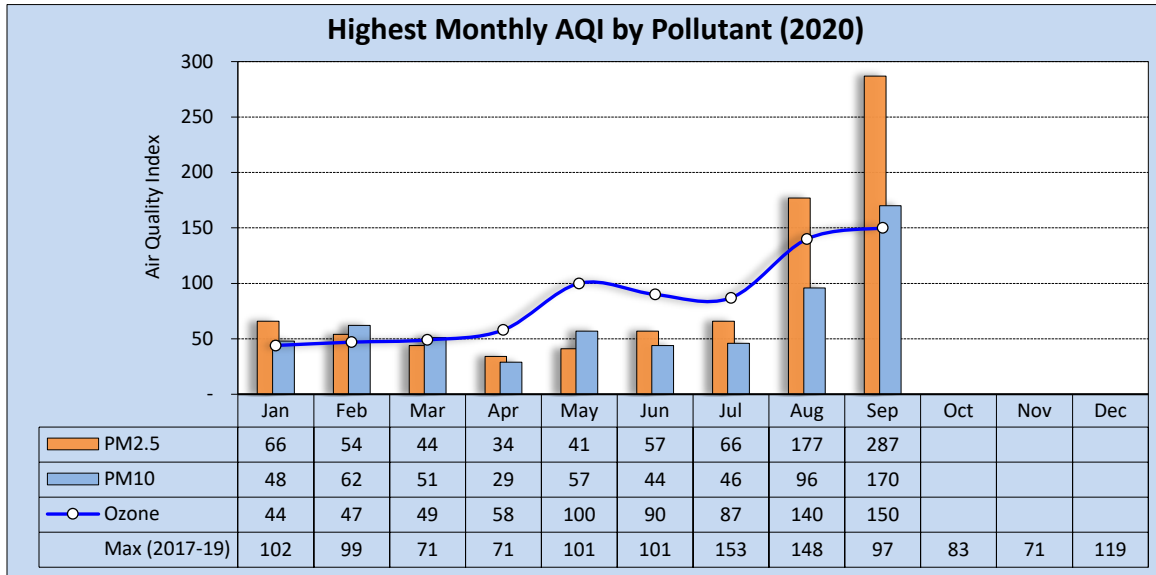
The Washoe County Air Quality Management Division (AQMD) was able to work with the RTAA early on in the application process and provide input on potential emission reductions. After a thorough review of the application, the AQMD determined that the proposed low-emission project described in the RTAA's VALE pre-application met the requirements of the Clean Air Act and was consistent with the FAA VALE Technical Report and associated U.S. Environmental Protection Agency (EPA) Guidance on Airport Emission Reduction Credits for Early Measures through Voluntary Airport Low Emission Programs.

Moving forward, AQMD will make a timely determination of airport emission reduction credits (AERCs) based solely on VALE and AERC program guidance in relation to general conformity and new source review (NSR) regulations, as required under the Vision 100 Century of Aviation Reauthorization Act (P.L.108-176). Approved AERCs for general conformity will be granted by the AQMD on a one-to-one basis (project emission reductions to AERCs by pollutant), while AERCs for NSR will be granted, if eligible, on a similar basis or according to the AQMD's NSR regulations and procedures.

Francisco Vega, P.E., MBA  
Division Director

## 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 (3) 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

September Air Quality: There were four (4) exceedances of the ozone, ten (10) exceedances of the PM<sub>2.5</sub>, and six (6) exceedances of the PM<sub>10</sub> National Ambient Air Quality Standards (NAAQS). The highest ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> and concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.085 ppm	9/15	Incline Village	Wildfire Smoke
PM <sub>2.5</sub> (24-hour)	189.7 µg/m <sup>3</sup>	9/13	Spanish Springs	Wildfire Smoke
PM <sub>10</sub> (24-hour)	238 µg/m <sup>3</sup>	9/13	Spanish Springs	Wildfire Smoke

Worst PM<sub>2.5</sub> days ever: The Slink, Creek, Fork, and North Complex Fires sent smoke to the Truckee Meadows throughout much of September. The highest 24-hour and 1-hour PM<sub>2.5</sub> concentrations ever monitored in Washoe County were recorded on September 12 and 13 (Note: AQMD has been monitoring 24-hour concentrations since 1999 and 1-hour concentrations since 2012). This episode necessitated issuing the first ever Stage 2 Warning by the District Health Officer. Adding in September data to the projected design values, we are currently violating the ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> NAAQS.

Fine Particulate Records	
Highest 24-hour AQIs	Highest 1-hour concentrations
AQI 240 – Sep 13, 2020	427 µg/m <sup>3</sup> – Sep 13, 2020
AQI 212 – Sep 12, 2020	418 µg/m <sup>3</sup> – Sep 13, 2020
AQI 182 – Jun 25, 2008	418 µg/m <sup>3</sup> – Sep 13, 2020
AQI 178 – Sep 15, 2020	404 µg/m <sup>3</sup> – Sep 13, 2020
AQI 175 – Sep 11, 2020	385 µg/m <sup>3</sup> – Sep 13, 2020
AQI 175 – Sep 16, 2020	383 µg/m <sup>3</sup> – Sep 13, 2020
AQI 174 – Sep 18, 2014	374 µg/m <sup>3</sup> – Sep 13, 2020
AQI 173 – Sep 17, 2020	361 µg/m <sup>3</sup> – Sep 12, 2020
AQI 170 – Sep 23, 2014	352 µg/m <sup>3</sup> – Sep 13, 2020
AQI 169 – Aug 23, 2013	297 µg/m <sup>3</sup> – Sep 12, 2020

**Most Popular Tweet for September**

Impressions: 9,028

What does “Violating the NAAQS” mean? The EPA establishes health-based NAAQS with a level (i.e., 35 ug/m<sup>3</sup>) and form (i.e., 24-hour) for each pollutant. The most important thing to know about violating the NAAQS is that it means our air is harmful to breathe. It’s important for us to take actions to reduce the exposure and severity of high pollution levels. On the regulatory side, violating the NAAQS is the first step towards a non-attainment designation. The Clean Air Act provides an “Exceptional Events” path to exclude the September wildfire smoke events from design value calculations. EPA will provide direction to staff on which events, if any to proceed with preparing Exceptional Events Demonstrations.

Daniel Inouye  
 Chief, Monitoring and Planning

b. Permitting and Compliance

**September**

Staff reviewed forty-five (45) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In September 2020, staff conducted thirty (30) stationary source inspections; fourteen (14) gasoline station inspections; and three (3) initial compliance inspections. Staff was also assigned fourteen (14) new asbestos abatement projects, overseeing the removal of approximately nine thousand fifty-nine (9059) square feet and zero (0) linear feet of asbestos-containing materials. Staff received three (3) new building demolition projects to monitor. Further, there were eighteen (18) new construction/dust projects comprised of an additional two hundred eleven (211) acres. Staff documented forty (40) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to fourteen (14) complaints.

