

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, December 17, 2020
1:00 p.m.**

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

COVID-19 NOTICE

The open meeting law (Nevada Revised Statutes Chapter 241) requires public bodies to conduct their meetings with at least one physical location. Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

ALL PERSONS WISHING TO ATTEND THE MEETING MUST ATTEND VIA ZOOM BY THE LINK BELOW OR TELEPHONICALLY

(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**

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. All public comment is limited to three minutes per person.

Public comment request must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting.

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

4. Approval of Agenda. (FOR POSSIBLE ACTION)

December 17, 2020

5. Recognitions.

A. Years of Service

- i. Jacqueline Lawson, 10 years, hired December 13, 2010 – EPHP
- ii. Sonya Smith, 5 years, hired December 14, 2015 – CCHS
- iii. Julie Hunter, 15 years, hired December 27, 2005 - CCHS

B. Promotions

- i. Jeff Jeppson – promoted from Air Quality Specialist to Sr. Air Quality Specialist effective 11/30/2020 – EHS
- ii. Kristen Palmer, promoted from Grants Coordinator COVID to Fiscal Compliance Office – effective 12/07/2020 - AHS
- iii. Nennette Cano – promoted from Account Clerk II from Treasurer’s Office to Office Support Specialist – effective 12/07/2020 - AHS

C. New Hires

- i. Renae Ballin, Environmental Health Services Trainee, 12/07/2020 – EHS
- ii. Chi Pham, Environmental Health Services Trainee, 12/07/2020 – EHS

D. Transfers

- i. Nancy Kerns-Cummins, transferred as Administrative Assistant II in Animal Services from Fiscal Compliance Officer - effective 12/07/2020 – AHS

E. Acknowledgement

- i. Margaret Allen, Director - retiring from Washoe County School District Student Health Services

F. Awards

- i. Kevin Dick, Nevada Public Health Association – Public Health Hero
- ii. Heather Kerwin, Nevada Public Health Association – Public Health Program

6. National Radon Action Month Proclamation. (FOR POSSIBLE ACTION)

Staff Representative: Andrea Esp

7. 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. November 19, 2020

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

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2021 through December 31, 2021 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11782 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.
Staff Representative: Kim Graham

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2021 through December 31, 2021 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS)

Tuberculosis Prevention Program IO#11783 and authorize the District Health Officer to execute the Subaward and any future amendments.

Staff Representative: Kim Graham

- iii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2020 through September 30, 2021 in the total amount of \$1,138,069.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11762 and authorize the District Health Officer to execute the Subaward and any future amendments.

Staff Representative: Kim Graham

- iv. Retroactively approve the Interlocal Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the approximate amount of \$2,872,558.98 effective December 31, 2020 through June 30, 2021 with the option for 2 additional six-month renewals, to recruit and maintain a team of identified positions and provide administrative support and oversight of employees to assist the Health District's COVID response; and authorize the District Health Officer to execute the agreement on behalf of the Board Chair.

Staff Representative: Kristen Palmer

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

Staff Representative: Anna Heenan

- END OF CONSENT -

8. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

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

B. Update of REMSA's Public Relations during November 2020

- 9. PUBLIC HEARING - Review, discussion and possible adoption of the Proposed Washoe County District Board of Health Regulations Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business. (FOR POSSIBLE ACTION)**

Staff Representative: Wes Rubio

- 10. Recommendation to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit. (FOR POSSIBLE ACTION)**

Staff Representative: Laurie Griffey

11. Possible approval of the proposed 2020 Washoe County District Board of Health Meeting Calendar (FOR POSSIBLE ACTION)

Staff Representatives: Kevin Dick

12. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – The Biden Plan, Program Reports, Monitoring and Planning, Permitting and Compliance

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

Divisional Update – World AIDS Day; 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

Environmental Health Services (EHS) Division Program Updates: Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector, Waste Management); 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 Response, COVID-19 Joint Information Center Update, ODHO Staff Support, Health District Appeals Processes, EPHP Division Director Interviews, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

13. 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)

14. 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. All public comment is limited to three minutes per person.

Public comment request must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Reasonable efforts will be made to hear all public comment during the meeting.

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

ADJOURNMENT. (FOR POSSIBLE ACTION)

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. 9th 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 before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. 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 FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been 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. 9th 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, many Washoe County residents don't know about radon, yet need to know for the safety and health of their families, as radon is a colorless, odorless, naturally occurring radioactive gas that is the primary cause of lung cancer among nonsmokers and the second leading cause of lung cancer for smokers; and

WHEREAS, the U.S. Environmental Protection Agency (EPA) estimates 21,000 people in the U.S. die each year from lung cancer caused by indoor radon exposure, and lung and bronchus cancer kills more people in a year than any other cancer; and

WHEREAS, radon kills more people than secondhand smoke, drunk driving and home fires combined; and

WHEREAS, any home in Washoe County may have elevated levels of radon, even if neighboring homes do not, and living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and

WHEREAS, testing is the only way to know if a home has an elevated radon level, and testing is easy and inexpensive, and when identified, homes can be fixed; and

WHEREAS, University of Nevada, Reno Extension's Nevada Radon Education Program, the Nevada Division of Public and Behavioral Health, and the EPA support efforts to encourage all Washoe County residents to test their homes for radon, mitigate elevated levels of radon, and have new homes built with radon-reducing materials and features.

NOW, THEREFORE, the Washoe County Health District Board, does hereby proclaim January 2021 as

National Radon Action Month

ADOPTED, this 17th day of December 2020.

Dr. John Novak, Chairman
Washoe County District Board of Health



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, November 19, 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 virtually present:

Dr. John Novak, Chair
Michael Brown, Vice-Chair
Kristopher Dahir
Dr. Reka Danko (left at 1:55)
Tom Young (via zoom at 1:15)
Oscar Delgado

Members absent: Commissioner Marsha Berkbigler

Mrs. Valdespin verified a quorum was present.

Staff virtually present:

Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Rayona LaVoie
Julia Ratti
Wes Rubio
Jim English
Lisa Lottritz
Francisco Vega
Andrea Esp

2. Pledge of Allegiance

Councilman Dahir led the pledge to the flag.

3. Public Comment

Chair Novak opened the public comment period.

Ms. Judith Miller commented regarding the proposed public accommodations regulations. Ms. Miller mentioned she is a member of the Incline Village Citizens Advisory Board since 2014. Ms. Miller reports concerns brought to her by residents of Incline regarding the lack of health regulations as they pertain to short term rentals. Ms. Miller referred to a public

comment made before the County Commissioners regarding this subject back in August. Ms. Miller quoted that “there are no minimal standards or even a requirement to change the sheets” as a way of informing this Board of the current concerns. Ms. Miller continued to share comments attained from the cleaning crew of one particular rental, which included not thoroughly cleaning as the time the cleaning crew has is very limited.

Ms. Miller continued to quote that considering the new normal, these events are unacceptable. She believes that if owners are allowed to run their essential business during this time of pandemic owners must be required to have sanitary requirements and 72-hours between guests just like hotels. Ms. Miller continued to state that managers should have a check list of cleaning requirements and post it at the property and online so that renters know they are safe.

Ms. Miller concluded by requesting that short term rental not be overlooked when making efforts to protect the citizen of Washoe County and its visitors.

Dr. Carole Black is a retired physician and began her public comment by demonstrating her expertise in the medial/science field. Dr. Black referred to the Health Officer recent comment regarding his statutory responsibility under state law for controlling or preventing the spread of communicable diseases.

Dr. Black referred to the statute that states that public accommodation facility means “hotel and casino, resort, hotel, motel, hostel, bed and breakfast facility or other facility offering rooms or areas to the public for monetary compensation or other financial considerations at an hourly, daily, or weekly basis.” Dr. Black states that short term rentals fit the public accommodation facility definition.

Dr. Black continued to list potential exposures considering the activities in Incline Village. Ms. Black asked what the plan was for everyone involved in short term rental, particularly in Incline Village. Dr. Black reiterated that exemption is not reasonable or responsible. Dr. Black concluded by requesting a safe plan.

Chair Novak closed the public comment period.

4. Approval of Agenda

November 19, 2020

Vice-chair Brown moved to approve the agenda for the November 19, 2020, District Board of Health regular meeting. Dr. Danko seconded the motion which was approved unanimously.

5. Recognitions

A. Years of Service

- i. Andrea Esp, 5 years, November 12, 2015 – EPHP
- ii. Heather Holmstadt, 10 years, hired November 8, 2010 – CCHS
- iii. Kara Roseburrough, 5 years, hired November 16, 2015 – CCHS

Mr. Dick thanked and recognized the listed employees for their continued service.

B. Promotions

- i. Chantel Batton – promoted from Environmental Health Specialist to Sr. Environmental Health Specialist effective 10/26/2020 – EHS

Mr. Dick acknowledge Ms. Batton's congratulated her for her recent promotion and thanked all the exceptional candidates that applied for this position.

C. Special Recognitions

- i. Dan Inouye, Golden Pinecone by GREENNevada

Mr. Dick congratulated Mr. Inouye for being recognized with the most prestigious recognition for environmental activities in Northern Nevada, this is a significant honor for Mr. Inouye.

Chair Novak expressed his congratulations to Mr. Inouye.

6. Consent Items

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

A. Approval of Draft Minutes

- i. October 22, 2020

B. Budget Amendments/Interlocal Agreements

- i. Approve the Add-On Sales & Renewal Agreement between Washoe County Health District (WCHD) and Patagonia Health (PH) to provide an Electronic Health Record/Practice Management System for the Community and Clinical Health Services Division via a subscription service in the total amount of \$484,443.48 for a five year term for the period retroactive to October 22, 2020 through October 21, 2025 with automatic renewal for an additional five years unless WCHD notifies PH in writing by September 22, 2025 to either terminate the agreement or discuss new terms, and authorize the District Health Officer to execute the Agreement and any future add-on sales agreements not to exceed \$100,000.
Staff Representative: Kim Graham
- ii. Retroactively approve multiple FY21 purchase orders (currently 65x3404, 75x4328, 75x4349 and 65x3303) issued to Talent Framework for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.
Staff Representative: Nancy Kerns-Cummins
- iii. Retroactively approve a FY21 purchase order (PO# TBD) issued to Manpower Temporary Services for a total exceeding \$100,000.00 for temporary surge staffing in support of COVID-19 response efforts and Influenza and/or COVID-19 vaccination events.
Staff Representative: Nancy Kerns-Cummins
- iv. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period retroactive to March 1, 2020 through December 30, 2020 in the total amount of \$5,144,530.00 in Coronavirus Relief Funds in support of the Health District's Coronavirus response efforts and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Nancy Kerns-Cummins

- C. Acknowledge receipt of the Health Fund Financial Review for October, Fiscal Year 2021. **(FOR POSSIBLE ACTION)**
Staff Representative: Anna Heenan

Councilman Delgado moved to approve the consent agenda. Tom Young seconded the motion which was approved unanimously.

7. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for October 2020

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

Councilman Dahir commented on REMSA's above score of their benchmark and commended REMSA for a good job.

Dr. Danko moved to approve REMSA's October Report. Councilman Delgado seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during October 2020

Alexia Jobson presented the Public Relations report for October 2020.

Ms. Jobson reported that REMSA's time has been spent on supporting the efforts to reduce the spread of COVID-19. Ms. Jobson continued to provide a lengthy list of all activities that surround REMSA's efforts during this pandemic, which included providing support for their employees.

Ms. Jobson reports they welcomed Sparks City Manager Krutz and Washoe County Manager Brown as well as Dr. Danko to ride out with the community health care vehicle. Ms. Jobson continue to extend the invitation to the Board at their convenience.

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

- 9. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Regulations of the Washoe County District Board of Health Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-CoV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the Proposed Regulations for December 17, 2020 at 1:00 pm.**
Staff Representative: Jim English

Chair Novak called item #9 out of order to accommodate full Board approval to include Dr. Danko, as she would be excusing herself early.

Mr. English began his presentation by informing the Board of technical difficulties.

Mr. English informed the Board that the Business Impact Statement brought forth is for stand-alone local regulation to be adopted for enforcement by the Washoe County Health District staff.

Mr. English informs this action is unique in that the Health District had relied on State of Nevada Administrative Codes (NAC); however, with the adoption of the SB4 and NAC447E regulations having a complete local regulation for staff to use as a standard for inspections is appropriate.

Mr. English informed the Board about the two public workshops that were held with the affected facilities, a total of 74. He further states that a total of 54 facilities attended these workshop, 22 on October 21, 2020 and 32 on October 22, 2020. As of date, these facilities have not brought concerns regarding the impact on their overall operations.

Mr. English states that this regulation allows Health District staff to issue health permits to operate, as opposed to only allowing staff to inspect and provide notice of an inspection report.

Mr. English concluded his presentation by informing the Board that all facilities have been informed of the implementation of these regulations.

Vice-chair Brown moved to approve adoption of the Business Impact Statement and for a hearing to be set on December 17, 2020. Councilman Delgado seconded the motion which was approved unanimously.

8. Presentation and possible acceptance of the one-year extension of the Community Health Improvement Plan.

Staff Representatives: Julia Ratti and Rayona LaVoie

Rayona LaVoie, Health Educator began her presentation by introducing her colleague, Julia Ratti.

Ms. LaVoie informs that the Community Health Needs Assessment and Community Health Improvement Plan are two core documents required to be an Accredited Health District by PHAB (Public Health Accreditation Board) standards. She further informs these documents get updated every 5 years.

Ms. LaVoie continued to inform the Board of all actions that were taken in order to complete her last Community Health Needs Assessment. Ms. LaVoie informed that the top three needs were identified as housing/homelessness, behavioral health, and physical activity/nutrition.

Ms. LaVoie states they are requesting a one-year extension and not have a full update this year, due to all involved parties being part of the COVID response.

Ms. LaVoie proposed to continue to extend the plan for the next year in order to keep momentum, including but not limited to new goals and objectives that will address the top three needs. She further informed that this action was discussed with the different stakeholders and committees. Ms. LaVoie introduce Julia Ratti to continue with their presentation.