Type of Permit	2020		2019	
	September	YTD	September	Annual Total
<b>Renewal of Existing Air Permits</b>	74	755	75	1,086
<b>New Authorities to Construct</b>	8	49	2	52
<b>Dust Control Permits</b>	18 (211 acres)	166 ( 2828 acres)	11 (95 acres)	197 (2,436 acres)
<b>Wood Stove (WS) Certificates</b>	28	314	36	442
<b>WS Dealers Affidavit of Sale</b>	7 (6 replacements)	63 (10 replacements)	15 (11 replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	1,122 (7 stoves removed)	5,822 (29 stoves removed)	772 (3 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	50	490	72	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	14	191	23	300



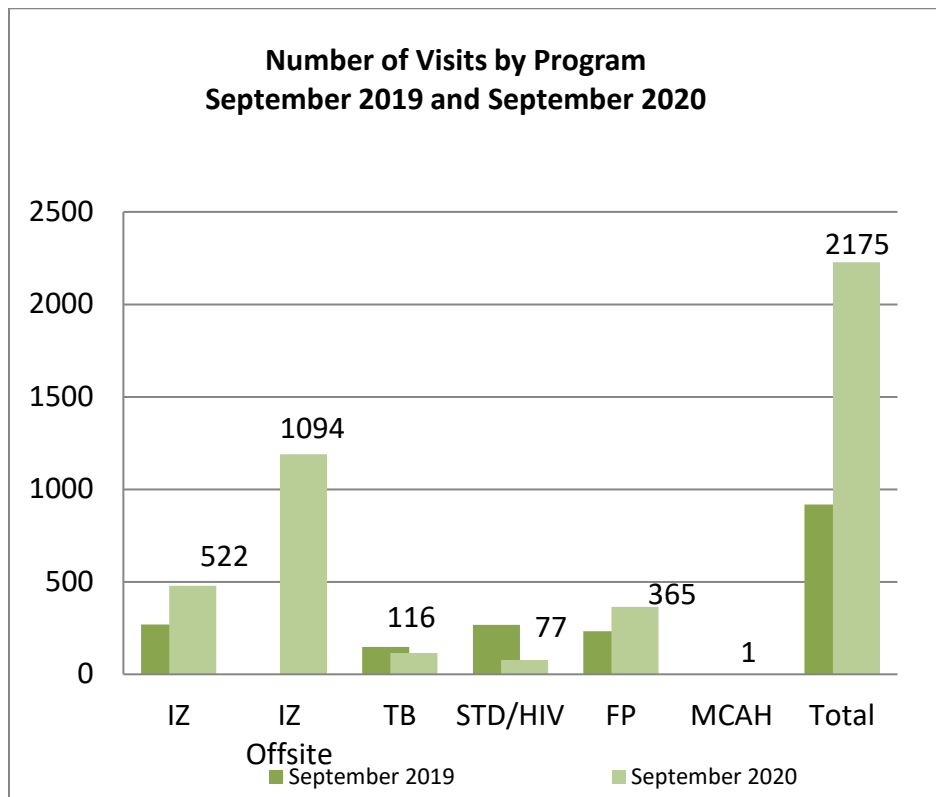
COMPLAINTS	2020		2019	
	September	YTD	September	Annual Total
Asbestos	0	9	0	11
Burning	1	12	1	14
Construction Dust	7	61	4	74
Dust Control Permit	0	1	0	6
General Dust	6	37	5	35
Diesel Idling	0	1	0	4
Odor	0	5	5	31
Spray Painting	0	7	0	3
Permit to Operate	0	1	0	8
Woodstove	0	1	0	2
<b>TOTAL</b>	<b>14</b>	<b>133</b>	<b>15</b>	<b>188</b>
NOV's	September	YTD	September	Annual Total
Warnings	0	5	6	27
Citations	0	3	2	15
<b>TOTAL</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>42</b>

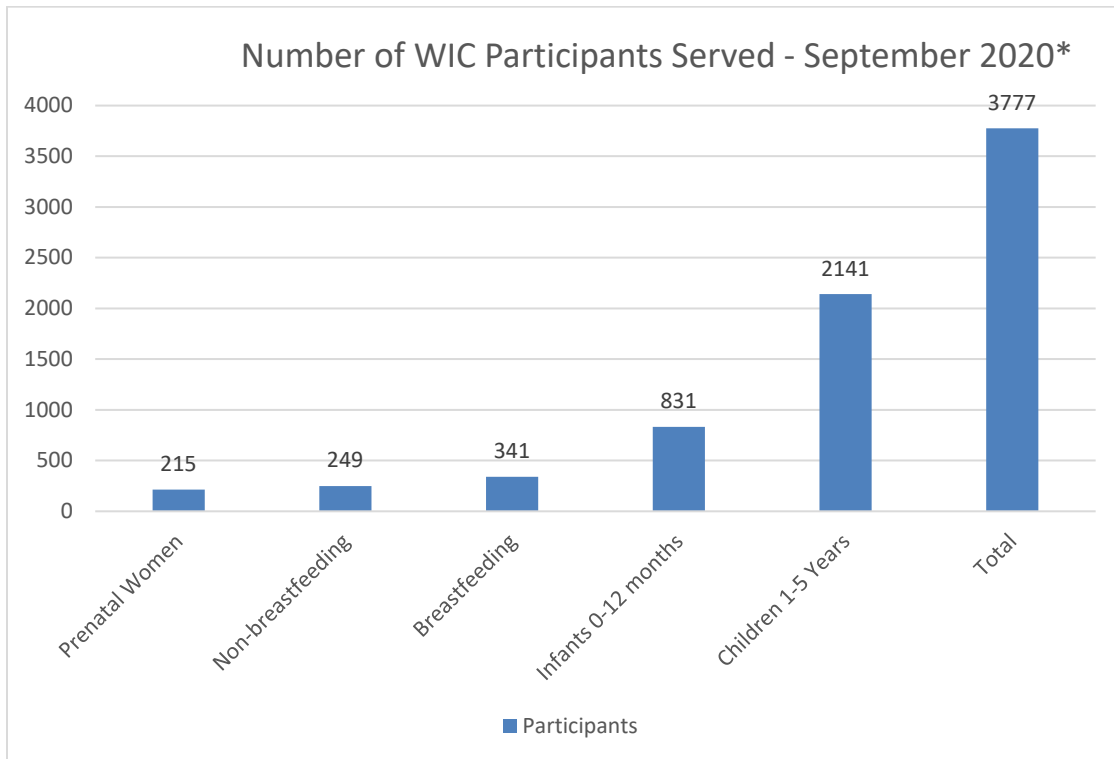
Joshua Restori  
 Senior Air Quality Specialist  
 Permitting and Enforcement

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: October 22, 2020**

**DATE:** October 9, 2020  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
 775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** Divisional Update – Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 response

**1. Divisional Update –  
a. 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

**Sexual Health (Outreach and Disease Investigation)** – STD DIS staff resumed some gonorrhea investigations and Partner Services (contact tracing) at the beginning of October, following a pause of those activities from December through September. The pause of activities was to provide more resources toward syphilis prevention and control efforts. With the increase of reported cases of gonorrhea, staff prioritized high risk populations that will be engaged with Partner Services methods. These groups include pregnant women, people with two or more reported STDs in the last 6 months, people age 18 and younger, and cases of disseminated gonorrhea.

Community based HIV/STD testing has resumed at two sites, a weekly testing site available via appointment and at the Holland Project community space. Most appointment spots have been filled since the sites reopened.

**Immunizations** – The Immunization program started offering flu vaccination on September 14, 2020, three weeks earlier than previous years due to the COVID-19 pandemic. Having flu vaccination available to the public is essential in reducing the overall impact of flu illnesses on the population and lessening the burden on the healthcare system during the COVID-19 pandemic. One walk-up and three drive-thru flu PODs were conducted in September. The walk-up POD was held at the 9<sup>th</sup> street Senior Center parking lot in collaboration with the

Senior Center and Walmart Pharmacy who provided high dose flu and pneumonia vaccination to the seniors. The drive-thru flu PODs were conducted utilizing the WCHD POST location and were staffed by CCHS and EPHP divisions, intermittent and contracted staff, as well as community volunteers and partners. Staff vaccinated a total of 1,094 people for flu during these four flu events including 285 children and 809 adults. Staff also held a WCHD employee flu clinic on September 23<sup>rd</sup> where 95 staff were vaccinated. Additionally, the Immunization program staff served 522 individuals and gave 1,392 vaccine doses during the month of September at our onsite Immunization clinic.

IZ program staff are working closely with EPHP staff to plan, coordinate and implement flu vaccination clinics for the upcoming months. Staff plan to conduct seven (7) Flu PODs in October, three (3) utilizing the POST location and four (4) community flu events. One of the community events is the Family Health Festival drive-thru POD on October 15<sup>th</sup> at the Stead Airport from 3-6 pm.

The Immunization program submitted a supplemental COVID-19 vaccination grant to the State on September 28, 2020 for \$74,564 to plan for and implement COVID-19 vaccination services throughout local jurisdiction.

**Tuberculosis Prevention and Control Program** – Staff are currently following three active pulmonary TB cases as well as several high-risk Latent Tuberculosis Infection (LTBI) cases. The Northern Nevada TB Cohort Review is scheduled for December 3, 2020. This year the cohort review will take place via Zoom. Washoe County will be reviewing 8 cases and Carson City Health District has one case to review.

**Chronic Disease Prevention Program (CDPP)** – To correlate with Cycle September, CDPP staff had two bike videos produced, one on bike safety and one featuring local bike paths. Bike videos were promoted on social media and television and will continue to be used to educate and encourage cycling. The shortened safety video is available at: <https://www.youtube.com/watch?v=xtSjJPkIPpM>

Staff regularly field questions and concerns from the public about smoking. The most common questions are related to exposure to secondhand smoke in living spaces (multi-unit housing) and exposure to secondhand smoke at a business (usually due to an adjacent business allowing smoking and/or the absence of a minimum distance policy). These conversations provide opportunities to educate the public about the different voluntary policies that are available to business owners and managers.

Staff have updated and reorganized the GetHealthyWashoe.org website. Resources were added, including more downloadable no smoking/no vaping signs, and information and materials are now easier to locate.

**Reproductive and Sexual Health Services** – Two intermittent hourly Advanced Practice Registered Nurses (APRN) were hired to increase clinic capacity. Staff completed the update of the Family Planning protocol to include the revised cervical cancer screening guidelines. The Family Planning program received a Notice of Award for \$160,000 to be used for the implementation of FPAR 2.0. Staff has provided family planning

services to five residents at the Our Place Family and Women's Shelter. Services will continue to be provided at the shelter twice a month.

**Maternal, Child and Adolescent Health (MCAH)** – Staff continues to investigate cases of children with lead, follow-up metabolic testing and conduct Cribs for Kids classes. Staff is currently updating protocols.

Fetal Infant Mortality Review Board has returned to in person meetings with members. Staff has submitted cases for year end and is awaiting data abstraction from the State to complete Fetal Infant Mortality Review yearend report. Work continues on the Executive Summary report.

**Women, Infants and Children (WIC)** – The federal waivers that were scheduled to expire at the end of September have been extended until 30 past the end of the national state of emergency. Staff have developed multiple plans over the past 6 months for returning clients to required in person appointments and are now working to develop a plan for voluntary in person appointments.

The Food Delivery program has been expanded beyond the five-contact fee pick up points in Washoe County, and now offers home delivery of WIC foods. This service is available to all WIC participants in Washoe County until December 31st. This should eliminate the need for high risk clients to go to the store for their WIC foods. WIC benefits are not currently eligible to be used through store pickup or delivery.

**COVID-19 Response** – 4,682 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in September. A team of 3 Intermittent Hourly RNs went to a local retirement center and tested 41 residents. 172 nasal and blood samples were collected for the Seroprevalence study. A total of 14 Intermittent Hourly Registered Nurses have been hired to conduct COVID-19 testing at the POST. Three Intermittent Hourly Community Health Aides were hired to assist at the POST with COVID-19 testing.

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DHO _____ KD

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: October 22, 2020**

**DATE:** October 9, 2020  
**TO:** District Board of Health  
**FROM:** Amber English, Acting Director  
775-328-2629; [aeenglish@washoecounty.us](mailto:aeenglish@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates:  
Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities);  
Environmental Protection (Land Development, Safe Drinking Water, Vector, WM); and  
Inspections.

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**Program Updates**

COVID-19 Response:

- All EHS staff have returned to the Division as of October 5, 2020, except James English, who is filling the role of the Regional Operations Section Chief for the COVID-19 Response and as the Branch Director for the COVID-19 Health Branch. Staff is experiencing large numbers of questions with regards to the various directives signed by the Nevada Governor. The inconsistencies and vagueness of the various directives, although not all directly part of the COVID-19 Response, have become a burden on the Division and its current workload.

Nevada Administrative Code (NAC) 447E/SB4 Implementation

- Since September 24, 2020, staff have been actively implementing the new public accommodations inspection program as required by SB4 and the adoption of NAC 447E. Draft permanent regulations are almost finalized with the inclusion of the new COVID-19 requirements as part of NAC 447E's adoption. Inspection forms have been developed and are being printed, staff training has begun on completing inspections and a field inspection guide is being finalized to help with staff consistency in inspections. All affected facilities have been notified of the new regulations and requirements via email, phone calls, and written letters. The Washoe County Health District (WCHD) has begun receiving safety plans which have been reviewed with feedback being provided to the properties. Part of this process includes the option to for establishment operators to meet with WCHD staff who can assist in edits to the plan to meet the requirements of the regulation. Enforcement and hearing procedures are in place for the processing of inspection violations and administrative fines.

Based on the implementation process to date, staff feel confident inspections can begin on October 12, 2020, the first working day from the date the emergency regulations went into effect which was October 10, 2020.

## A. Consumer Protection

### Food/Food Safety

- The program is currently gearing up to continue efforts on staff field standardization and food safety inspection training. This work is part of our continued conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Continued progress with this training program will allow the Food Safety Program to meet Standard 2 – Trained Regulatory Staff in the near future. The program is providing a virtual training for staff on Field Inspection Standardization in December from former FDA Retail Specialist, Mario Seminara. Field standardization and re-standardization for all staff will be the focus starting CY21. The goal of field standardization is to assess inspector's technical knowledge and ability to apply this knowledge in a way that ensures the time and resources spent within a facility offer maximum benefit to both the regulatory agency and the consuming public.
- Special Events/Temporary Food – The program has not issued any new permits for the month of September. Riverside Farmer's Market is currently the only event in Washoe County with active temporary food permits. With the new COVID-19 directives allowing for gatherings of up to 250 people, the program expects more events will start to transpire through the holiday season.
- Epidemiology (EPI) –

<b>Epidemiology</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>2020 YTD</b>
Foodborne Disease Complaints	20	20	11	4	7	6	6	17	15	106
Foodborne Disease Interviews	14	12	5	1	3	4	5	3	7	54
Foodborne Disease Investigations	0	1	0	0	0	2	3	1	0	7
CD Referrals Reviewed	12	9	13	1	0	2	2	8	9	56
Product Recalls Reviewed	3	1	7	5	4	6	2	2	5	35
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	0	1	44

### Commercial Plans

<b>Community Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Development Reviews	22	33	38	37	29	40	18	18	20	255	373
Commercial Plans Received	97	90	117	88	94	95	67	85	93	826	1,325
Commercial Plan Inspections	34	30	38	22	35	25	39	38	31	292	395
Water Projects Received	9	5	3	2	3	7	5	12	2	48	87
Lots/Units Approved for Construction	158	108	85	68	184	209	45	115	30	1,002	1,337

### Permitted Facilities

- Child Care – EHS is heading into the busiest month of the year for child care facility inspections with 17 licenses due for renewal in October and eight more in November. Staff from EHS also sat on a panel for the semi-annual Child Care Advisory Board meeting in September.
- Schools – EHS staff worked on the Washoe County School District Outbreak Response Plan through September and has now turned the plan revisions and conferences over to the Communicable Diseases division. All school inspections were completed by the end of September for the Fall 2020 semester with the exception of 12 that are being held for training purposes in October.
- Training – Two REHS in-training staff members began training at permitted facilities in late September while a third transitioned into food training. As of the date of this report, all three trainees have been trained in public bathing facility inspections and two have completed all food training.

## B. Environmental Protection

### Land Development

- Septic plan intake numbers remain approximately 30% lower year over year, although increased from 35% last month. It is also unknown how many plans are still with the Washoe County Building Department as they have a backlog. Well permits are up 48%, with current permits at 99 versus 67 compared to last year at this time.
- Coverage remains an issue, but the team is working through it. The usual increase in inspections per day associated with the beginning of the end of the construction season is underway. With multiple team members being out for illness or finally able to take some leave, construction has kept the remaining staff busy. This is expected to continue until the weather changes and brings snow.
- The staff member filling the Senior position was released from COVID-19 response during the month and management of the day to day activities have been transferred over.