Ms. Ratti began by speaking of the focus areas identified by Ms. LaVoie. Ms. Ratti further explained the plan for 2021 which includes the continuation of previous goals and the addition of new goals and highlights that include lessons learned from the COVID-19 pandemic. Ms. Ratti shared their goal outline with the new strategies implemented into the outline.

Ms. Ratti informs the Board that the behavioral health highlight was one of the areas with most energy and interest from the community. Ms. Ratti also informs this area contained

some weaknesses regarding access to services information. Ms. Ratti concluded by inviting Ms. LaVoie to speak of the physical activity highlight.

Ms. LaVoie informed the Board of their plan to continue their involvement with physical activity and nutrition. Ms. LaVoie reports that they're shifting the work due to the modification in laying those events out. Ms. LaVoie informed the Board about the GIS map that will help families access food resources. Additionally, Ms. LaVoie informed that this program will be addressing the access of meals for students that are not attending school in person.

Ms. LaVoie concluded by stating that they will be working with Washoe County Nutrition Services to implement and expand their sites as well as bring an annual report back to the Board with all the progress.

Tom Young commented that he applauds the efforts to balance the public health and the betterment of the community.

Councilman Dahir stated that he sees the importance of keeping up with all these needs. Councilman Dahir continued to ask about evictions and how it fits into this plan.

Ms. Ratti explains there is no simple answer to Councilman's question. Ms. Ratti mentioned that certain thing in the Regional Strategy for Affordability that would address some aspects of evictions. Ms. Ratti stated that aside from the mediation program created by the Supreme Court and the City of Sparks, we should hope for an extension of congressional package that will help local governments provide assistance. Ms. Ratti highlighted the Legal Aid non-profits, who assist tenants in completing paperwork.

Councilman Dahir commented he would like to have conversations regarding the outlook of his concern.

Councilman Delgado commented on the physical activity and nutrition highlights. Councilman wondered if they're working the City of Reno with respect to convenience store to move forward in terms of providing more produce or health foods.

Ms. LaVoie reports that they will be working with Community and Clinical Health Services to start on the pilot program and generate an assessment of the current offers and select stores to help include more produce.

Councilman Delgado recommended to reach out to the City of Reno, as they have a moratorium that encourages convenience stores to include produce.

Dr. Novak thanked Ms. LaVoie an Ms. Ratti for their efforts.

Councilman Dahir moved to approve the extension of the Community Health Improvement Plan. Dr. Danko seconded the motion, which was approved unanimously.

10. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – Air Sensors, Program Reports, Monitoring and Planning, Permitting and Compliance.

Mr. Vega encountered technical problems; his report was heard last.

Mr. Vega informed he did not have further items to discuss, other than what was previously presented to the Board.

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

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.

Ms. Lottritz updated the Board on flu clinics. She reports 789 vaccines to date in the clinics and 2,540 out in the community for a total of 3,329. Ms. Lottritz informs there are four additional clinics this week, although, to date they have doubled the flu doses already administered in comparison with last year.

Ms. Lottritz also informs that her division is working with EPHP on planning for the COVID vaccine and they will be presenting their plan to the State on Monday, November 23, 2020.

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

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.

Wes Rubio, acting director for this month began his presentation by opening his item for questions from the Board.

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

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

Ms. Esp informed she did not have additional updates for the Board.

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 Response, COVID-19 Joint Information Center Update, ODHO Staff Support, Public Health Accreditation, Community Health Improvement Plan, Behavioral Health and Public Communications and Outreach.

Mr. Dick began by providing perspective on the high disease transmission of COVID-19 by stating that the report presented to this Board was prepared on November 11, 2020 and at that time the 7-day moving average was 337.4 new cases per day, however, yesterday a record 610 new cases were reported, which places the County at a 409 for the 7-day moving average of new cases per day.

Mr. Dick reports the Hospital Association is increasing utilization of hospitals in Washoe County, which includes all patients not just Washoe County residents. Mr. Dick informs Renown Hospital has begun to use the parking garage extension that was prepared last

spring for purposes of increasing capacity. Additionally, Renown is very concerned about the anticipated continued increase in cases based on the high daily cases and understand that severe cases will end up hospitalized several weeks after they're confirmed as a positive case.

Mr. Dick continued to inform of the increase in efforts to publicize the Medical Reserve Corps and try to recruit medical professionals to assist with staffing at hospitals, additionally, Mr. Dick reports efforts brought forth to the Mitigation and Management Task Force via an appeal that requests the State redouble efforts in recruiting through the Battle Born Medical Corps.

Mr. Dick continued to report a record call volume in the Health District's COVID call center addressing concerns regarding the increase in demand for COVID-19 testing. Mr. Dick reports that State Public Health Lab is experiencing delays due to the high throughput that is occurring throughout the State. The State is working with Quest to remove some of the throughput by contracting with Quest to cover testing in the Department of Corrections facilities, as this testing consumes 28% of the State Lab capacity. Additionally, through this agreement the State is providing additional testing capacity to help Washoe County.

Mr. Dick continued to state that due to the increase in number of positive tests being received, investigations and contact tracing efforts are falling behind. He states the Health District is working on prioritizing pediatric cases, schools with multiple cases, families and households with multiple cases ages 20-40 as well as health care providers and first responders.

Mr. Dick expanded on the plans the Health District is working on to incorporate the COVID vaccination. In part he spoke about the efficacy of the Pfizer and Moderna vaccine. These vaccines report an over 94% efficiency for Moderna and 95% efficiency for Pfizer. Additionally, Mr. Dick informed the plan to dispense this vaccines will be based on the tiered approach which places health care providers as well as first responders in the first tier and then the more vulnerable populations residing in assisted living and nursing facilities.

The Health District is also working on transition plans from the National Guard, which is currently scheduled for December 13, 2020 as well as preparing for CARES funding coming to an end on December 30, 2020. Mr. Dick informs that the Epidemiology and Lab Capacity grant from the federal government will only sustain the Health District through June 2021, though originally scheduled to sustain the Health District through June 2022. This change is due to the expansion of COVID cases in the community.

Mr. Dick informs that a discussion has taken place regarding stimulus bills that occurred in Washington DC where funding for the contact tracing activities and testing has been a topic of conversation. Mr. Dick is hopeful and anticipates funding will be disbursed to the Health District to help with their efforts.

Mr. Dick states that funding for dispensing of the vaccine is currently \$74,000, which does not meet the required funds that have been estimated to be at \$8 billion by the National Association of City and County Health Officials.

Having no further reports, Mr. Dick opened his item for questions from the Board.

Councilman Dahir expressed his delight about the vaccination potential, as he hopes that a shift can be seen from all the efforts being put forth to this issue. Councilman continued to ask if there was an approximate timing about the contract with Quest.

Mr. Dick informed an account must be set up and the State is arranging this process for the Health District.

Councilman Dahir asked about the number of tests that can be administered through that account.

Mr. Dick informed the State has allocated 5,000 tests a week, which is not an add-on, it's an effort to reduce the number samples sent to the State Lab, in an effort to expedite results. Mr. Dick added that the capacity can be expanded to allow for additional testing, using the Quest contract.

Councilman asked if staffing costs for vaccinations can be projected, so that financial priorities can be set so that funds are expended through the end of the year. Councilman expressed concerns in determining what funds will be needed to finish out the year.

Mr. Dick thanked the Councilman for the comment and added that the Health District is using CARES funds to cover the Charles River Lab, but the District will need to allocate funds for those costs after December 30, 2020. Mr. Dick informs that Deloitte contact tracers handle the lower priority cases and this service will also be terminated as of December 30, 2020, so options are being explored to identify the support that will be needed to continue with the contact tracing Deloitte is currently performing. The Board will be advised of those option in order to make a decision.

Mr. Dick also informed that the Health District may be risking a commitment to use their health funds to cover some of those costs in order to move forward with the anticipation that relief will come from action by the federal government to provide federal funds.

Councilman Dahir stated the more the Board knows the more they can walk with the Health Officer as this would be considered heavy lifting. Councilman commented that elected official have funds that they can reach out to federal delegates and push to use the access to make sure the needs are met.

Mr. Dick agreed that the communication and coordination is imperative, so he has arranged standing meeting times to touch base on a regular basis with Board members.

Mr. Dick concluded by informing the decision of the Governor to potentially take further action and roll back some of the openings that have happened, as a result of a progress assessment. Mr. Dick referred to Ms. Morgan's, State's biostatistician, published report that contains a study concerning mitigation measures being put in place by other countries within the first 6 months of the year. Mr. Dick informs that this report contained an assessment on the effectiveness of the different mitigation measures as far as reducing the transmission rate for COVID-19. This study found the most effective mitigation in reducing the transmission of COVID-19 is to limit public events and public and private gatherings to 10 people or less. Base on this report and the science behind the assessment, Mr. Dick reports that a recommendation to limit public gathering to 10 people as a potential measure to control the disease was made by the Health District as part of the County Assessment that went to the State Task Force.

Councilman Dahir commented that things that do not allow people/business to pay for their livelihood is not something that should be done, so the ramifications of said recommendation concern the Councilman as he believes it would cause too much harm. Councilman referred to tsunami of potential evictions, so the unintended consequences need to be taken into consideration when attempting to mitigate what might come. Councilman asked that these decisions be made together as a unit.

Mr. Dick opined that although tough to know what needs to be, with the growth and the impacts on the hospitals and health care system, something needs to be done. Mr. Dick reports that discussions with the Task Force show that COVID-19 has become politicized and the opinions are split between people being vigilant and willing to assist in mitigation the disease and another large segment does not believe COVID is serious and does not want a change in behavior. Mr. Dick states the reality is many people are sick and hospitalized, and more deaths are happening from COVID-19.

11. Board Comment

Councilman Delgado requested the appeal process per 447E Regulations be brought forth to this Board or via a memo, so that he can make it available to his Board members at the City of Reno.

Chair Novak took a moment to thank staff and District Health Officer, Kevin Dick for the efforts and express appreciation for the amount of work that it requires to stay afloat. In this pandemic

Chair Novak reports he has appointed a committee to address compensation and benefits for the Health Officer.

Chair Novak read a portion of a report that contains a joint statement from Nevada Hospital Association, Nevada Rural Hospital Partners, and Nevada State Medical Association advising people to continue on the efforts to prevent the spread of the COVID disease.

12. Public Comment.

Chair Novak opened the public comment period.

Dr. Carole Black commented regarding the Business Impact Statement (Item #9), stating she was unaware of all the input that was received for this policy. However, she feels that, although appropriate, most input comes from the resort industry and her concerns surround the integration of short-term rentals within this policy. Dr. Black requested a zoom meeting to approach the items that pertain specifically to short term rentals.

Chair Novak closed the public comment period.

Adjournment.

Chair Novak adjourned the meeting at 2:18 p.m.

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. 9th 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 before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. 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 FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

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 <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been 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. 9th 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. Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

STAFF REPORT
BOARD MEETING DATE: December 17, 2020

DATE: November 19, 2020
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer
 775-328-2418; kgraham@washoecounty.us
SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2021 through December 31, 2021 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11782 and authorize the District Health Officer to execute the Notice of Subaward 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 Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 17, 2020 to support the Sexually Transmitted Disease (STD) Prevention and Control Program. The funding period is effective January 1, 2021 through December 31, 2021. A copy of the Notice of Subaward is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

The scope of work includes conducting the following: STD surveillance which includes the regular monitoring of STD surveillance database, maintaining case files and records, and conducting investigations; prepare and submit reports as required, respond to and plan for STD outbreaks and promote quality STD specialty care services,

The Subgrant provides funding for personnel and indirect expenditures.

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 Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2021 through December 31, 2021 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11782 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2021 through December 31, 2021 in the total amount of \$135,100.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 11782 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments."



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

Agency Ref. #: **SG 25044**
 Budget Account: 3219
 Category: 09
 GL: 8516
 Job Number: **TBD**

NOTICE OF SUBAWARD

Program Name: STD Prevention & Control Program Office of Public Health Investigations and Epidemiology Elizabeth Kessler / ekessler@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottriz / llottriz@washoecounty.us
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Reno, NV 89512
Subaward Period: January 1, 2021, through December 31, 2021	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To identify, treat and control Sexually Transmitted Diseases (STD) in specified counties.

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

Approved Budget Categories:	FEDERAL AWARD COMPUTATION:
1. Personnel \$122,818.00	Total Obligated by this Action: \$ 135,100.00
2. Travel	Cumulative Prior Awards this Budget Period: \$ 0.00
3. Operating	Total Federal Funds Awarded to Date: \$ 135,100.00
4. Equipment	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Contractual/Consultant	Amount Required this Action: \$ 0.00
6. Training	Amount Required Prior Awards: \$ 0.00
7. Other	Total Match Amount Required: \$ 0.00
TOTAL DIRECT COSTS \$122,818.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
8. Indirect Costs \$12,282.00	Federal Budget Period: TBD, through TBD
TOTAL APPROVED BUDGET \$135,100.00	Federal Project Period: January 1, 2021, through December 31, 2023
	FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.977	FAIN: NH25PS005179	Federal Grant #: TBD	Grant Award Date by Federal Agency: TBD
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Agency Approved Indirect Rate: 7.9% **Subrecipient Approved Indirect Rate:** 10%

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

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

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	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 Washoe County Health District		
Lindsey Kinsigner OPHIE Manager		
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 implementing

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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.

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SECTION B

Description of Services, Scope of Work, and Deliverables

Washoe County Health District (WCHD), 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 (WCHD)

Goal 1: Conduct STD surveillance, reporting, and identification of Chlamydia, Gonorrhea, Syphilis, Congenital Syphilis, and adverse outcomes of STDs.

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
1.1 Through December 2021, Washoe County Health District (WCHD) will identify, track and report all individuals with suspected or confirmed Sexually Transmitted Diseases (STDs) to include chlamydia, gonorrhea, syphilis, and congenital syphilis.	1.1.1 Maintain and update (NEDDS Based System) NBS or an equivalent CDC approved STD Surveillance System to capture the CDC required information and notify the STD program of any upcoming changes.	STD Surveillance System	Jan 1, 2021 – Dec 31, 2021	Patients diagnosed with an STD	# of data systems maintained	NBS Data or Equivalent
1.2 Through December 2021, WCHD will collaborate with the STD Program to identify and investigate data quality issues.	1.2.1 Perform a quarterly match of HIV cases through eHARS with STD data and update the patient status to be consistent between the two data sets. 1.2.2 Conduct an edit check report on STD data quarterly to identify and reconcile errors and inconsistencies.	Report of reconciled cases Edit check report	Quarterly reports due: April 16, 2021 July 16, 2021 Oct 15, 2021 Jan 14, 2022	STD/HIV patients WCHD	# of cases reconciled # of Edit checks reports	Reconciled case report NBS data

Goal 2: Develop and maintain an outbreak capacity plan to respond to significant changes in STD epidemiology. Ensure that staff are trained and ready to implement the outbreak capacity plan

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
2.1 Through December 2021, respond to STD Outbreaks in WCHD jurisdiction.	2.1.1 Develop capacity plans for WCHD. 2.1.2 Develop a monitoring tool for WCHD to utilize for reporting on outbreak activities.	Outbreak Capacity Plan Outbreak monitoring tool	Ongoing through the subaward period	WCHD Staff	# of Capacity Plans submitted # of Outbreak Monitoring Tools Submitted	Outbreak Capacity Plan Outbreak monitoring tool

Goal 3: Conduct congenital syphilis surveillance, disease investigation, and case management.

Objective	Activities	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
3.1 Through December 31, 2021, WCHD will develop a mechanism to collect, track, analyze, and investigate 100% of infants diagnosed with Congenital Syphilis (CS).	3.1.1 Through the SFTP site or the excel document, ensure all CS cases are reported to the STD Program on a monthly basis. 3.1.2 Utilizing the Council for State and Territorial Epidemiologists (CSTE) case definition, collect, verify,	Data transmissions from WCHD to DPBH Infants diagnosed with CS	By the 15 th of each month Quarterly reports due: April 16, 2021 July 16, 2021	Congenital Syphilis patients CS patients	# of cases submitted on time / # of total cases # of cases categorized correctly / # of total cases	NBS Data, Quarterly Program Data NBS Data, Quarterly Program Data

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<p>3.2 By December 2021, respond to 100% of CS Medicaid, and vital matches.</p>	<p>categorize, and report infants diagnosed with CS for confirmed, probable, and syphilitic stillbirth CS cases.</p> <p>3.1.3 Review the reported CS cases, as well as female syphilis surveillance data, to understand the populations affected and missed opportunities for prevention.</p> <p>3.1.4 Link the infant CS cases to the mother's syphilis case report record to further examine potential maternal demographic or risk behaviors associated with CS in your jurisdiction.</p> <p>3.1.5 Examine congenital syphilis cases to identify providers not following screening recommendations.</p> <p>3.2.1 Annually, review vitals and Medicaid data provided by the STD program to identify all previously unknown &/or unreported infants or stillbirths born to women with a positive syphilis test or any case that warrants additional follow-up/investigation.</p>	<p>LHA quarterly CS report</p> <p>Maternal syphilis cases reported in NBS</p> <p>Congenital Syphilis case reviews</p> <p>Report on Birth/Death Registry Match</p> <p>Report on Medicaid Match</p>	<p>Oct 15, 2021 Jan 14, 2022</p> <p>Ongoing through the subaward period</p> <p>Dec 31, 2021</p>	<p>Missing CS cases</p>	<p># of line listings received</p> <p># of cases linked to the maternal record / # of total cases</p> <p># of cases examined</p> <p># of unreported infants identified</p>	<p>NBS Data, Quarterly Program Data</p> <p>NBS Data, Quarterly Program Data</p> <p>NBS Data, Quarterly Program Data</p> <p>Vital Data, Medicaid Data</p>
Goal 4: Conduct health department disease investigation, partner services, and linkage to care for patients with STDs.						
<p>Objective</p> <p>4.1 Through December 2021, WCHD will provide partner services to STD patients, with priority assigned to cases of Neurosyphilis, Ocular Syphilis, Men who have sex with Men (MSM), and Women aged 15-44 years.</p>	<p>Activities</p> <p>4.1.1 Create a Partner Services report outlining the percentage of patients receiving partner services by risk factor:</p> <ul style="list-style-type: none"> • Neurosyphilis • Ocular Syphilis • MSM • Women aged 15-44 <p>4.1.2 Maintain local prioritization matrix that prioritizes women aged 15-44 years (WRA) and reactive serology, MSM with Primary and Secondary (P&S) Syphilis, and those with neurosyphilis/ocular syphilis.</p>	<p>Outputs</p> <p>Partner Services report</p> <p>Prioritization matrix</p>	<p>Timeline</p> <p>Quarterly reports due: April 16, 2021 July 16, 2021 Oct 15, 2021 Jan 14, 2022</p> <p>Ongoing through the subaward period</p>	<p>Target Population</p> <p>Women aged 15-44 years, MSM, Neurosyphilis / Ocular Syphilis Patient</p>	<p>Evaluation Measure</p> <p># of partner services reports submitted</p> <p># of matrix submitted</p>	<p>Evaluation Tool</p> <p>NBS data, quarterly program data</p> <p>Prioritization matrix</p>
Goal 5: Develop Reports for STD for the CDC and STD Prevention and Control Program.						
<p>Objective</p> <p>5.1 Through December 2021, conduct epidemiological analysis, and data quality assurance of STD data.</p>	<p>Activities</p> <p>5.1.1 Respond to Quarterly report of data by meaningful geographic level, demographics, reporting provider and laboratory, and key dates.</p>	<p>Outputs</p> <p>Quarterly Fast Facts Reports</p>	<p>Timeline</p> <p>Quarterly reports due: April 16, 2021 July 16, 2021</p>	<p>Target Population</p> <p>STD Patients</p>	<p>Evaluation Measure</p> <p># of Quarterly Fast Facts</p>	<p>Evaluation Tool</p> <p>NBS data, provider report, key date report</p>

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		Annual Provider Report <i>Provided by the STD program</i>	Oct 15, 2021 Jan 14, 2022		# of Annual Provider Reports # of Annual Key Date Report # of Missing Variables Reports submitted NBS data
Goal 6: Promote quality STD specialty care services					
Objective 6.1 Through December 2021, assess and promote correct STD treatment.	Activities 6.1.1 Provide a current list of all STD providers, clinics, and or facilities within the jurisdiction. 6.1.2 Assess percent of STD cases with complete and correct treatment data.	Outputs List of STD specialty care clinics Annual Treatment Report	Timeline December 31, 2021	Target Population STD Specialty Care Clinics STD patients	Evaluation Measure # of lists submitted # of STD patients with completed treatment by disease and age / # of STD patients total # of STD patients with correct treatment by disease and age / # of STD patients total
6.2 By December 2021, WCHD will maintain an inventory of medications for the treatment of an STD.	6.1.3 Identify providers not adhering to CDC recommended treatment and provide them with education packets of best practices of STD treatment. 6.2.1 Develop and maintain a process to an appropriate inventory of Benzathine penicillin G medication to treat and address any shortages.	Provider Packets Inventory of medications	Quarterly reports due: April 16, 2021 July 16, 2021 Oct 15, 2021 Jan 14, 2022	Local health providers Persons diagnosed with an STD	# of provider packets distributed # of processes implemented # of medications utilized
		Provider Packets Program data			

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this 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 [redacted] from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number [redacted] from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$ 122,818
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>A. Velasco, Public Health Nurse</u>	\$64,818.50	51.520 %	62.000%	12	100.00%	\$60,892

Ensure the Health District's compliance with State communicable disease control statutes (NRS 441a) regarding reportable STDs. They investigate all laboratory-confirmed cases of reportable STDs, confirm appropriate treatment, elicit contact information, notify partners, and provide partner counseling and referral services. They also provide interview and investigative services per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC), manage the health district's Sexually Transmitted Disease, database entry, and provide data reports and uploads per protocol.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>A. Schleicher, Public Health Investigator</u>	\$68,594.44	43.100 %	60.000%	12	100.00%	\$58,895

Ensure the Health District's compliance with State communicable disease control statutes (NRS 441a) regarding reportable STDs. They investigate all laboratory-confirmed cases of reportable STDs, confirm appropriate treatment, elicit contact information, notify partners, and provide partner counseling and referral services. They also provide interview and investigative services per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC), manage the health district's Sexually Transmitted Disease, database entry, and provide data reports and uploads per protocol.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Public Health Services Interns</u> Assist with data entry.	\$21,840.00	1.750%	13.640%	12	100.00%	\$3,031

	Total Fringe Cost	\$38,495		Total Salary Cost:	\$84,323
	Total Budgeted FTE	1.60640			

TOTAL DIRECT CHARGES	\$122,818
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Indirect Charges	Indirect Rate:	10.000%	\$12,282
Indirect Methodology: 10% of total direct charges. An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A.			

TOTAL BUDGET	Total:	\$135,100
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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY - SFY21

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

<u>FUNDING SOURCES</u>	<u>OPHIE</u>	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$135,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$135,100

EXPENSE CATEGORY

Personnel	\$122,818								\$122,818
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$12,282								\$12,282

TOTAL EXPENSE	\$135,100	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,100
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total Indirect Cost	\$12,282
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Total Agency Budget	\$135,100
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- 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 \$135,100;
- Total reimbursement will not exceed \$67,550.00 by June 30, 2021;
- This award is subject to the availability of appropriate funds. Based on the availability of funds awarded to the STD Program, subrecipient may be asked to restrict expenditures, until the total award is received for the Centers for Disease Control and Prevention.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; and
- 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 STD Prevention and Control Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, not to exceed \$135,100.00 during the subaward period, given a receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding reports to the Centers for Disease Control and Prevention.
- 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 STD Prevention and Control Program reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the STD Prevention and Control Program is not obligated to issue continuation funding.
- 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 15th 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.

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Agency Ref. #: **SG 25044**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Reno, NV 89512
Budget Period: January 1, 2021, to December 31, 2021	Subrecipient's: EIN: 88-6000138 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	\$122,818.00	\$0.00	\$0.00	\$0.00	\$122,818.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$12,282.00	\$0.00	\$0.00	\$0.00	\$12,282.00	0.0%
Total	\$135,100.00	\$0.00	\$0.00	\$0.00	\$135,100.00	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 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 _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

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.

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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.

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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 (WCHD)

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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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

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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.

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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.

Staff Report
Board Meeting Date: December 17, 2020

DATE: November 19, 2020
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418; kgraham@washoecounty.us
SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2021 through December 31, 2021 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11783 and authorize the District Health Officer to execute the Subaward 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 Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 16, 2020 to support the Tuberculosis (TB) Prevention Program. The funding period is January 1, 2021 through December 31, 2020. A copy of the Notice of Subaward is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The scope of work includes the following: Tuberculosis (TB) evaluation, treatment and case management activities; TB surveillance, data collection and reporting; TB outreach and education to providers, organizations and communities in Nevada; adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

The Subaward provides funding for personnel, travel and training, lab/outpatient testing, operating expenses including housing and funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

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 Subaward.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2021 through December 31, 2021 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11783 and authorize the District Health Officer to execute the Subaward and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2021 through December 31, 2021 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11783 and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **SG 25003**
 Budget Account: 3219
 Category: 14
 GL: 8516
 Job Number: TBD

NOTICE OF SUBAWARD

Program Name: Division of Public and Behavioral Health (DPBH) Tuberculosis (TB) Program Office of Public Health Investigations and Epidemiology (OPHIE) Susan McElhany, DMD / smcelhany@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street, Bldg. B Reno, NV 89512-2845
Subaward Period: January 1, 2021, through December 31, 2021	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To fund activities for the prevention and control of Mycobacterium tuberculosis as stated in the Nevada Administrative Code (NAC 441A) and Nevada Revised Statutes (NRS 441A).

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

Approved Budget Categories:	
1. Personnel	\$88,973.00
2. Travel	\$1,791.00
3. Operating	\$4,200.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$0.00
7. Other	\$330.00
TOTAL DIRECT COSTS	\$95,294.00
8. Indirect Costs	\$13,818.00
TOTAL APPROVED BUDGET	\$109,112.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 109,112
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 109,112
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00

Research and Development (R&D) Y N

Federal Budget Period:
 January 1, 2021, through December 31, 2021
Federal Project Period:
 January 1, 2021, through December 31, 2021

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.116	FAIN: NU52PS910224	Federal Grant #: TBD	Grant Award Date by Federal Agency: TBD
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Agency Approved Indirect Rate: 7.9% **Subrecipient Approved Indirect Rate:** 14.5%

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 reports are due by the 15th 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.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum;
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Name	Signature	Date
Kevin Dick, Health Officer, Washoe County Health District		
Lindsey Kinsinger OPHIE Manager for Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The 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

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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.