<b>Land Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	58	80	481	913
Residential Septic/Well Inspections	72	99	102	76	77	87	86	77	101	777	1,051
Well Permits	10	14	7	14	14	11	12	12	12	106	72

### Safe Drinking Water (SDW)

- At time of writing, one week remains of the 30-day exit transition from the SDW contract. The team has been diligently resolving old deficiencies and conducting all remaining sanitary surveys prior to the final hand over to The Nevada Division of Environmental Protection (NDEP), Bureau of Safe Drinking Water (BSDW). All field work has been completed and only sending out survey letters remain. It is expected that the BDSW will receive a clean and up to date program when they take over.
- The BDSW and WCHD are following a transition timeline, including notification of different stakeholders of the change. There will likely be some minor continued involvement as some water systems will not be aware or items will come up that need our expertise, but as of October 9, essentially our workload ceased in this program.

### Vector-Borne Diseases (VBD)

- The program has been monitoring an elevated level of mosquito activity in the Donner Springs community.
- One fog treatment was conducted in response to complaints on September 29, 2020, with additional follow up treatments pending adult mosquito collection numbers.

<b>Service Requests</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>MAY 2020</b>	<b>JUN 2020</b>	<b>JUL 2020</b>	<b>AUG 2020</b>	<b>SEP 2020</b>	<b>2020 YTD</b>
Tick Identifications	4	2	0	0	3	4	1	0	0	14
Rabies (Bat testing)	1	1	0	0	3	9	7	2	2	25
Mosquito Fish Requests	2	1	0	0	3	5	2	0	0	13



Waste Management (WM)

- KTMB Truckee River clean-up was held on September 26, 2020 (<https://www.ktmb.org/>). Results showed 433 volunteers removed 23,995 pounds of trash, including 13 shopping carts, as well as 21,360 pounds of invasive weeds and green waste.
- KTMB also held 35 illegal dump site clean-ups in September and disposed of 7,195 pounds of trash.
- The final free Lockwood dump event was held the second weekend in October.



EHS 2020 Inspections

EHS 2020 Inspections	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	2020 YTD	2019 TOTAL
Child Care	21	6	9	0	5	14	11	14	15	95	225
Food/Exempt Food	471	604	279	133	348	487	265	232	485	3,304	9,056
Schools/Institutions	21	39	32	0	0	2	1	53	39	187	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	23	44	93	177
Temporary IBD Events	1	0	0	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	0	30	87	189
Mobile Home/RV Parks	17	30	8	16	46	32	6	13	13	181	223
Public Accommodations	5	17	1	0	1	0	4	24	50	102	199
Aquatic Facilities/Pool/Spas	13	24	30	0	1	102	109	62	31	372	2,441
RV Dump Station	0	5	0	2	0	1	3	2	2	15	25
Underground Storage Tanks	2	3	0	0	0	0	1	0	0	6	0
Waste Management	9	26	7	20	9	11	6	8	9	105	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	3	2	43	1,541
Complaints	76	67	69	60	69	103	119	124	78	765	817
<b>TOTAL</b>	<b>648</b>	<b>859</b>	<b>458</b>	<b>231</b>	<b>484</b>	<b>776</b>	<b>544</b>	<b>558</b>	<b>798</b>	<b>5,356</b>	<b>15,682</b>
EHS Public Record Requests	204	274	399	154	225	286	223	245	469	2,479	3,508

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: October 22, 2020**

**TO:** District Board of Health

**FROM:** Andrea Esp, MPH, CPH, CHES, EMS and PHP Program Manager, Acting EPHP  
Division Director  
775-326-6042, [aesp@washoecounty.us](mailto:aesp@washoecounty.us)

**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

**Communicable Disease (CD)**

2019 Novel Coronavirus (COVID-19)

By mid-October Washoe County Health District’s Epidemiology Program and COVID Unit will have approximately 10,000 cumulative cases of COVID-19 reported, with the majority of those cases having been interviewed. Through these interviews, over 17,000 contacts to cases have been identified as having been exposed. Over 17,000 letters have been produced and provided to employers, schools, daycares and medical providers on behalf of the cases and their contacts here in Washoe County.

In the later half of September case counts increased and Washoe County reached the highest 7-day moving averages to date at 105.5 on September 30, 2020.

Month Reported	# COVID-19 Cases Reported	% of Cumulative Cases
March	136	1%
April	764	8%
May	658	7%
June	1,233	13%
July	2,383	25%
August	2,119	22%
September	2,363	24%
<b>Total</b>	<b>9,656</b>	-

A Pediatric Task Force was created in the later part of August in anticipation of the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force is composed of 19 members, at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years the day it is reported in order to identify possible school and daycare exposures.

Since public school started, August 18, 2020 (Tuesday), 3,476 total cases have been reported, of which 492 (14%) were between the ages of 0 to 18 years. Collectively the pediatric task force has interviewed 67 cases who attended school while infectious (this includes staff and students), 124 student cases who opted into the Distance Learning Only option and an additional 76 cases who did not attend school in person while infectious. Data to reflect the school-aged cases have been added to the Washoe County COVID dashboard.

The COVID Pediatric Task Force and Epidemiology Program continues to meet weekly with the Washoe County School District's Student Health Services staff to fine tune the updated procedural process since each case at a school provides a learning opportunity to adjust accordingly.

Since UNR opened August 24, 2020 there have been 300 students who have tested positive, ages 17 to 31 years. Few of these cases have been on campus while infectious, most infections occur due to gatherings and contact with household members and roommates.

The Epidemiology Program has continues to host the weekly local provider call Friday at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local area physicians to provide updates and ask questions as they relate to COVID-19. During the September 25 call, state partners joined to provide an update on COVID-19 vaccines.

The Epidemiology Program Public Health Preparedness staff (PHP), in conjunction with UNR School of Community Health Services, Clinical and Community Health Services, have finalized the methods for Phase II of the seroprevalence project. The seroprevalence project involves collecting blood specimens from a representative sample of Washoe County residents in order to better assess the prevalence of SARS-CoV-2 virus infections by measuring for the presence of Immunoglobulin G antibody proteins (IgG) in the blood. If detected, it means the person was likely infected and their immune system responded by producing antibodies to the virus. Phase I of this project was conducted in June and the data estimated approximately 2.3% of adults in Washoe County had possibly been infected to date. Phase II occurred the week of September 27 through October 2, 2020. Data are being entered and will be available as soon as the final specimen results are reported and appropriate population weightings have been completed.

Seasonal Influenza Surveillance - Influenza surveillance season officially started the week of September 27. The first weekly report will be released the week of October 4. The weekly reports will incorporate surveillance metrics and data for COVID-like Illness (CLI) in addition to Influenza-like Illness (ILI). Program staff are connecting with state and national surveillance personnel to ensure staff has access to the appropriate data to provide consistent weekly snapshots for both influenza and COVID in one single report.