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**SECTION B
Description of Services, Scope of Work, and Deliverables for Washoe County Health District**
January 1, 2021, through December 31, 2021

Goal 1: Improved TB Case Detection

Objective	Activity	Outputs	Timeline	Target Population	Evaluation measure	Evaluation Tool
<p>1.1: Through December 31, 2021, The Subrecipient will identify, track and report all individuals with suspected or confirmed active tuberculosis (TB) disease and latent tuberculosis infection (L-TBI) in children less than 5 years of age.</p>	<p>1.1.1 Report 100% of all confirmed TB disease cases and L-TBI cases in children less than 5 years of age through electronic Report of Verified Case of Tuberculosis (RVCT) in the National Electronic Disease Surveillance Based System (NBS) within seven (7) days of the confirmation of disease status.</p> <p>1.1.2 Conduct testing and evaluation for 100% of reported pediatric L-TBI cases and potential source (reverse) contacts in children less than 2 years of age with L-TBI, as recommended by the Centers for Disease Control and Prevention (CDC).</p> <p>1.1.3 Through Electronic Disease Notification (EDN) follow-up worksheets and active TB case contact investigation information, perform targeted testing and evaluation on individuals with high-risk of TB disease or TB infection.</p>	<p>RVCT data entry in NBS (Note: all data fields do not need completion by 7 days after confirmation of disease; initiation of RVCT report is required).</p> <p>L-TBI reports in NBS Contact Investigation reports</p>	<p>Jan 1, 2021 -Dec 31, 2021</p> <p>Jan 1, 2021 -Dec 31, 2021</p>	<p>TB active or suspected cases and L-TBI < 5 years of age in Subrecipient's County</p> <p>Subrecipient's County children < 2 years of age with L-TBI and associated contacts</p> <p>Individuals at high-risk of TB disease or TB infection</p>	<p># of days from NAAT/Culture results reported to the Subrecipient to the NBS submit date</p> <p># of cases L-TBI in children < 2 years of age identified</p> <p># of source contacts evaluated</p>	<p>NBS reports</p> <p>NBS reports Program data</p>
<p>1.2: Through December 31, 2021, the Subrecipient will ensure at least 90% of all confirmed TB cases and TB labs are reported to the Subrecipient within the mandated 24 hours, as per NRS 441A statutes.</p>	<p>1.2.1 Evaluate the timeliness of active TB disease reporting by healthcare facilities, healthcare providers, correctional facilities, and laboratories.</p>	<p>EDN Follow-up Worksheets Contact Investigation reports Aggregate Reports for Program Evaluation (ARPE) Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Healthcare providers, healthcare facilities, correctional facilities, and laboratories</p>	<p># of high-risk individuals identified</p> <p># of high-risk individuals evaluated &/or tested</p>	<p>National TB Indicators Project (NTIP): Contact Investigations Indicators Immigrant and Refugee Indicators</p> <p>NBS reports LHA databases Medical records</p>
<p>1.3: By December 31, 2021, the Subrecipient will develop and implement a TB Outbreak Response Plan.</p>	<p>1.3.1 Develop, implement and review with the State's Division of Public and Behavioral Health (DPBH) TB Program a TB outbreak and large-scale contact investigations instructional manual outlining special circumstances, large scale investigations, and suspected outbreaks based on NAC and NRS regulations and CDC guidelines.</p>	<p>Outbreak Response and Special Circumstances Manual</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>The Subrecipient staff</p>	<p># of SOP manuals developed (progress toward development)</p>	<p>NRS 441A statutes CDC, Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, MMWR 2005 December</p>

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Goal 2: Improved TB Case Management and Treatment						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation measure	Evaluation Tool
<p>2.1: Through December 31, 2021, the Subrecipient will maintain a 95% rate for Completion of Treatment within 12 months for patients with TB disease diagnosis.</p>	<p>2.1.1 Establish partnerships with outside agencies and community providers to communicate case management and treatment status.</p>	<p>Medical records RVCT in NBS</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Individuals being treated for TB</p>	<p># of TB disease cases treated by the Subrecipient or outside providers # of TB disease cases treated by the Subrecipient or outside providers completing treatment within 12 months</p>	<p>NTIP: Completion of Treatment Indicators NBS reports</p>
	<p>2.1.2 Utilize DOT (Directly Observed Therapy) and VDOT (Virtual DOT) to assist with TB case treatment adherence.</p>	<p>Medical records RVCT in NBS</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Individuals being treated for TB</p>	<p># of TB disease cases treated by the Subrecipient # of TB disease cases treated by the Subrecipient completing treatment within 12 months</p>	<p>NTIP: Completion of Treatment Indicators NBS reports</p>
<p>2.2: Through December 31, 2021, the Subrecipient will maintain a 75% case rate for positive sputum culture cases to demonstrate culture conversion within 60 days. (National NTIP goal 83%)</p>	<p>2.1.3 Utilize and provide incentives and enablers to assist with evaluation, testing, and treatment completion of TB disease.</p>	<p>Medical records Incentives and enablers fiscal records/tracking</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Individuals who need incentives to complete treatment</p>	<p># of incentive and enablers provided to patients # of TB disease cases treated by the Subrecipient</p>	<p>NTIP: Completion of Treatment Indicators</p>
	<p>2.2.1 Assess adequacy and appropriateness of therapy for each patient by reviewing the initial regimen, susceptibility results, adherence, and response to therapy.</p>	<p>Medical records RVCT in NBS Correspondence with laboratory</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Patients with positive sputum culture</p>	<p># of positive sputum culture cases # of positive sputum culture cases with culture conversion within 60 days</p>	<p>NTIP: Drug-Susceptibility Results Sputum Culture Conversion NBS reports</p>
<p>2.3: Through December 31, 2021, the Subrecipient will report 100% of suspected or confirmed Multidrug-Resistant (MDR) TB, molecular drug susceptibility (MDS) laboratory results, and complex TB cases to the DPBH TB Program within five (5) days.</p>	<p>2.3.1 Obtain consultation for the treatment of MDR TB, molecular drug susceptibility or complex laboratory cases from the Centers of Excellence (COE), if necessary.</p>	<p>Curry TB Center of Excellence Warmline Reports MDR TB CDC molecular test reports Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of MDR or complex cases # COE consultations # of MDR lab results</p>	<p>NTIP: Drug Susceptibility Results Completion of Treatment NBS: Drug regimens</p>

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<p>2.4: Through December 31, 2021, the Subrecipient will collaborate with the HIV/AIDS programs to ensure 100% of TB cases are tested for HIV and referred for HIV services.</p>	<p>2.4.1 The HIV status will be identified at the time of TB diagnosis and results entered in RVCT in NBS in 100% of cases. 2.4.2 Establish a relationship with the state HIV Prevention and Surveillance programs to ensure rapid linkage to care and support services.</p>	<p>RVCT in NBS Lab results</p>	<p>Jan 1, 2021 -Dec 31, 2021 Jan 1, 2021 -Dec 31, 2021</p>	<p>TB disease cases in Subrecipient's County TB cases with HIV coinfection</p>	<p># of TB disease cases with known HIV status # of TB/HIV disease cases # of TB/HIV disease cases referred for HIV services</p>	<p>NTIP: Known HIV Status NTIP: Known HIV Status</p>
<p>2.5: Through December 31, 2021, the Subrecipient will respond to 100% of notifications or requests regarding individuals detained or traveling in Nevada from states who border Mexico within 48 hours.</p>	<p>2.5.1 Utilize and promote effective binational referral mechanisms for patients who may cross along the U.S. - Mexico border.</p>	<p>Interjurisdictional Notification (IJN) Records of correspondence</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>TB disease and LTBI cases in Subrecipient's County Dates IJN received and IJN returned</p>	<p>Internal records</p>	<p>Internal records</p>
<p>2.6: Through December 31, 2021, the Subrecipient will maintain 100% compliance with all interstate, international, and bi-national TB quarantine efforts.</p>	<p>2.6.1 Partner with the Division of Global Migration and Quarantine (DGMQ) to support all international TB migration and quarantine efforts and provide reports as requested by DGMQ. 2.6.2 Communicate with DPBH TB Program within five (5) days of notification from DGMQ and provide a follow-up report to the DPBH TB program.</p>	<p>DGMQ reports Records of correspondence DGMQ reports Records of correspondence</p>	<p>Jan 1, 2021 -Dec 31, 2021 Jan 1, 2021 -Dec 31, 2021</p>	<p>Subrecipient's County population, international visitors Subrecipient's County population, international visitors</p>	<p># of DGMQ requests # of DGMQ reports provided/created Date of DGMQ notification Date DPBH TB Program contacted</p>	<p>Internal records DPBH TB Program's DGMQ records Internal records DPBH TB Program's DGMQ records</p>
<p>2.7: Through December 31, 2021, the Subrecipient will conduct a Cohort Review of reported TB disease cases and LTBI in children less than 5 years of age.</p>	<p>2.7.1 Complete and report the 2019 Cohort Review Process of 2018 cases.</p>	<p>Cohort Review Process report, due with Annual TB Program report</p>	<p>Due by July 31, 2021 Annual TB report due 7/15/21</p>	<p>TB disease cases and associated contacts, and LTBI in children < 5 years of age</p>	<p># of Cohort reviews</p>	<p>CDC's <i>Understanding the TB Cohort Review Process: Instruction Guide</i> DPBH TB/LTBI Cohort Review Policy (2016)</p>

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Goal 3: Improve Surveillance of TB Cases and Case Reporting

Objective	Activity	Outputs	Timeline	Target population	Evaluation Measure	Evaluation Tool
<p>3.1: By December 31, 2021, the Subrecipient will have a 100% completeness rating of the RVCTs.</p>	<p>3.1.1 Assure quality and completeness of TB disease case and data reporting on the RVCT.</p>	<p>DPBH TB MUNK (Missing and Unknown) Follow up Reports RVCTs in NBS RVCTs in NBS</p>	<p>Quarterly by 4/15/21 7/15/21 10/15/21 1/15/22</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of MUNK report items requiring data entry</p>	<p>MUNK reports from DPBH TB NBS reports NTIP: RVCT Data Reporting</p>
<p>3.2: Through December 31, 2021, the Subrecipient will maintain 100% success rate in submitting and linking one isolate for genotyping from each culture-positive TB case.</p>	<p>3.2.1 Collaborate with Nevada State Public Health Laboratory (NSPHL) to ensure genotyping of at least one isolate from each person with culture-positive TB.</p> <p>3.2.2 Ensure that genotyping results are linked to surveillance data/RVCT within 8 weeks of TB GIMS reported genotype results.</p>	<p>TB GIMS genotype ID (TB Genotyping Information Management System) RVCT in NBS TB GIMS genotype ID created</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of culture-positive TB cases # of culture-positive with TB GIMS genotype created</p>	<p>TB GIMS reports NBS reports NTIP: Universal Genotyping</p>
<p>3.3: By December 31, 2021, the Subrecipient will develop an internal SOP for analyzing genotype clusters, including quarterly review of genotype information in their jurisdiction, and provide notifications, as necessary.</p>	<p>3.3.1 Create internal SOP for reviewing, analyzing, and interpreting genotype information and cluster identification, and apply to quarterly genotype review in TB GIMS.</p> <p>3.3.2 Develop a reporting mechanism to notify the TB Program with a written cluster report.</p>	<p>SOP Genotyping TB genotype cluster report SOP Genotyping Review and Analysis TB genotype cluster report</p>	<p>By Dec 31, 2021</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of SOP developed (progress toward development)</p>	<p>CDC Guide to Application of Genotyping to Tuberculosis Prevention and Control, at www.cdc.gov/tb Internal reports</p>
<p>3.4: By December 31, 2021, the Subrecipient will develop an internal SOP and training on all surveillance activities and processes to conduct annual training with 100% of the Subrecipient TB staff, based on Nevada regulations and CDC guidelines.</p>	<p>3.4.1 Develop and implement an annual surveillance training to ensure complete, accurate and timely recording of data entry.</p>	<p>SOP Surveillance training Surveillance training logs</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Subrecipient's County population</p>	<p># of TB genotype clusters identified and reported</p>	<p>TB GIMS reports Internal reports</p>

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Goal 4: Improve Contact Investigations						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<p>4.1: By December 31, 2021, the Subrecipient will increase the rate to 90% of TB patients with sputum smear-positive results who have contacts examined for infection or disease. (National NTIP goal= 94%)</p>	<p>4.1.1 Initiate index/source case interview and contact investigations within 14 days of the report of TB/suspect TB disease case to LHA.</p>	<p>Contact Investigation reports</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>TB disease cases Contacts</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts elicited # days from report of case to contact elicitation</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
	<p>4.1.2 Identify contacts exposed to <i>M. tuberculosis</i> and ensure they are evaluated for TB/LTBI and facilitate interjurisdictional notification (IJN) if the contact resides outside Subrecipient's County.</p>	<p>Contact Investigation reports IJNs</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Contacts to TB disease; within and outside Subrecipient's County</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts evaluated</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
	<p>4.1.3 Assess reasons for cases with no contacts identified or a low number (< 3) of contacts identified.</p>	<p>Contact Investigation reports Strategic Action Plan, if necessary</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>TB disease cases TB disease contacts The Subrecipient TB Program staff</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with < 3 contacts elicited</p>	<p>Internal reports</p>
<p>4.2: By December 31, 2021, the Subrecipient will maintain at least 80% initiation of LTBI treatment (National goal 94%) and 80% completion of LTBI treatment in contacts diagnosed with LTBI (National goal 93%).</p>	<p>4.1.4 Provide annual staff training (through TB COEs or similar) to improve strategies in case interviewing, contact elicitation, complications in contact investigations, and large-scale contact investigations.</p>	<p>Training Activity Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>The Subrecipient TB Program staff</p>	<p># of TB Program staff that received annual training</p>	<p>Training logs Staff evaluations</p>
	<p>4.2.1 Provide education and supportive services, including incentives and enablers, to contacts of TB disease cases diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.</p>	<p>Contact Investigation reports Incentives and enablers fiscal records</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Contacts to TB disease cases diagnosed with LTBI in Subrecipient's County</p>	<p># of contacts diagnosed with LTBI # of contacts initiating LTBI treatment # contacts completing LTBI treatment</p>	<p>Internal reports NTIP: Contact Investigation Indicators</p>
<p>4.3: Through December 31, 2021, the Subrecipient will collect data and submit reports from 100% of contact investigations.</p>	<p>4.3.1 Collect data and create reports on contacts from each index TB disease case and source case in LTBI in children less than 2 years of age case; reports are to be submitted to DPBH TB Program quarterly.</p>	<p>Contact Investigation reports</p>	<p>Quarterly, by 4/15/21 7/15/21 10/15/21 1/15/22</p>	<p>TB disease contacts TB source case contacts LTBI in children less than 2 years of age</p>	<p># of Contact Investigation reports sent to DPBH program</p>	<p>Internal reports</p>

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	4.3.2 Submit data from contact investigations in the Aggregate Reports for Program Evaluation (ARPE) format, for preliminary 2020 report and final 2019 report, to DPBH TB Program annually.	ARPE reports	On or before March 30, 3/30/21 (previously 7/31)	Contacts to TB disease cases	# of ARPEs sent by 3/30/21	Internal reports NTIP: ARPEs Data Reporting
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Goal 5: Increase the Evaluation of Immigrants and Refugees with TB Disease or TB Infection (LTBI)

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
5.1: Through December 31, 2021, the Subrecipient will maintain at least 72% rate of immigrant and refugee examination within 30 days and 78% of immigrant and refugee complete the examination within 120 days (from notification date).	5.1.1 Through the EDN, ensure all immigrants and refugees classified as A, B1, or B2 are located and examined within 30 days and complete exams within 120 days.	EDN Follow-up Worksheets	Jan 1, 2021 -Dec 31, 2021	Immigrants and refugees Classification as A, B1, B2 assigned to Subrecipient's County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exam within 30 days # of A, B1, B2 notifications with completed exams within 120 days	NTIP: Immigrant and Refugee Indicators EDN reports
	5.1.2 Through EDN, conduct surveillance notifications weekly and provide follow-up worksheets within 30 days of the clinical follow-up.	EDN Follow-up Worksheets	Jan 1, 2021 -Dec 31, 2021	Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exams within 30 days # of A, B1, B2 notifications with complete exams within 120 days	NTIP: Immigrant and Refugee Indicators
	5.1.3 Develop an internal SOP outlining the policy on referrals within your agency and / or the community regarding immigrants and refugees.	SOP for service referrals Medical records	Jan 1, 2021 -Dec 31, 2021	Immigrants and refugees classified as A, B1, B2, and Non-U.S.-born individuals in Subrecipient's County	# of service referrals provided to immigrants, refugees, and non-U.S.-born	Internal reports
5.2: Through December 31, 2021, the Subrecipient will increase initiation of immigrant and refugee LTBI treatment to 70% (National NTIP goal 87%) and LTBI treatment completion to 80% (National NTIP goal 87%).	5.2.1 Provide education and supportive services, including incentive and enablers, to Class A, B1, B2 immigrants and refugees diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.	EDN Follow-up Worksheets Incentives and enablers fiscal records	Jan 1, 2021 -Dec 31, 2021	Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County	# of immigrants and refugees diagnosed with LTBI # of immigrants and refugees initiating LTBI treatment # of immigrants and refugees completing LTBI treatment	NTIP: Immigrant and Refugee Indicators

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<p>5.3: Through December 31, 2021, the Subrecipient will develop interventions to identify foreign-born and locally determined high-risk populations.</p>	<p>5.3.1 Develop and strengthen partnerships with local immigrant/refugee agencies by communicating at least bi-annually to discuss current challenges and implement new interventions.</p>	<p>Records of correspondence</p>	<p>Jan 1, 2021 -Dec 31, 2021</p>	<p>Community agencies serving immigrants and refugees in Subrecipient's County</p>	<p># of meetings # immigrant and refugees evaluated and treated</p>	<p>Internal reports</p>
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Goal 6: Increase the Number of Healthcare Providers in Nevada who are Educated on Targeted Screening and Treatment for TB Infection (LTBI)						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<p>6.1: By December 31, 2021, the Subrecipient will assess the educational needs of healthcare providers in their jurisdiction.</p>	<p>6.1.1 Analyze the demographic data from healthcare providers and facilities from LTBI/TB cases to develop outreach activities and educate the providers and facilities.</p>	<p>Provider needs assessment</p>	<p>Quarterly</p>	<p>Healthcare providers in Subrecipient's County</p>	<p>Demographics of healthcare providers types & facilities providing most TB/LTBI reporting Technical assistance data</p>	<p>Internal reports NBS reports</p>
<p>6.2: Through December 31, 2021, the Subrecipient will continue to conduct educational outreach activities to healthcare providers, staff, and students within high-risk populations through epidemiologic surveillance.</p>	<p>6.2.1 Educate all healthcare providers and staff on the reporting requirements for LTBI in children less than 5 years of age and TB disease/suspected disease. 6.2.2 Educate healthcare providers and staff to identify TB risk factors to increase their targeted screening population. 6.2.3 Educate healthcare providers and staff on the treatment for TB infection.</p>	<p>Outreach activity Annual TB Program Report</p>	<p>Jan 1, 2021 - Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>Healthcare providers in Subrecipient's County</p>	<p># of Outreach activities provided</p>	<p>Internal reports</p>
		<p>Outreach activity Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>Healthcare providers in Subrecipient's County</p>	<p># of Outreach activities provided per quarter</p>	<p>Provider needs assessment & follow-up</p>
		<p>Outreach activity Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>Healthcare providers in Subrecipient's County</p>	<p># of Outreach activities provided per quarter</p>	<p>Provider needs assessment & follow-up</p>
	<p>6.2.4 Educate staff serving high-risk populations and other public groups on recognition the TB symptoms and referral processes to include telephone technical assistance.</p>	<p>Outreach activity Annual TB Program Report</p>	<p>Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21</p>	<p>Staff serving high-risk populations</p>	<p># of Outreach activities provided per quarter</p>	<p>Follow-up assessments</p>

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Goal 7: Strengthen Human Resource Development (HRD)						
Objective	Activity	Outcome	Timeline	Target Population	Evaluation Measure	Evaluation Tool
7.1 Through December 31, 2021, the Subrecipient will assess 100% of staff for their knowledge of TB disease and surveillance processes and provide HRD activities.	7.1.1 Review past evaluation forms to identify HRD strengths and weaknesses to develop current in-service activities.	Training activity(s) Certificates of training Annual TB Program Report	Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21	The Subrecipient TB staff	# of training needs identified # of trainings developed	Past HRD activity Evaluation forms Staff surveys
	7.1.2 Conduct staff training on all internal SOPs for TB disease control interventions and service referrals.	Training activities Certificates of training Annual TB Program Report	Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21	The Subrecipient TB staff	# of trainings conducted # of staff attending trainings/# of certificates	Internal reports Staff surveys Staff evaluations
	7.1.3 Provide internal staff with training opportunities and activities through communication with local, state, regional, and national organizations.	Certificates of training Annual TB Program Report	Jan 1, 2021 -Dec 31, 2021 Annual TB report due 7/15/21	The Subrecipient TB staff	# of training opportunities communicated # of staff attending trainings	Internal reports Staff surveys Staff evaluations
	7.1.4 Participate in four (4) DPBH Technical Assistance TB Program calls to assure communication and HRD needs are conveyed.	Attendance record	Quarterly	The Subrecipient TB staff	# training needs identified # of trainings developed	Internal reports Staff surveys Staff evaluations
7.2: By December 31, 2021, the Subrecipient will ensure 100% of HIV, Hep, STD and TB program staff will conduct the annual Security and Confidentiality training, as developed by the State.	7.2 Ensure the Data Security and Confidentiality Guidelines for HIV/AIDS, Viral Hepatitis, STD, and TB Programs are completed through the DPBH Security and Confidentiality training.	Certificates of Completion -Security and Confidentiality Training	By 12/31/21	The Subrecipient TB staff	# TB staff training Security and Confidentiality training certificates	Training logs Security and Confidentiality Training access

Deliverables:

1) Compile/complete reports outlined throughout the Scope of Works objectives and activities.

Reporting Schedule from DPBH to Subrecipients: (to be provided electronically to subrecipient)

- a) MUNK Quarterly Reports, by the 30th day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
- b) EDN Quarterly Reports, by the 30th day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)

Reporting Schedule from Subrecipients to DPBH: (to be provided electronically to DPBH)

- a) MUNK Follow-up Response Reports, due the 15th day following the quarter's end (i.e., the 15th of April, July, October, January)
- b) EDN Follow-up Response Reports, due the 15th day following the quarter's end (i.e., the 15th of April, July, October, January)
- c) Annual TB Program Report by July 15, 2021
- d) Annual ARPE Report by March 30, 2021
- e) Quarterly Contact Investigation Log Reports, due the 15th day following the quarter's end (i.e., the 15th of April, July, October, January)

2) Participate in the following DPBH TB Program Technical Assistance calls throughout the project period, dated to be determined as necessary:

All-Program Calls: TBD

Local Health Authority Specific Technical Assistance Calls: TBD

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

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SECTION C**

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this 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 NU52PS910224 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number NU52PS910224 from the Centers for Disease Control and Prevention.

Subrecipient, Washoe County Health District, agrees to adhere to the following budget:

Applicant Name: Washoe County Health District (WCHD)

**BUDGET NARRATIVE
GY 21 CDC Tuberculosis Program - WCHD**

Method of Selection: sole source; Washoe County Public Health Authority

Period of Performance: January 1, 2021, through December 31, 2021

Scope of Work:

WCHD is the local health authority in Washoe County and will use these funds per the mission of the TB Program by conducting activities to promote and protect the well-being of Nevadans and visitors by prevention, control, and tracking. WCHD will provide services to control and eliminate TB for active tuberculosis cases and high-risk LTBI populations per NRS. Services include rapid identification and diagnosis of the disease, timely contact investigations and surveillance, case management and completion of treatment, and community/provider education and outreach.

Accountability: The WCHD TB program will provide monthly subaward reimbursement requests, weekly reviews and/or data entry into NBS and EDN, an annual ARPE report, annual cohort review, quarterly data collection/reporting of contact investigation data and RVCT data/entry reconciliation. WCHD will participate in annual programmatic and fiscal monitoring visits by Nevada Division of Public and Behavioral Health. WCHD TB program will submit an annual performance report to the DPBH TB program.

WCHD P&C Itemized Budget: **TOTAL BUDGET** **\$109,112**

WCHD Personnel Costs	including fringe	Total:	\$88,973
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>TB Program Coordinator, Registered Nurse position</u>	\$93,359.00	43.451%	58.000%	12	100.00%	\$77,676
<u>Public Health Nurse (PHN), Intermittent, Hourly</u>	\$64,813.00	1.750%	17.130%	12	100.00%	\$11,297

Justification/Narrative: TB Program Coordinator- this position functions as the TB Control authority for Washoe County. The position works with the TB Controller, reports to the District Health Officer, and provides case management of Immigrant Class A & B TB cases. Case management includes, but is not limited to, reporting, contact investigation, assurance of patient adherence to medication regimen, legal referral for non-adherence, and home visits to assess and provide directly observed therapy (DOT). The position also provides education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of symptoms. The position develops and updates policies and protocols for care and investigation, infection control, and compliance with the Occupational Safety and Health Administration (OSHA) requirements, as needed. For the project period of 2020 to 2024, the program coordinator will focus on implementing LTBI data collection and analysis, including strategizing effective provider reporting outreach and training.

PHNs, Intermittent - supports clinic operations, DOT, and contact investigations for the clinic. The PHNs also provides TB/LTBI education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of TB symptoms. These contract positions will report to the WCHD TB Coordinator.

Total Fringe Cost	\$23,722	Total Salary Cost:	\$65,251
Total Budgeted FTE	0.75130		

WCHD Travel	Total:	\$1,791
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	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
<u>Out-of-State Travel</u>					<u>\$1,791</u>
<u>TB Centers of Excellence, TBD, Training</u>					
Airfare: \$616 cost per trip, Reno, NV, to TBD, x 1 staff/trip	\$616	1		1	\$616
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0

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Per Diem: \$66 per day per GSA rate for area TBD x 1 of staff x 5 days/trip	\$66	1	5	1	\$330
Lodging: \$160 per day x 4 of nights x 1 of staff/trip	\$160	1	4	1	\$640
Ground Transportation: \$100 per trip x 1 of staff/trip	\$100	1	1	1	\$100
Mileage: 60 miles @\$0.58/mile per trip x 1 staff/trip	\$35	1		1	\$35
Parking: \$14 per day x 5 of days/trip x 1 of staff/trip	\$14	1	5	1	\$70

Justification: These funds will be used to facilitate travel for key personnel to attend conferences and training to improve program evaluation, develop LTBI outreach curriculum and materials. Out of state travel: to attend the Center of Excellence Tuberculosis training course, or equivalent.

WCHD Operating	Total:	\$4,200
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Patient housing support (enabler):	\$300/week X 1 patients x 5 weeks	\$1,500.00
Incentives for treatment/evaluation:	\$10/ea. X 20 food/gift/gas cards	\$200.00
TB testing, blood tests, Interferon gamma releasing assays:	\$50/TB blood test x 50 tests	\$2,500.00

Justification: Patient Housing Support - funds will be used to provide housing support for active patients who are homeless or individuals at-risk for being homeless during the initial treatment phase or until they are no longer infectious. Incentives and Enablers - enablers include food, gift, or gas cards to be used for contacts, patients and/or high-risk LTBI cases to bring them in for treatment and/or testing. TB Testing - QFT/TSpot TB blood tests.

Equipment	Total:	\$0
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Contractual	Total:	\$0
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Training	Total:	\$0
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Other	Total:	\$330
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NTCA Annual Individual Membership dues:	\$80/membership x 1	\$80.00
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Justification: One Individual membership will provide for ongoing education, collaboration with other states, and remaining current on relevant TB issues and research nationwide.