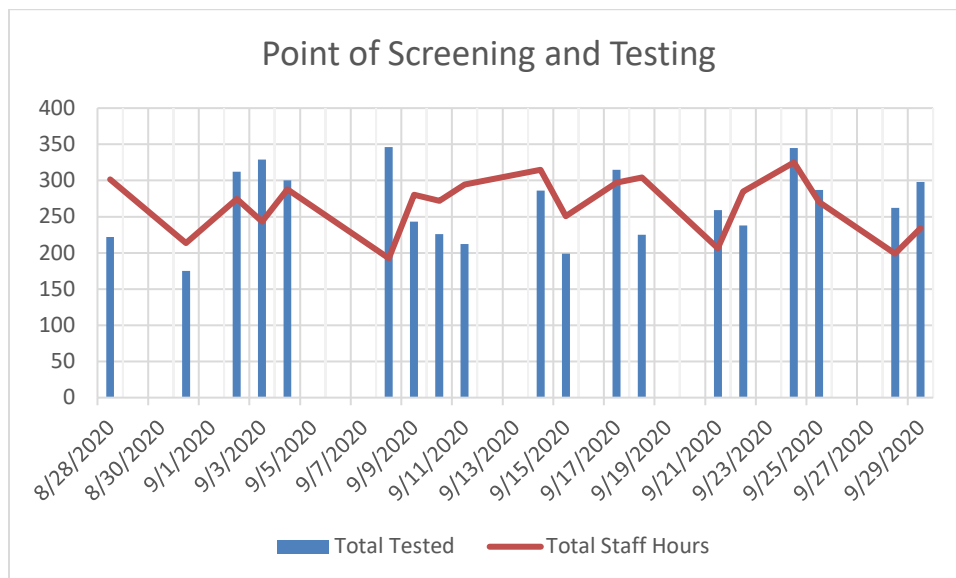
### **Public Health Preparedness (PHP)**

PHP staff are working on updating two annexes to the Department Emergency Operations Plan: Annex 2: Point of Dispensing (POD) Operations and Annex 8: Volunteer Management Plan. Staff are also updating the Postal Service Biohazard Detection System (BDS) Plan. All documents are anticipated to be finalized by the end of October. These updates are in response to COVID-19. Through revisions of the two annexes and plan, WCHD will increase its ability to respond to public health emergencies.

PHP partnered with Washoe County Emergency Management and the Homeland Security Program to increase public awareness of preparing for public health emergencies and educating individuals on how to take responsibility for preparedness during September's National Preparedness Month. 3,370 Washoe311 Emergency Preparedness bags, containing professionally-developed flyers in both English and Spanish, provided educational information on how to prepare for emergencies. These flyers, along with other Washoe County information, were distributed throughout the entire month of September at the COVID-19 Testing POST. A social media campaign for Emergency Preparedness Month with the hashtags #BeReady and #NationalPreparednessMonth was launched by the Washoe County Health District through the Twitter and Facebook platforms with new messages posted every day in September. WCHD employees were encouraged to place the line, "September is National Preparedness Month. Be Prepared!" in their WCHD email signature for the month.

The PHP program has also been working with CCHS and community partners to run and operate the fall influenza vaccine pushout. PHP and CCHS conducted four POD events in September (14, 19, 22, and 23) and provided 1,083 influenza shots to vulnerable populations in our community. The intent of the vaccination drive is to both increase the general rate of influenza vaccination in the community as well as providing training opportunities for community partners to run high-volume POD sites in anticipation of a COVID vaccine.

From August 28 to September 29, the POST has tested 5,079 individuals and utilized 5,045.5 hours of labor to accomplish this task. Roughly half of the labor hours have been provided by the Air and Army National Guard. The other half has been a combination of Medical Reserve Corps volunteers, Reno Livestock Event Center Staff, paid staff (UNR hires), Community Emergency Response Team members and PHP staff. PHP has provided the onsite daily management of operations.



The COVID Call Center received a total of 6,407 risk assessments over the month, with some entered by end-users through the web portal, and others entered by the Call Center staff. The total number of packets assembled for testing at the POST was 5,563 and 804 of those patients did not arrive for their testing appointment. As of September 1, the COVID Call Center was staffed with

17 personnel comprised of 12 UNR paid contractors, one National Guard member and four WCHD employees. As of October 5, 2020, the COVID Call Center was staffed with a total of 22 personnel, comprised of 15 UNR paid contractors, six members of the National Guard, and one Washoe County employee.

The COVID Call Center implemented new processes over the month of September to help improve the timeliness of positive case notifications. The REMSA Community Triage Line was discontinued on September 30, 2020 and all calls have been rerouted to the COVID Call Center. In addition, Washoe311 calls regarding COVID-19 have been redirected to the COVID Call Center.

### **Inter-Hospital Coordinating Council**

The Hospital Preparedness Program (HPP) has been working with IHCC workgroups on many different items. The Hazard Vulnerability Assessment and Resource Gap Analysis were sent out for completion in September. These will be used to revise the Preparedness Guidelines and the Response Guide. The Alternate Care Site plan is in the process of being revised based on lessons learned during COVID-19.

HPP staff conducted a redundant communications exercise on September 17, 2020, requesting participation by responding on one of several platforms from all IHCC partners. Forty-three healthcare facilities responded. Exercises such as this are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

IHCC is planning a Community Flu POD in November for five days with all IHCC partners. Events like this will enhance the healthcare's ability to protect the community from the effects of COVID-19.

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

The EMS Staff have hosted a weekly meeting with REMSA and fire agencies. The purpose of the meeting is to provide interagency updates and communication, as well as partner discussion of incident-specific concerns/issues.

The EMS Coordinator and Statistician have been conducting ongoing partner visits to introduce themselves to their EMS partners. They have visited Reno, Sparks, and Truckee Meadows fire headquarters as well as REMSA. These meetings have been excellent for relationship building among partners as well as educational for those members of the EMS Oversight Program.

### **REMSA Percentage of Compliant Responses**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zone B,C, and D</b>	<b>All Zones</b>
July 2020	88%	-	-	-	84%	-

August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-

**Fiscal Year 2020-2021 (Quarter 1)**

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 449 deaths and 482 births during Septmeber.

**Number of Processed Death and Birth Records**

<b>September</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1,599	41	346	1,986
Birth	692	73	310	1,075
<b>Total</b>	<b>2,291</b>	<b>114</b>	<b>656</b>	<b>3,061</b>

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: October 22, 2020**

**DATE:** October 13, 2020

**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 – COVID-19 Response, COVID-19 Disease Investigations, COVID-19 Joint Information Center Update, EMS Response Information, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

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COVID-19 Response

The Health District continues with the variety of COVID-19 response operations functions including call center/risk assessment, Point of Screening and Testing (POST), disease investigation, contact tracing, surveillance, analysis, logistics, procurement, and communications. Planning is underway to relocate the POST to the west side of the Livestock Events Center for a winter configuration. A number of flu points of dispensing (PODs) have and will continue to occur to increase flu vaccinations and prepare for COVID vaccination efforts. COVID-19 vaccination dispensing plans are being prepared.

The County continues to have elevated levels of disease transmission that is resulting from community spread. The population of 18-24 year olds continues to have rates of daily new cases that significantly exceed cases occurring on other groups. As of October 12, 2020, the County has been flagged for elevated disease transmission for three consecutive weeks, after not being flagged for one week. The County is flagged for a test positivity rate of 8.2% and for the case rate per 100,000 population over the last thirty days of 463. The County has the highest level of cases per 100,000 for a number of weeks, far exceeding the threshold of 200, and the next closest county, Clark, at 356.5.

An Enforcement Branch of the Regional Incident Management Team has been established to improve the communication and coordination of the local jurisdictions, the Health District, and state agencies. The Health District's regulatory compliance program for resorts and public accommodations regarding COVID-19 mitigation measures established through SB 4 has been implemented with the first inspections conducted on October 12, 2020.

Emergency Directive 033 for large events and gatherings was issued by the Governor on September 30, 2020 which allows gatherings of up to 250 individuals without plan submittal and review, and gatherings of up to 10% capacity for venues with a capacity of over 2,500 individuals, or up to 1,000 individuals for conferences/trade shows if plans are submitted and approved by local health authorities and State Business and Industry, Gaming Control Board, or Nevada State Athletic Commission, as applicable. The Health

District was not consulted regarding this Directive and I announced that due to the high level of disease transmission occurring in Washoe County at this time, the Health District would only consider approving outdoor events with fixed seating on a case-by-case basis. After November 4, the level of disease transmission occurring in the county and the potential impacts of the gatherings of up to 250 people will be assessed in determining whether we would consider approving additional plans for large gatherings and events. The requirement for the Health District to review plans for events and gatherings of over 250 individuals imposes additional workload on staff that is already severely strained with the COVID-19 response and unable to perform other important public health roles and responsibilities for the community. Several meetings have been convened to improve communications and coordination between the State and local governments and health authorities.