Registration: National Conference	\$250 - TB Coord	\$250.00
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Justification: National NTCA TB conference to provide education and training for TB coordinator

TOTAL DIRECT CHARGES	Total:	\$95,294
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Indirect Charges	Indirect Rate:	14.500%
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Indirect Methodology: Negotiated Federal Indirect rate.		\$13,818
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TOTAL BUDGET	Total:	\$109,112
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Form 2

Applicant Name: Washoe County Health District (WCHC)
 PROPOSED BUDGET SUMMARY
 GY21 CDC TB Budget WCHD

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$109,112								\$109,112

EXPENSE CATEGORY

Personnel	\$88,973								\$88,973
Travel	\$1,791								\$1,791
Operating	\$4,200								\$4,200
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$330								\$330
Indirect	\$13,818								\$13,818

TOTAL EXPENSE	\$109,112	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,112
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$13,818
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Total Agency Budget	\$109,112
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- 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 \$109,112;
- Expenditure requests not to exceed 50% of subaward by July 1, 2021, unless a specific request is granted by DPBH TB;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, invoices, receipts, and agendas; and
- 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:

Responsibilities of the DPBH Tuberculosis (TB) Program:

- Providing technical assistance, upon request from the Subrecipient;
- Providing prior approval of reports or documents to be developed;
- Coordinate with other states, federal, and international agencies;
- Collect and interpret the required data;
- Forwarding any changes in the recommendations for the testing and/or care of TB disease or latent TB infection;
- Forwarding reports to another party, i.e. CDC, interstate agencies, Division of Global Migration and Quarantine; and,
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and to the CDC, per reporting deadlines.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documents are submitted to and accepted by the Department.

Both parties agree:

- The site visit/monitoring will occur as needed, but at least one (1) time per year, and will be conducted by the DBPH TB Program and/or the CDC with the related staff of the Subrecipient TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.
- 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 in 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.
- Deliverables:
 - 1) Compile/complete reports outlined throughout the Scope of Works objectives and activities.

Reporting Schedule from DPBH to Subrecipients: (to be provided electronically to subrecipient)

 - a) MUNK Quarterly Reports, by the 30th day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
 - b) EDN Quarterly Reports, by the 30th day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)

Reporting Schedule from Subrecipients to DPBH: (to be provided electronically to DPBH)

 - f) Annual TB Program Report by July 15, 2021
 - g) Annual ARPE Report by March 30, 2021
 - h) Quarterly Contact Investigation Log Reports, MUNK Follow-up Response Reports, EDN Follow-up Response Reports (as needed);

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Due the 15th day following the quarter's end (i.e., the 15th of April, July, October, January)

- 2) Participate in the following DPBH TB Program Technical Assistance calls throughout the project period (dates are pending)
All-Program Calls:
Local Health Authority Specific Technical Assistance Calls:

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 15th 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.

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SECTION D**

Agency Ref. #: SG 25003
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Division of Public and Behavioral Health (DPBH) Tuberculosis Program	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street, Bldg. B Reno, NV 89512
Subaward Period: January 1, 2021, through December 31, 2021	Subrecipient's: EIN: 88-6000138 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	\$88,973.00	\$0.00	\$0.00	\$0.00	\$88,973.00	0.0%
2. Travel	\$1,791.00	\$0.00	\$0.00	\$0.00	\$1,791.00	0.0%
3. Operating	\$4,200.00	\$0.00	\$0.00	\$0.00	\$4,200.00	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	\$330.00	\$0.00	\$0.00	\$0.00	\$330.00	0.0%
8. Indirect	\$13,818.00	\$0.00	\$0.00	\$0.00	\$13,818.00	0.0%
Total	\$109,112.00	\$0.00	\$0.00	\$0.00	\$109,112.00	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 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 _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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.

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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.

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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.
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

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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 to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the

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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.
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.

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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.

Staff Report

Board Meeting Date: December 17, 2020

DATE: November 30, 2020

TO: District Board of Health

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

SUBJECT: Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2020 through September 30, 2021 in the total amount of \$1,138,069.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11762 and authorize the District Health Officer to execute the Subaward 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 Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on November 23, 2020 to support the WIC Program. The funding period is retroactive to October 1, 2020 through September 30, 2021. A copy of the Notice of Subaward 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 WIC program provides supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status

of these persons. Funding will support staffing, travel, training, operating and indirect expenses for the WIC program.

FISCAL IMPACT

The program anticipated funding and included it in the FY21 adopted budget in IO#11652. A budget adjustment will be done to move the remaining authority to the new IO#11762.

RECOMMENDATION

Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2020 through September 30, 2021 in the total amount of \$1,138,069.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11762 and authorize the District Health Officer to execute the Subaward 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 Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2020 through September 30, 2021 in the total amount of \$1,138,069.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11762 and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **HD 17749**
 Budget Account: 3214
 Category: 45
 GL: 8516
 Job Number: 1055721A

NOTICE OF SUBAWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness	Subrecipient's Name: Washoe County Health District – WIC
Address: 400 West King Street, Suite 300 Carson City, NV 89703	Address: 1001 East Ninth Street Reno, NV 89512
Subaward Period: October 1, 2020 – September 30, 2021	Subrecipient's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Provide staffing and support to WIC clinic operations.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$987,233.00	Total Obligated by this Action:	\$ 1,138,069.00
2. Travel	\$6,502.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$41,380.00	Total Federal Funds Awarded to Date:	\$ 1,138,069.00
4. Equipment	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 0.00
6. Training	\$3,050.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$24,756.00	Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$1,062,921.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$75,148.00	Federal Budget Period: October 1, 2020 – September 30, 2021	
TOTAL APPROVED BUDGET	\$1,138,069.00	Federal Project Period: October 1, 2020 – September 30, 2021	

Source of Funds: USDA, Food Nutrition Service, Women, Infants and Children	% Funds: 100	CFDA: 10.557	FAIN: 217NVNV7W1003	Federal Grant #: 7NV700NV7	Grant Award Date by Federal Agency: October 1, 2020
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Agency Approved Indirect Rate: 7.9% **Subrecipient Approved Indirect Rate:** 7.2%

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.

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	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		
Candice McDaniel, MS Bureau Chief, CFCW		
for Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The 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 implementing

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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.

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SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

I. GENERAL: Subgrantee shall operate using the following guidelines:

- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
- B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
- C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
- D. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
- E. Maintain and have available for review, audit, and evaluation all criteria used for certification.
- F. Maintain complete, accurate current documentation that accounts for program funds received and expended;
- G. Maintain comprehensive internal control procedures to ensure proper funds management and separation of duties when determining eligibility and issuing benefits;
- H. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily;
- I. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
- J. Prohibit smoking in State WIC facilities where WIC functions are carried out.

II. CLINIC OPERATION:

- A. Term: The term of the subgrant is October 1, 2020 through September 30, 2021.
- B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
- C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
- D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy-two (72) hours of occurrence, and include affected employee's work location, position and work telephone number.
- E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.

III. STAFF, FACILITIES AND EQUIPMENT:

- A. Training: Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.
- B. Facilities:
 - 1. Privacy: Subgrantee shall make provisions to ensure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
 - 2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State WIC Policy and Procedure Manual.

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C. Equipment:

1. Title: All property purchased with funds provided by the State WIC program pursuant to this subgrant that are not fully consumed in performance of this subgrant shall be the property of the State WIC program.
2. Inventory: Equipment having a useful life over one year purchased using WIC funds, will be inventoried and reported annually, with clinic plan, to the State WIC office prior to September 30th of the current subgrant year. The inventory list shall include date of purchase, cost, clinic location, and if available, State of Nevada inventory tag number and/or subgrantee inventory tag number.
3. Loss: Subgrantee shall be responsible for all equipment purchased with funds provided by State WIC, insuring that said equipment is maintained in good repair and working order. In the event of loss of said equipment, due to theft or disaster, Subgrantee shall replace such equipment with equipment of like value at Subgrantee expense.
4. Purchase: Equipment purchases which exceed \$5,000 and all purchases of computer hardware must receive prior written approval from State WIC office.

IV. PROGRAM ADMINISTRATION:

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
- B. Local Agency: Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services Plan with their equipment inventory and current laboratory certification, no later than September 30th. Failure to comply may result in funding delay.
- C. Record Retention:
 1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.
 2. Fiscal Records: Subgrantee shall maintain all fiscal records and books constituting the basis for submission of reimbursement requests, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
 3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.
 4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
 5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING:

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **39,192** yearly participants at a maximum allowable reimbursement award of **\$1,138,069**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantees performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million One Hundred Thirty-Eight Thousand Sixty-Nine (\$1,138,069) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support, as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

VI. NON-LIMITATION OF REMEDY:

The provisions of sanctions or penalties pursuant to this subgrant shall not be construed as excluding or reducing any criminal or civil penalties or sanctions or other remedies that may be applicable under Federal, State or local laws. Subgrantee hereby acknowledges and agrees that, pursuant to the Regulations, whoever embezzles, willfully misapplies, steals or obtains by fraud any funds, assets or property provided under the Child Nutrition Act, whether received directly or indirectly from Federal Nutritional Services (FNS), or whoever receives, conceals or retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplied, stolen or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than 5 years, or both; or if such funds, assets or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both.

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VII. ADVERSE ACTIONS:

A. Arbitrations: This subgrant shall not be subject to arbitration.

B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.

1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.
2. Subgrantee must file appeal within 15 calendar days of receipt of notification.
3. The hearing shall be convened with 20 days advance notice.
4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.
5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.
6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.

C. Disqualification: Subgrantee may be disqualified.

1. The State WIC office determines noncompliance with program regulations.
2. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
3. When the State WIC office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.

D. Participation Pending Appeal: Appealing an action does not relieve Subgrantee, while the appeal is in process, from the responsibility of continued compliance with the terms of this Subgrant.

E. Final Order: The decision shall be final and conclusive subject to an appeal to a court of law pursuant to NRS Chapter 233B (Nevada Administrative Procedures Act).

F. Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

VIII. DISCRIMINATION:

A. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.

B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.

C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.

D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to State WIC office.

IX. ADDITIONAL SERVICES AND FUNDS:

Nothing in this subgrant shall be deemed in any way to authorize subgrantee to perform any additional services or to expend any additional funds without prior written authorization from State WIC office.

X. TERMINATION:

A. By Subgrantee: The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to State WIC office provided that subgrantee continues to perform this subgrant during its term until such time as State WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.

B. Availability of Federal Funds: This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee **immediately** in writing of such termination.

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C.Cooperation: Subgrantee shall, upon notification of the termination of this subgrant and if so, directed by State WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.

D.Liability Following Termination: Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.

E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party and 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 for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT:

A. Both parties recognize that this subgrants validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.

B. It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.

C. This subgrant is valid and enforceable only if sufficient funds are made available to the State WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.

D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding to the Nevada WIC program.

XII.AUDIT:

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$750,000 in aggregate federal funds, an audit must be performed in accordance with OMB Uniform Guidance, Title 2, Subpart F- Audit Requirements, 200.501. The audit must be completed and submitted to the Division of Public and Behavioral Health, Contracts Unit (refer to Section E) within nine (9) months following the close of the fiscal year or subgrantee will be subject to a penalty of up to the amount paid for the audit and Subgrant funding may be withheld.

XIII.RENEWAL:

Nothing in this Subgrant shall be deemed to impose any obligation on either party to enter into any subsequent Subgrant.

XIV. WHOLE AGREEMENT:

This subgrant with Sections A, B, C, D, E and F constitutes the entire agreement between the parties hereto, and supersedes and replaces all previous communications, representations, or agreements, whether oral or written, between the parties pertaining to the subject matter herein.

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

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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 7NV700NV7 from the United States Department of Agriculture, Food and Nutrition Services, Women, Infants and Children Program.

Subrecipient agrees to adhere to the following budget:

Applicant Name: HD 17749 - Washoe County Health District

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$987,233
-			

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Erin Dixon</u> <u>Public Health Supervisor, 70002288</u>	\$104,556.85	47.350%	5.000%	12	100.00%	\$7,703

Position oversees entire program, including peronnel and policy issues

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Sunita Monga</u> <u>Registered Dietitian Nutritionist, 70002220</u>	\$87,328.85	43.880%	100.000%	12	100.00%	\$125,649

Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Kelcie Atkin</u> <u>Registered Dietitian Nutritionist, 70002221</u>	\$69,956.80	42.862%	100.000%	12	100.00%	\$99,942

Position provides direct client services for high risk clients and oversees one WIC clinic, including staffing and day to day operations.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Maricela Caballero</u> <u>Human Services Support Specialist II, 70002167</u>	\$61,570.28	57.515%	100.000%	12	100.00%	\$96,982

Position provides direct client services including nutrition assessment, education and breastfeeding education. In addition, the position is responsible for certain reports/outreach and covering front office activities when needed.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Irene Ramos-Hernandez</u> <u>Human Services Support Specialist II, 70002309</u>	\$61,570.28	60.291%	100.000%	12	100.00%	\$98,692

Position provides direct client services including nutrition assessment, education and breastfeeding education. In addition, the position is responsible for certain reports/outreach and covering front office activities when needed.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Mary Rodriguez</u> <u>Human Services Support Specialist II, 70002307</u>	\$61,570.28	57.687%	100.000%	12	100.00%	\$97,088

Position provides direct client services including nutrition assessment, education and breastfeeding education. In addition, the position is responsible for certain reports/outreach and covering front office activities when needed.

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Alejandra Rosales-Garcia</u> <u>Community Health Aide, 70002308</u>	\$43,434.51	55.836%	100.000%	12	100.00%	\$67,687

Position provides direct client services including nutrition assessment, education and breastfeeding education

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Jacqueline Chaidez</u> <u>Community Health Aide, 70002306</u>	\$55,584.28	70.156%	100.000%	12	100.00%	\$94,580

Position provides direct client services including nutrition assessment, education and breastfeeding education

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Lilia Sandoval</u> <u>Office Assistant II, 70002122</u>	\$52,455.72	62.629%	100.000%	12	100.00%	\$85,308

Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Julio Pech-Garcia</u> <u>Office Assistant II, 70002144</u>	\$52,455.72	63.202%	100.000%	12	100.00%	\$85,609

Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Maria Jimenez</u> <u>Office Assistant II, 70002144</u>	\$52,455.72	62.816%	100.000%	12	100.00%	\$85,406

Position provides front office support, including scheduling, phones, client check in and benefits troubleshooting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Intermittent Hourly Nutritionist</u>	\$66,976.00	1.700%	15.000%	12	100.00%	\$10,217

Position provides fill in support when staff are on leave or caseload increases.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>I/H Nutritionist or Registered Nurse</u>	\$66,976.00	1.750%	47.500%	12	100.00%	\$32,370

I/H Nutritionist or Registered Nurse

Position provides IBCLC consults.