On October 8, 2020 the Governor issued Emergency Directive 034 for youth and adult sports that allows minimal-contact and non-contact sports to occur. Following the announcement on the directive the POST experienced an increase in the number of people scheduling for testing that we believe is partially attributable to the requirement for coaches in the leagues to be tested. Tournaments and competitions will be allowed after October 24, 2020 if plans are submitted and approved by the Bureau of Business and Industry.

#### COVID Disease Investigations

An Office of the District Health Officer Health Educator is the last Health District staff to remain redeployed in disease investigations and contact tracing. She is providing additional help to cover Epidemiology Ops functions as needs arise. Work is underway to complete investigations with a focus on pediatric cases attending school as well as students attending UNR or TMCC.

#### COVID-19 Joint Information Center Update

The Health District maintained daily information updates for the Joint Information Center (JIC) to the general public throughout the month of September and the expectation is to continue that execution. Many of the media requests received were around bars opening, cases for Labor Day, seroprevalence, large gatherings, cases at UNR, cases at businesses and more. The Health District partnered with the Washoe County Bar/Taproom Coalition to host a Q&A session with bar owners and organized a media event where four media outlets showed up to Beer NV to learn about the reopening guidelines and what bar customers can expect to see. The JIC worked with KPS3 and BVK on the regional COVID-19 mask campaign. BVK provided creative concepts, which were vetted by the JIC and then presented to a focus group of leaders in the Hispanic Community. Alterations to the concepts were made and preparations for tactical execution of the concepts was presented and reviewed. The expectation is to go into production with the concepts and distribute via our outlets by end of October.

#### EMS Response Information

Health District representatives had an opportunity to meet with Chief Cochran and Reno Fire EMS representatives on October 5, 2020. During the meeting Reno Fire's concerns and incident level information on REMSA responses were presented to the Health District. Health District EMS staff initiated a review and investigation of the information presented in an attempt to understand and resolve any issues occurring with EMS response.



Date: October 22, 2020

Subject: ODHO District Health Officer Report

Page: 3 of 3

### Public Health Accreditation

Progress continues in gathering and preparing all the documents for the PHAB annual report. Out of eight measures that did not meet conformity, work is underway for four measures. A hot wash including community partners involved in the planning and implementation of the COVID-19 POST were invited to discuss the successes and opportunities for improvement for future POSTs. The completeness of this activity fulfills one of the main components needed to meet PHAB measures.

### Community Health Improvement Plan (CHIP)

A work plan was developed as a roadmap to guide the planning steps of CHIP 3.0. Eight stakeholder interviews have been completed and several are slated for the month of October. Current CHIP Committee members and community stakeholders are being interviewed to determine specific challenges, opportunities and identify potential specific, measurable goals and objectives. Several stakeholders have identified common themes to work on and suggested additions to the CHIP. Smaller groups will draft content for updated action plans. In addition, current CHIP members are providing updates on the progress of tactics and strategies to include in the CHIP 2020 Annual Report.

A Family Health Festival is scheduled for October 15, 2020 and will include flu vaccines, Mobile Harvest and other basic needs.

Att.: September Media Mentions

DATE	STORY	Inquiries
9/1/2020	<a href="#">RGJ: Hunter Lake Elementary COVID-19 case sends some into 14-day quarantine</a> <a href="#">RGJ: Drake, Hunsberger, Mendive and Spanish Springs High join list of new COVID-19 cases</a>	<b>RGJ:</b> Siobhan McAndrew asked about WCSD COVID-19 cases. <b>USA Today:</b> Filed a records request regarding COVID-19 testing. <b>KTVN:</b> Paul Nelson inquired about the misinformation saying only 6 percent of COVID-19 deaths are actually from COVID-19
9/2/2020	<a href="#">RGJ: Council member taps public employee for volunteer time to build COVID threat meter</a> <a href="#">RGJ: Known active cases in Washoe County lowest since July 2</a> <a href="#">The Union (Grass Valley): New app, quicker test results help contact tracing efforts</a> <a href="#">KRVN: Discussion with Dr. Kristin McNeill, includes question about metrics and dashboards</a> <a href="#">KUNR: COVID-19 Wastewater story</a> <a href="#">PubMed.gov: COVID-19 Drive-Through Point of Screening and Testing (POST) System: A Safe, Efficient, and Adaptable Model for Nasopharyngeal Swab Collection – UNR Med literature on the effectiveness of our POST.</a>	<b>Nevada Independent:</b> Savanna Scott requested the number of cases at WCSD schools. <b>This Is Reno:</b> Jeri Chadwell requested the number of cases at WCSD schools. <b>This is Reno:</b> Sudhiti Naskar asked for the recording of the COVID-19 media briefing.
9/3/2020	<a href="#">KRVN: Health District concerned Labor Day weekend could cause spike in coronavirus cases</a> <a href="#">RGJ: Washoe Health District said there are no set data points in deciding to close a school</a> <a href="#">FOX11: Cases at schools was to be expected</a> <a href="#">KTVN: No cases have been specifically transmitted at schools</a>	<b>RGJ:</b> Jenny Kane asked for a comment about safety for the people attending Burning Man even though it was cancelled. <b>RGJ:</b> Anjeanette Damon asked about the COVID-19 Mitigation and Management meeting. <b>KRVN:</b> Kenzie Margiott asked about the COVID-19 Mitigation and Management meeting.
9/4/2020	<a href="#">KTVN: Update on how schools and the county in general are doing with COVID-19 in our community</a> <a href="#">RGJ: Nevada COVID task force: Washoe County bars to remain closed through at least mid-September</a> <a href="#">KTVN: Governor Sisolak Urges Nevadans Not To Have Large Gatherings On Labor Day Weekend</a> <a href="#">KUNR: Washoe County Officials Provide Update On How Washoe Is Doing During the Nevada COVID-19 Task Force Meeting</a> <a href="#">KUNR: COVID-19 Task Force Recap for Washoe County</a> <a href="#">KOLO: State moving to close Reno care facility</a>	<b>RGJ:</b> Siobhan McAndrew inquired about COVID-19 cases at charter schools <b>Reno AI Dia:</b> Laura Catzada asked about COVID-19 testing in Fernley
9/8/2020	<a href="#">This is Reno: Report: Nevada's communities of color, essential workers are disproportionately affected</a> <a href="#">RGJ: From snow to smoke to COVID, school board to discuss processes for closing schools</a> <a href="#">RGJ (Opinion piece): Local, state officials must clarify COVID-19 rules for business owners (WV)</a>	<b>KRVN (9/7):</b> Zac Slotemaker asked for a statement regarding a President Trump rally at the airport on Saturday. <b>Associated Press:</b> Requested comment on President Trump rally at the airport on Saturday. Still waiting on more details about the event. <b>KTVN:</b> Bryan Hoffman interviewed Dan Inouye about recent air quality issues <b>Contraceptive Technology Update:</b> Melinda Young asked questions about family planning in the midst of a pandemic.
9/9/2020	<a href="#">Associated Press: Trump still visiting Nevada despite virus limits on rallies</a> <a href="#">RGJ: Airport: Trump rally would break 50-person limit; president says he's coming to Nevada</a> <a href="#">KUNR: Washoe County School District Avoids Setting A COVID-19 Threshold For School Closures</a>	<b>Nevada Independent:</b> Daniel Rothberg spoke with AQMD's Brendan Schnieder about smoke impacts <b>This Is Reno:</b> Sudhiti Naskar inquired about how we're reaching out to communities of color regarding COVID-19. <b>RGJ:</b> Siobhan McAndrew asked about hospitalizations due to COVID-19 for WCSD students <b>KOLO:</b> Kurt Schroeder asked if cold weather temperatures, like at a ski resort in the winter, can kill COVID-19. No.
9/10/2020	<a href="#">KTVN: COVID-19 test results coming back quicker</a> <a href="#">KTVN: Airport will not host Trump rally on Saturday</a> <a href="#">This is Reno: COVID-19 Update: There may not be an "influx," district to propose reopening of schools</a> <a href="#">KTVN (From 9/8): Air quality story featuring Dan Inouye</a>	<b>RGJ:</b> Siobhan McAndrew asked about hospitalizations of WCSD students. <b>Nevada Appeal:</b> Geoff Dorman asked about the Nevada COVID-19 Mitigation and Management Task Force decision to allow bars to open in Washoe County. <b>This is Reno:</b> Jeri Caldwell asked about the Nevada COVID-19 Mitigation and Management Task Force decision to allow bars to open in Washoe County. <b>Las Vegas Review-Journal:</b> Al Mancini from Las Vegas Review-Journal asked about the press release about bar owners urged to join local coalition <b>The Guardian:</b> Jessica Glenza requested an interview with Heather Kerwin to talk about the reinfection case.
9/11/2020	<a href="#">News 3 (Las Vegas): Clark and Washoe Counties warn of wildfire smoke danger</a> <a href="#">KNPR (Las Vegas): Washoe County issues air pollution alert</a> <a href="#">KTVN: Bars to reopen in Washoe County</a> <a href="#">KOLO: Bars to reopen in Washoe County</a> <a href="#">KOH: Bars to reopen in Washoe County</a>	<b>KRVN:</b> Kenzie Margiott asked about the NV Task Force's ruling <b>KTVN:</b> Erin Sims asked about the NV Task Force's ruling <b>RGJ:</b> Siobhan McAndrew asked the MIS-C case. <b>FOX11:</b> Tony Phan requested an interview about a CDC study saying restaurants and bars are "super spreader" locations. Scott Oxart did the interview. <b>KTVN:</b> Angela Schilling reached out to AQMD about air quality
9/14/2020	<a href="#">KTVN: Washoe County Air Pollution Warning Downgraded to Air Quality Advisory</a> <a href="#">FOX11: Air pollution warning downgraded</a> <a href="#">KOLO: Air pollution warning downgraded</a> <a href="#">KRVN: First MIS-C case in Washoe County reported</a> <a href="#">KKOH: First MIS-C case in Washoe County reported</a> <a href="#">KTVN: First MIS-C case in Washoe County reported</a> <a href="#">FOX 11: Restaurants and bars pose a higher risk for COVID-19 transmission</a> <a href="#">KRVN: Health District issues air quality warning</a> <a href="#">KKOH: Health District issues air quality warning</a> <a href="#">KNPR (Las Vegas): Health District issues air quality warning</a>	<b>Media Opportunity:</b> The Regional Information Center and the Washoe County Bar/Taproom Coalition invited media to come to Beer NV to see how proper COVID-19 health and safety mitigations were done. <p style="text-align: center;">We had appearances from the RGJ, KTVN, KRVN and KOLO.</p> <b>FOX11:</b> Tony Phan interviewed Brendan Schnieder about a report that tried to compare breathing in bad air from fire smoke to smoking actual cigarettes. Not an easy comparison there. <b>KTVN:</b> Michelle Lorenzo interviewed Dan Inouye about how air quality is measured. <b>KOLO (9/13):</b> Abel Garcia interviewed Brendan Schnieder about the air quality warning issued on Sunday. <b>KRVN 9/13):</b> Miles Buergin interviewed Brendan Schnieder about the air quality warning issued on Sunday.

9/15/2020 [KARNV: Washoe County Health District to offer drive-thru flu shots](#)  
[KTVN: Smoke as bad as it has ever been in Washoe County](#)  
[KTVN: Smoke particles can create health issues](#)  
[KARNV/FOX11: Exposure to smoke can be harmful on mental health](#)  
[KTVN: Flu shot drive through](#)  
[KTVN: False Facebook Accusations Of COVID-19 Attendee At Trump Rally](#)  
[RGJ: Reno's air may see relief from California wildfire smoke soon but 'a lot can happen' - Brent](#)

9/16/2020 [KOLO: Washoe County Health District offering drive-through flu shots](#)  
[KOLO: Air quality expert on staying healthy with smoke-filled skies](#)  
[Nevada Today \(UNR publication\): COVID contact tracing: the callers behind the calls](#)  
[RGJ: Poor air quality closes Washoe County's COVID testing on Wednesday](#)  
[RGJ: Truckee Meadows COVID risk meter drops to 'moderate'](#)  
[LVRJ: Bars in Washoe County can reopen at 11:59 p.m. Wednesday](#)  
[KOLO: Flu shot even more vital this season](#)  
[The Guardian: US reinfection case raises question: how long does Covid immunity last?](#)  
[RGJ: Washoe County no longer on governor's COVID-19 at-risk list](#)  
[This is Reno: Washoe County progresses to COVID-moderate yellow zone, but risks haven't disappeared](#)  
[This is Reno: Drive-through flu shot clinics set to begin Saturday](#)  
[KTVN: Nevada Bars Starting To Reopen Under New County Health Guidelines](#)  
[KTVN: WIC Shopper Program Now Includes Grocery Store Pick-Up for Washoe County Participants](#)  
[KNPR \(Las Vegas\): Wildfire Smoke Causes Historic Air Pollution In Northern Nevada](#)

9/17/2020 [KOLO: Washoe Co. Health District to offer drive-thru flu vaccinations](#)  
[KTVN: Phase 2 of Washoe County COVID-19 Antibody Study Underway, Responses Needed](#)  
[RGJ: Record-high 1,346 active cases reported in Washoe County](#)  
[RGJ: When COVID testing was scarce, CDC director pulled strings to get Adam Laxalt tested](#)  
[KOLO: Second phase of Washoe County COVID-19 study underway](#)  
[KUNR: Off-campus parties continue to be an issue](#)  
[KTVN: Drive-through flu shots](#)  
[KARNV: Drive-through flu shots](#)  
[KOH: Big surge in COVID-19 cases over the weekend](#)  
[This is Reno: Drive-through flu shots](#)  
[KUNR: "There's Nowhere To Go." Unsheltered Individuals Sleep Outside Amid Fire Season - Brent](#)

9/21/2020 [KTVN: Reno-Based Study Links Wildfire Smoke Days to Hospital Visits](#)

9/22/2020 [RGJ: COVID-19 vaccine might not be in Nevada by Nov. 1, but Washoe will be ready to distribute](#)  
[KTVN: REMSA delivering flu shot to homebound patients - Live shot from drive-through flu shot clinic](#)  
[KOLO: Drive through flu shot clinic](#)  
[KOLO: Area residents asked to participate in COVID-19 Prevalence Project](#)

9/23/2020 [KTVN: Spike in COVID-19 cases](#)  
[KARNV: Younger age groups seeing more COVID-19 cases](#)  
[KUNR: Cases at UNR on the rise](#)  
[KUNR: Reno Eyes Local Park For Emergency Homeless Shelter](#)  
[99.TALK: Wildfire smoke exposure can lead to health risks](#)  
[KARNV: Hometown Health to host flu shot events through November](#)  
[KOLO: Public Health Protest Calls for End of Mandates, Expresses Worries Around COVID-19](#)  
[KTVN: Opportunity For Minorities To Get Free COVID Testing](#)  
[KTVN: Hometown drive-through flu shot event on Saturday](#)  
[KOH: Protestors at the Health District](#)  
[KARNV: Flu vaccine strongly recommended with COVID-19 still prevalent - Vicky Olson interviewed](#)  
[KARNV: KTMB's Truckee River Cleanup 2020 is happening tomorrow](#)

9/18/2020 [KTVN: WIC Shopper Program Now Includes Grocery Store Pick-Up for Washoe County Participants](#)  
[KNPR \(Las Vegas\): Wildfire Smoke Causes Historic Air Pollution In Northern Nevada](#)

9/15/2020 [RGJ: Terrell Wilkins from the RGJ asked some questions about air quality that Brendan Schnieder answered.](#)  
[KOLO: Kelsey Marier requested an air quality interview. Julie Hunter conducted it virtually.](#)  
[KNPR \(Las Vegas\): Bert Johnson requested an air quality interview on Thursday. Brendan Schnieder to conduct.](#)  
[FOX11: Tony Phan had a clarifying question about bars reopening](#)  
[KOLO: Liz Rodill requested an interview about the flu shot drive-through event set for Wednesday morning.](#)  
[KUNR: Yann Ling-Barnes will be doing a presentation with their staff about air quality index.](#)  
[KOH: Daniella Sonino asked about the flu shot drive through dates](#)

9/16/2020 [KOLO: Ed Pearce reached out asking about health effects of smoke. Interview with DBOH member Dr. Reka Danko was scheduled but fell through due to Pearce finding a different interviewee.](#)

9/17/2020 [KOLO: Elizabeth Rodill interviewed Windi Altemeyer about flu shots.](#)  
[KNPR \(Las Vegas\): Bert Johnson interviewed Brendan Schnieder about air quality](#)  
[RGJ: Siobhan McAndrew asked about charter and private school COVID-19 cases](#)  
[This is Reno: Lucia Starbuck asked for an air quality interview regarding smoke and homelessness - working on getting more details of request](#)  
[Mountain West News: Bo Baker asked for a contact with CVS on their COVID-19 testing](#)

9/18/2020 [KOLO: Elizabeth Rodill interviewed Erin Dixon about the rise in obesity rates](#)  
[This is Reno: Lucia Starbuck interviewed Brendan Schnieder about smoke affecting the health of people.](#)  
[Freelance environmental journalist: Maddie Kornfeld interviewed Brendan Schnieder about a recent study on emergency visits for asthma, particulate matter and the presence of wildfire smoke in Reno, and hopes to publish in InsideClimate News or another outlet focused on environmental health.](#)  
[KOLO: Terri Russell inquired about the seroprevalence study phase 2 and wants an interview next week. It's in the works.](#)  
[NPR: Bert Johnson asked about contact tracing for schools.](#)  
[KOLO: News Editor Stanton Tang asked to interview Kevin about the State's COVID-19 Dashboard. It's actually not our dashboard so the answer was no.](#)

9/21/2020 [RGJ: Anjeanette Damon inquired about COVID-19 hot spots in Washoe County.](#)  
[KTVN: Valentina Bonaparte asked about COVID-19 trends at the Antibody Test.](#)  
[Seroprevalence Project: We have interviews scheduled for the following outlets](#)  
 Entravision  
 102.1 Tricolor  
 El Sol  
 KOLO

9/22/2020 [Reno AI Dia: Laura Calzada interviewed Liliana Wilbert about the seroprevalence study to determine prevalence of COVID-19 in Washoe County.](#)  
[El Sol \(Spanish Newspaper\): Liliana Wilbert was interviewed about the seroprevalence study](#)

9/23/2020 [Tricolor 102.1: Liliana Wilbert is being interviewed tonight about the seroprevalence study.](#)  
[Entravision: Liliana Wilbert recorded an interview about the seroprevalence study](#)  
[KOLO: Terri Russell interviewed Heather Kerwin about the seroprevalence study](#)

9/24/2020 [FOX11: Tony Phan interviewed Vicky Olson about flu and COVID-19 vaccines](#)  
[RGJ: Anjeanette Damon interviewed Heather Kerwin about businesses that people visited while infectious](#)  
[KTVN: Cynthia Sandoval asked if we had any reaction to protestors outside the County Complex. We had no comment.](#)  
[KTVN: Ryan Cannady asked about senior flu shots; we let him know about Saturday's flu shot event with Hometown Health](#)

9/25/2020 [RGJ: Anjeanette Damon asked about correspondence with Tesla regarding COVID-19 in February](#)

9/28/2020	<a href="#">KRNv: CDC guide to celebrating Halloween in a pandemic</a> <a href="#">Reno News &amp; Review: Pandemic Chronicles: Virus spikes in Washoe, state</a> <a href="#">RGJ: Tesla Gigafactory tops list of workplaces with most Washoe County coronavirus cases</a> <a href="#">This is Reno: Smoke-free advocates challenge local casinos</a>  <a href="#">SouthTahoeNow.com: Nevada Tobacco Prevention Coalition challenges all casinos to be smok</a>	<b>KTVN:</b> Paul Nelson interviewed Scott Oxarart about uptick in cases, seroprevalence project, exposure data. <b>KRNv:</b> Karsen Buschhost interviewed Scott Oxarart about exposure data. <b>KRNv:</b> Tony Phan interviewed Scott Oxarart about Donald Trump Jr. rally in Sparks set for Wednesday. <b>This is Reno:</b> Jeri Davis asked how many professors at UNR have COVID-19.  <b>KOLO:</b> Denise Wong requested a comment on Washoe County hitting two of the three criteria for elevated disease transmission set forth by the Governor's COVID-19 Task Force.  <b>The Comstock Chronicle:</b> Tom Darby asked about COVID-19 cases at Tesla and Panasonic. <b>Sparks Tribune:</b> Kayla Anderson inquired about the press release regarding businesses/location COVID-19 exposure <b>KTVN:</b> Valentina Bonaparte asked if there was a shortage of the high-dose senior vaccine. Not that we're aware of. <b>KOLO:</b> Gurajpal Sangha interviewed Scott Oxarart about the Trump Jr. visit, businesses with exposure and seroprevalence. <b>RGJ:</b> Siobhan McAndrew issued a public records request for all texts between the school district and the health district. <b>This is Reno:</b> Bob Conrad asked for more details about WCSD COVID-19 cases.
9/29/2020	<a href="#">KRNv: If you're sick, don't go to work – also workplace cases in Washoe County</a> <a href="#">KTVN: After Early September Decline, Washoe County's COVID-19 Cases Rise</a> <a href="#">KRNv: Residents asked to join COVID-19 antibody study</a> <a href="#">KNPR (Las Vegas): Workplace data story</a> <a href="#">KUNR: Workplace data story</a> <a href="#">FOX11: Trump rally set for Wednesday</a> <a href="#">FOX11: Workplace data story</a> <a href="#">KUNR: Wildfire Smoke May Hit Asthmatics Harder Than Other Pollution, Study Says</a>	<b>RGJ:</b> Siobhan McAndrew asked about the governor's criteria for elevated disease transmission <b>This is Reno:</b> Sudhiti asked about WCSD cases <a href="#">Reno AI Dia: Laura Calzada asked where today's press briefing recording was located. Here.</a>
9/30/2020	<a href="#">RGJ: Washoe County tops state in new COVID-19 cases; health official advises not to loosen n</a> <a href="#">RGJ: Bishop Manogue shuts campus after 2 students test positive for COVID-19</a> <a href="#">RGJ: Reno and Washoe County can't cancel trick-or-treating, but urge precautions</a> <a href="#">KOLO: Donald Trump Jr. to campaign for his father, Sparks approves permit for rally with conditions</a> <a href="#">This is Reno: UNR reports more than 300 COVID-19 cases in one month</a> <a href="#">Spark+B112:B125s Tribune: Officials report 36 Covid-19 cases so far in school district</a>	
<b>Total</b>	<b>111</b>	<b>85</b>
<b>Press Releases</b>		
9/10/2020	<a href="#">County Bar Owners Urged To Join Local Covid-19 Coalition</a>	
9/11/2020	<a href="#">Bars in Washoe County Set To Reopen Next Week</a> <a href="#">Case of MIS-C reported in Washoe County</a> <a href="#">Washoe County Health District Issues Another Stage 1 Air Pollution Alert</a> <a href="#">Drive-Through Flu Shots Available at Washoe County Health District</a>	
9/15/2020	<a href="#">Bars in Washoe County Can Reopen Tonight</a>	
9/16/2020	<a href="#">WIC Shopper Program Now Includes Grocery Store Pick-Up for Washoe County Participants</a>	
9/17/2020	<a href="#">Phase 2 of the Washoe County COVID-19 Antibody Study is Underway, Responses Needed</a>	
9/18/2020	<a href="#">Health District Honored by Nevada Public Health Association</a>	
9/25/2020	<a href="#">Health District Releases Data on COVID-19 Exposure: Antibody Project Update</a>	
9/28/2020		
<b>Total</b>	<b>10</b>	
<b>Social Media Followers</b>	WCHD Facebook: 4,752 (+629 since Sept.) WCHD: 1,912 (+111 since Sept.)	