	Total Fringe Cost	\$341,763		Total Salary Cost:	\$645,470
	Total Budgeted FTE	10.67500			

Travel	Total:	\$6,502
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Out-of-State Travel	\$5,556
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	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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WIC National conference in New Orleans in May 2021

	<u>Cost</u>
Airfare: Estimated cost per trip \$500 (origin & designation) x 1 trip x 3 staff	\$500
Baggage fee: \$50/person x 1 trip x 3 staff	\$50
Per Diem: \$71/day per GSA rate for area x 1 trip x 5 days x 3 staff	\$71
Lodging: \$193/day incl. tax x 1 trip x 4 nights x 3 staff	\$193
Ground Transportation: \$25per r/trip x 1 trip x 5 days x 3 staff	\$25

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Parking: \$10/day x 1 trip x 5 days x 3 staff \$10 1 5 3 \$150

Justification:

Erin Dixon, Program Manager, Soni Monga, RDN, and Kelcie Atkin, RDN, will be traveling to the WIC National conference in New Orleans in May 2021

In-State Travel

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	\$946
Airfare: Estimated cost per trip \$250 (origin & designation) x 1 trip x 1 staff	\$250	1		1	\$250
Per Diem: \$61/day per GSA rate for area x 1 trip x 1 day x 1 staff	\$61	1	1	1	\$61
Ground Transportation:(\$50) x 1 trip x 1 day x 1 staff	\$50.00	1	1		\$50
Mileage: (.575/mile x 250 miles per r/trip) x 4 staff	\$0.575	250		4	\$575
Parking: \$10/day x 1 trip x 1 day x 1 staff	\$10	1	1	1	\$10

Justification:

Erin Dixon, Program Manager will be traveling to Vegas for the Statewide Directors meeting (TBD). Mileage is for staff travel between clinics and to outreach events.

Operating	Total:	\$41,380
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Operating/Medical supplies \$1567.667/mo. x 12 mo.	\$1,567	12	\$18,800.00
Office supplies: \$15 amount x 11 of FTE staff x 12 of mo.	\$165	12	\$1,980.00
Office supplies: Laptop	\$1	0	\$1,400.00
Rent: \$1,600 per/mo. x 12 months x # of FTE	\$1,600	12	\$19,200.00

Justification: Operating and office supplies are for those items required to meet the standard day to day operations of the clinic and includes, but not limited to: masks & other PPE for staff/clients and additional cleaning supplies/services, replacement of Hemopoint Alere machines, monitors, headsets, and web cameras. The rent listed is for the clinic located on Moana. There is currently no rent required for the Incline Village Clinic.

Equipment	Total:	\$0
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Contractual	Total:	\$0
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Training	Total:	\$3,050
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Meetings and Seminars (Estimated 10 staff @ \$170 each to attend either virtual or local nutrition trainings that could include but are not limited to diabetes education, American Society for Nutrition, Society for Nutrition Education, Interviewing techniques and skills, etc.)

\$1,700.00

National WIC Conference registration (Anticipating \$450 per person, with three attendees, 2 RD and 1 Director)

\$1,350.00

Meetings and seminars is to provide ongoing training opportunities to licenses and non-licensed staff to keep skills up to date. The National WIC conference registration is for the Program Manager and two RDs to attend

Other	Total:	\$24,756
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Printing Services: \$30 amount/mo. x 12 months	\$360
Copier/Printer Lease: \$266.67 amount x 12 months	\$3,200
Repairs and Maintenance	\$250

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Postage: \$30 per mo. x 12 months	\$360
Cell phone: \$56 per mo. x 12 months	\$672
Employee medical/fit testing	\$175
Books and subscriptions	\$75
Licenses/permits/Lab Certs	\$700
Registration (booth)/meeting room	\$500
Landline Telephones (2 clinics)	\$3,400
Language Line	\$3,200
Dues	\$75
WIC outreach	\$11,789

Justification: *Items include standard office operational support including client communication. WIC Outreach includes promotion of WIC services to assist with increasing client caseload.*

TOTAL DIRECT CHARGES	\$1,062,921
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Indirect Charges	Indirect Rate:	7.200%	\$75,148
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Indirect Methodology: Federally approved indirect rate x modified total direct costs (MTDC). If the subrecipient has never received a negotiated rate, a de minimis rate of 10% of MTDC may be used per 2 CFR § 200.414 Indirect (F&A) costs. Adjusted Direct Cost (\$1,062,921- \$19,200(Rent) = \$1,043,721 x 7.2% = \$75,148

TOTAL BUDGET	Total:	\$1,138,069
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Applicant Name: HD 17749 - Washoe County Health District

Form 2

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	USDA - WIC	Other Funding - Local	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$1,138,069	\$146,362								\$1,284,431

EXPENSE CATEGORY

Personnel	\$987,233	\$146,362								\$1,133,595
Travel	\$6,502									\$6,502
Operating	\$41,380									\$41,380
Equipment	\$0									\$0
Contractual/Consultant	\$0									\$0
Training	\$3,050									\$3,050
Other Expenses	\$24,756									\$24,756
Indirect	\$75,148									\$75,148

TOTAL EXPENSE	\$1,138,069	\$146,362	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,284,431
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$75,148
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Total Agency Budget	\$1,284,431
Percent of Subrecipient Budget	89%

B. Explain any items noted as pending:

C. Program Income Calculation:

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

The Subrecipient agrees:

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

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,138,069**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.

Additionally, the Subrecipient agrees to provide:

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

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;

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- To provide prior approval of reports or documents to be developed;
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th 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
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DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D**

Agency Ref. #: **HD 17749**
 Budget Account: 3214
 CAT: 45
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness	Subrecipient's Name: Washoe County Health District – WIC
Address: 400 West King Street, Suite 300 Carson City, NV 89703	Address: 1001 East Ninth Street/ Reno, NV 89512
Subaward Period: October 1, 2020 – September 30, 2021	Subrecipient's: 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	\$987,233.00	\$0.00	\$0.00	\$0.00	\$987,233.00	0.0%
2. Travel	\$6,502.00	\$0.00	\$0.00	\$0.00	\$6,502.00	0.0%
3. Operating	\$41,380.00	\$0.00	\$0.00	\$0.00	\$41,380.00	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	\$3,050.00	\$0.00	\$0.00	\$0.00	\$3,050.00	0.0%
7. Other	\$24,756.00	\$0.00	\$0.00	\$0.00	\$24,756.00	0.0%
8. Indirect	\$75,148.00	\$0.00	\$0.00	\$0.00	\$75,148.00	0.0%
Total	\$1,138,069.00	\$0.00	\$0.00	\$0.00	\$1,138,069.00	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 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 _____

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SECTION E**

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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.

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NOTICE OF SUBAWARD**

SECTION F

Notification of Utilization of Current or Former State Employee

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

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

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the 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
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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.

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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

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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.

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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 AH
DHO _____ KD

Staff Report
Board Meeting Date: December 17, 2020

DATE: December 7, 2020
TO: District Board of Health
FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kapalmer@washoecounty.us
SUBJECT: Retroactively approve the Interlocal Agreement between Washoe County Health District and Board of Regents, NSHE on behalf of the University of Nevada Reno Nevada Public Health Training Center in the approximate amount of \$2,872,558.98 effective December 31, 2020 through June 30, 2021 with the option for 2 additional six-month renewals, to recruit and maintain a team of identified positions and provide administrative support and oversight of employees to assist the Health District’s COVID response; and authorize the District Health Officer to execute the agreement on behalf of the Board Chair.

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 up to \$100,000.00 per contractor; over \$100,000.00 would require the approval of the Board. When a Declaration of Emergency is in effect the District Health Officer may execute agreements that exceed \$100,000 if the item is then presented for approval to the District Board of Health at their next meeting.

District Board of Health strategic priority:

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

PREVIOUS ACTION

No previous action.

BACKGROUND

This agreement provides a team of employees to assist in the Health District’s COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services.

FISCAL IMPACT

Should the Board approve this Agreement, costs will be covered by the ELC CARES grant and/or the ELC Enhancing Detection grant.

Date: December 17, 2020

Subject: Approve Agreement with Board of Regents, University of Nevada Reno Public Health Training Center

Page 2 of 2

RECOMMENDATION

It is recommended that the District Board of Health retroactively approve the Interlocal Agreement between Washoe County Health District and Board of Regents, NSHE University of Reno Nevada Public Health Training Center, in the approximate amount of \$2,872,558.98, effective December 31, 2020 through June 30, 2021 with the option for 2 additional six-month renewals, to recruit and maintain a team of identified positions and provide administrative support and oversight of employees to assist in the Health District's COVID response; and authorize the District Health Officer to execute the agreement on behalf of the Board Chair.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Agreement between Washoe County Health District and Board of Regents, NSHE University of Reno Nevada Public Health Training Center, in the approximate amount of \$2,872,558.98, effective December 31, 2020 through June 30, 2021 with the option for 2 additional six-month renewals, to recruit and maintain a team of identified positions and provide administrative support and oversight of employees to assist in the Health District's COVID response; and authorize the District Health Officer to execute the agreement on behalf of the Board Chair."

WASHOE COUNTY HEALTH DISTRICT
1001 E. Ninth Street, Building B
Reno, NV 89512
Ph: 775-328-6055
(herein referred to as the County)

And

Board of Regents, NSHE
University of Nevada Reno
Sponsored Projects
1664 N. Virginia St. / Mailstop 325
Reno, NV 89557-0325
(herein referred to as the University)

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

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

1. **DEFINITIONS.** University means Board of Regents of the Nevada System of Higher Education and the University of Reno Nevada Public Health Training Center; its officers, employees, and officers, and immune University's as defined in NRS 41.0307. The "County" means the Washoe County Health District, its officers, employees and immune University's as defined in NRS 41.0307.
2. **CONTRACT TERM.** This contract shall be effective from December 31, 2020 through June 30, 2021, with an option for two (2) six (6) month contract renewals, unless sooner terminated by either party as set forth in this Contract.
3. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph two (2), provided that the termination shall not be effective until forty-five (45) days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason County, State and/or Federal funding ability to satisfy this Contract is withdrawn, limited, or impaired. This Contract may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Contract and, in the event, University encounters a reduction in personnel available to provide the services.
4. **RESPONSIBILITY.** University shall recruit and maintain a team of identified positions and provide administrative support and oversight for a team of employees involved in the County's COVID response activities to include, but not limited to, disease investigation, call center, and testing and vaccination site management services. Estimated number of full-time positions as follows;
 - 4 Disease Investigator Supervisors
 - 48 Disease Investigators

- 3 Call Center Supervisors
- 20 Call Center Staff
- 5 Epi Data Entry Staff.

Part time hourly positions estimated as follows;

- 15 Testing and Vaccine Site Management Staff.

Staffing numbers and positions listed above are subject to change dependent on needs of the operation. Successful fulfillment will include:

- a. Recruiting qualified applicants, hiring, onboard and training.
- b. Maintaining accurate time records, approval of hours and scheduling of leave, general management and oversight.
- c. Providing regularly scheduled performance evaluations.
- d. Submission of a monthly invoice by the 30th calendar day of the following month, providing at least weekly, staff-level reporting detail.

The Health District will be responsible for payment to University for the services of those individuals. The County retains the right to restrict individuals from our locations in the extraordinary event that it becomes necessary.

It is anticipated by County that team provided by University will collectively complete 840 investigations per week on an ongoing basis. Failure to consistently satisfy that minimum number of investigations will be considered a substantial breach of performance.

5. CONSIDERATION. University agrees to provide services set forth in paragraph four (4). The six (6) month rate of pay per position, are as followed:

- Call Center Staff (Classified): \$15,600
- Call Center Supervisors (Classified): \$18,500
- Disease Investigator (Classified): \$20,800
- Disease Investigator Supervisors (Professional): \$30,000
- Epi Support Data Entry (Classified): \$ 15,600
- Hourly Site Management Staff (Temp Hourly): \$9,750

The fringe rate for the positions are as followed:

- Professional (31.60%): \$367,975.68
- Classified (45.0%): \$209,727.79
- Temp Hourly (2.3%): \$3,363.75

Overtime will be paid at 1.5 times the hourly rate of pay of Classified employees wages, based upon the required staffing needs. University may charge up to 15% fees for indirect and 5% administration on the above rates of pay.


6. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
7. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments:
- ATTACHMENT A: Scope of Work

ATTACHMENT B: Fiscal Procedures

8. ASSENT. The parties agree that the terms and conditions listed on the incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. BREACH; REMEDIES. Failure of either party to substantially perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
10. LIMITED LIABILITY. The Parties will not waive and intends to assert available defenses and liability limitations available under NRS Chapter 41 in all cases. Contract liability of both parties shall not be subject to punitive damages. Liquidated damages shall not apply unless otherwise specified in the incorporated attachments. In no event shall damages attributable to either Party's breach of this Agreement exceed the amount of funds appropriated for payment under this Contract.
11. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
12. INDEMNIFICATION. To the fullest extent permitted by law University shall indemnify, hold harmless and defend, not excluding the County's right to participate, the County from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of University, its officers, employees and agents.
To the fullest extent permitted by law County shall indemnify, hold harmless and defend, not excluding the County's right to participate, the University from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of University, its officers, employees and agents.
13. INDEPENDENT CONTRACTOR: University is associated with the County only for the purposes and to the extent specified in this Contract, and in respect to performance of the contracted services pursuant to this Contract, University is and shall be an independent Contractor and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the for the County whatsoever with respect in indebtedness, liabilities, and obligations of University or any other party. University shall be solely responsible for, and the County

shall have no obligation with respect to: (1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the County; (4) participation or contributions by the County to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the County. University shall be responsible for any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither University nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the County and University shall evaluate the nature of services and the term of the Contract negotiated in order to determine "independent contractor" status, and shall monitor the work, relationship throughout the term of the Contract to ensure that the independent University relationship remains as such. To assist in determining the appropriate status (employee or independent contractor), University represents as follows:

QUESTION		UNIVERSITY'S INITIALS	
		YES	NO
1.	Does the County have the right to require control of when, where and how the independent Contractor is to work?		<input checked="" type="checkbox"/> ^{DS} tl
2.	Will the County be provided training to the independent Contractor?		<input checked="" type="checkbox"/> ^{DS} tl
3.	Will the County be furnishing the independent Contractor with worker's space, equipment, tools, supplies or travel expenses?		<input checked="" type="checkbox"/> ^{DS} tl
4.	Are any of the workers who assist the independent Contractor in performance of his/her duties employees of Washoe County?		<input checked="" type="checkbox"/> ^{DS} tl
5.	Does the arrangement with the independent Contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or short of duration)?		<input checked="" type="checkbox"/> ^{DS} tl
6.	Will the County incur an employment liability if the independent Contractor is terminated for failure to perform?		<input checked="" type="checkbox"/> ^{DS} tl

7.	Is the independent Contractor restricted from offering his/her services to the general public while engaged in this work relationship with the County?	
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14. HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.
15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. PUBLIC RECORDS: Pursuant to NRS 239.010, information or documents received from either party may be open to public inspection and copying. Both parties have legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. The other party may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333. The failure to label any document that is released by the other Party shall constitute a complete waiver of any and all damages caused by any release of the records.
19. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
20. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the service set forth in this agreement.
21. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Contract.
22. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless

otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

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

APPROVED BY THE WASHOE COUNTY HEALTH DISTRICT



Kevin Dick
District Health Officer

12/3/2020

Date

APPROVED BY WASHOE COUNTY

Chair
Washoe County Commission

Date

APPROVED BY THE BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO

DocuSigned by:
Thomas Landis
261A581D8AE24DE...

25-Nov-2020 | 2:42 PM PST

Date

Washoe County Health District

COVID-19 Contact Tracing, Disease Investigation, and Testing Continuation Project

12/31/2020 – 06/30/2021

RATIONALE

Case investigation and contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. Immediate action is needed. Communities must scale up and train a large workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19.

- Centers for Disease Control and Prevention (2020)

SCOPE OF WORK

This proposal is aimed to provide supplemental public health response and recovery efforts of COVID-19 in Washoe County led by a partnership with the Nevada Public Health Training Center (NVPHTC) at the University of Nevada, Reno. Funding for the continued staffing and administration of a contact tracing, disease investigation, and testing program which will provide support for COVID-19 prevention and control in coordination with Washoe County Health District.

DELIVERABLES

Objective 1: Maintain a team and provide administrative support and oversight for a team of employees involved in contact tracing, disease investigation, and testing services:

Full time: 4 Disease Investigation Supervisors, 48 Public Health Contact Tracers/Disease Investigators, 3 Call Center Supervisors, 20 Call Center Staff, 5 Epi Data Entry Staff

Part time: 15 Point of Screening and Testing Staff

Successful fulfillment of this objective may include:

1. Recruiting qualified applicants, including applicant screening and assessment
2. Onboarding staff by completing new hire paperwork and associated trainings
3. Working with Washoe County Health District on site specific training and onboarding
4. Providing ongoing scheduling, approval of hours and leave, general management, and oversight
5. Providing annual evaluations and benefits support, as appropriate

Objective 2: Ensure staff deliver COVID-19 services in alignment with Washoe County Health District standards.

1. Immediately identify and interview people with SARS CoV-2 infections and COVID-19 (i.e., disease) using motivational interviewing techniques
2. Support isolation and dissemination of information to those who are infected
3. Communicate to contacts of their exposure, assessing their symptoms and risk, and providing instructions for next steps
4. Link those with symptoms to testing and care
5. Maintain accurate record keeping and following data entry protocol
6. Maintain high standards of confidentiality and contact information security

Objective 3: Monitor and evaluate the efficiency and effectiveness of ongoing contact tracing services

1. Serve as a liaison to Washoe County Health District on staff performance and outcomes
2. Analyze staff outcomes and provide key training and professional development skills support, as appropriate
3. Collaborate to compile local, state and federal reports, as appropriate

**Washoe County Health District
 COVID-19 Contact Tracing, Disease Investigation, and Testing
 Continuation Project
 Budget Justification
 6 months (12/31/20 – 06/30/21)**

The University of Nevada, Reno is on an 8-month academic and 4-month summer calendar schedule

**WCHD Personnel Salary
 FY 20/21: \$1,776,791.76**

Public Health Contact Tracing/Disease Investigation Supervisors (Professional) – 4 positions
 Role: Oversight of CT's work, mentoring, contact tracing/disease investigation tasks, data quality assurance
 FY 20/21: \$60,000 Salary Base; 100% effort for 6 months = \$30,000 x 4 = \$120,000

Public Health Contact Tracers (Professional) – 48 positions
 Role: Contact tracing
 FY 20/21: \$41,600 Salary Base; 100% effort for 6 months = \$20,800 x 48 = \$998,400
 OT: \$20/hr x 1.5 OT x 8 hours x 4 holidays x 48 employees = \$46,080
 TOTAL FY 20/21: \$1,044,480

Call Center Supervisors (Classified) – 3 positions
 Role: Oversight of call center staff's work, mentoring, call center tasks, data quality assurance
 FY 20/21: \$37,000 Salary Base; 100% effort for 6 months = \$18,500 x 3 x 7 px = \$55,500
 OT: \$17.79/hr x 1.5 OT x 8 hours x 4 holidays x 3 employees = \$2,561.76
 TOTAL FY 20/21: \$58,061.76

Call Center Staff (Classified) – 20 positions
 Role: Washoe County phone risk assessments, scheduling, negative result reporting
 FY 20/21: \$31,200 Salary Base; 100% effort for 6 months = \$15,600 x 20 = \$312,000
 OT: \$15/hr x 1.5 OT x 8 hours x 4 holidays x 20 employees = \$14,400
 TOTAL FY 20/21: \$326,400

Epi Data Entry Staff (Classified) – 5 positions
 Role: Washoe County Data Entry and Reporting
 FY 20/21: \$31,200 Salary Base; 100% effort for 6 months = \$15,600 x 5 = \$78,000
 OT: \$15/hr x 1.5 OT x 8 hours x 4 holidays x 5 employees = \$3,600
 TOTAL FY 20/21: \$81,600

Point of Screening and Testing (POST) Staff (Temp Hourly) – 15 positions
 Role: Washoe County Triage Support
 FY 20/21: \$15/hr x 25 hrs/wk x 26 weeks = \$9,750 x 15 positions = \$146,250

Fringe

FY 20/21: \$581,067.22

31.60% Professional: .3160 x \$1,164,480 = \$367,975.68

45.0% Classified: .450 x \$466,061.76 = \$209,727.79

2.3% Hourly Wage: .0230 x \$146,250 = \$3,363.75

Other Direct Costs

FY 20/21: Cell phones with coverage = \$100/month x 6 months x 7 phones = \$4,200

Total Direct Costs

FY 20/21: \$2,362,058.98

15% Indirect Costs

FY 20/21: \$354,308.85

Total for WCHD

FY 20/21: \$2,716,367.83

UNR NVPHTC Admin Support Costs

5% of WCHD total direct costs:

FY 20/21: \$2,716,367.83 x 5% = \$135,818.39

15% Indirect Costs

FY 20/21: \$20,372.76

Total for UNR NVPHTC

FY 20/21: \$156,191.15

Combined FY 20/21:

Direct Costs: \$2,497,877.37

Indirect Costs: \$374,681.61(15% F&A Rate)

Total 20/21 Funding Request: \$2,872,558.98

**ATTACHMENT B
FISCAL PROCEDURES**

1. **REQUEST FOR FUNDS.** The County agrees to submit the required and/or necessary documentation to the appropriate funding authorities, County, State or Federal to ensure sufficient revenue/expenditure authority to pay the University for all allowable costs in the provision of services outlined in this agreement.

2. **INVOICES.** In accordance with the County and University Service provision plans, the University will submit invoices to the County in a format specified by the County, on a monthly basis, no later than 30 calendar days after month end. Within 10 workdays of receipt of invoice, the County will approve or reject for cause all invoices received from the University. Any invoice received by the County from the University that is not complete or accurate will be returned to the University within 15 working days of initial receipt. The County will process and pay all University invoices within 30 working days following the approval of said invoice.

3. **RECONCILIATIONS.** The University shall maintain fiscal records necessary to determine costs associated with specific services provided through this contract. These records shall be made available to the County, at a single location as defined by the University, upon reasonable request.

4. **SERVICES AND RATES.** The University shall provide the specific services identified in Attachment A at the rates set forth in the agreement.

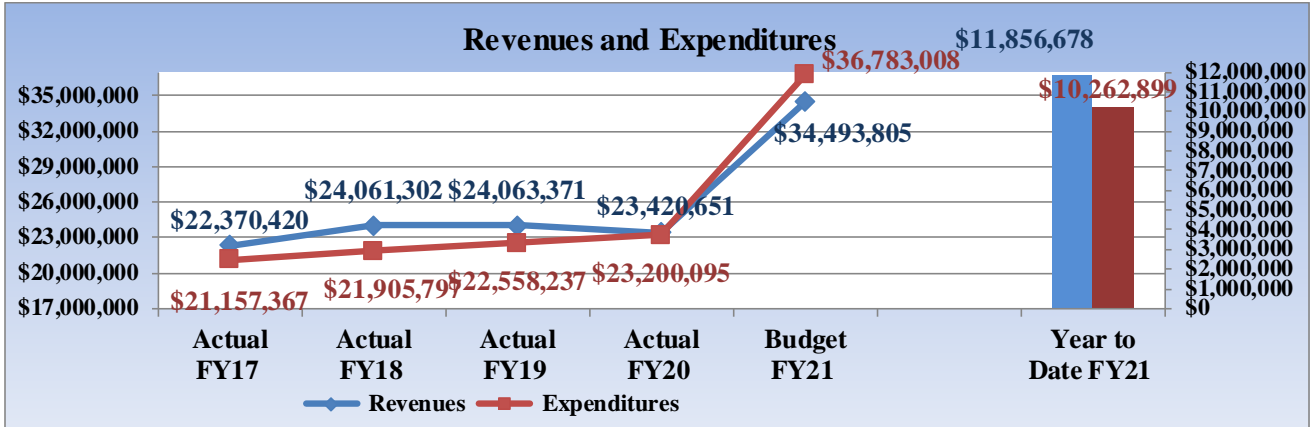
DD NA
DHO *KD*

Staff Report
Board Meeting Date: December 17, 2020

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, ahenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2021

SUMMARY

The fifth month of FY21 ended with a cash balance of \$7,863,956. The total revenues of \$11,856,678 or 34.4% of budget are up 35.2% or \$3,088,760 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$10,262,899 or 27.9% of budget and up \$940,452 or 10.1% 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.

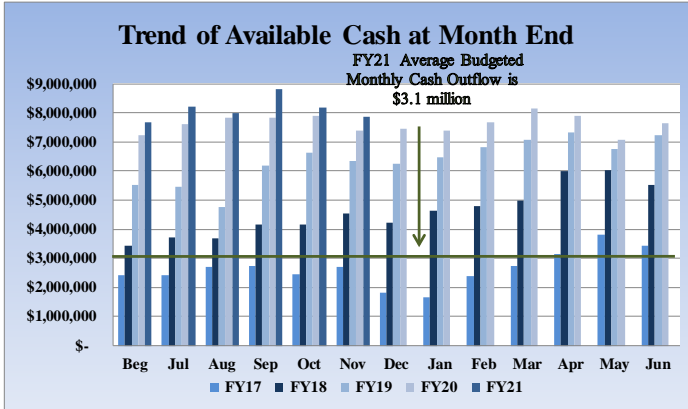
PREVIOUS ACTION

Fiscal Year 2021 Budget was adopted May 19, 2020.

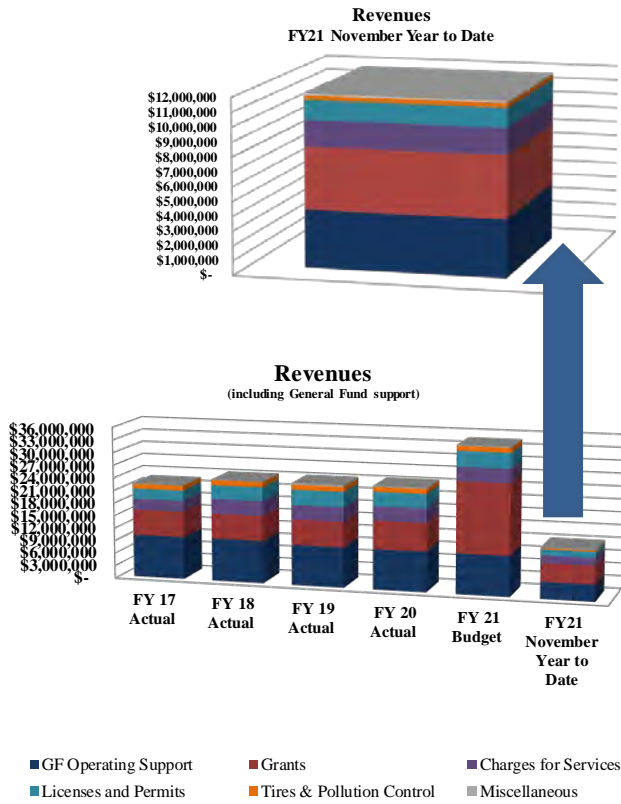
BACKGROUND

Review of Cash

The available cash at the end of November, FY21, was \$7,863,956 which is enough to cover approximately 2.6 months of expenditures. The cash balance is \$473,628 greater than FY20. The encumbrances and other liability portion of the cash totals \$4.4 million; the cash restricted as to use is approximately \$1.5 million; leaving a balance of \$2.0 million.

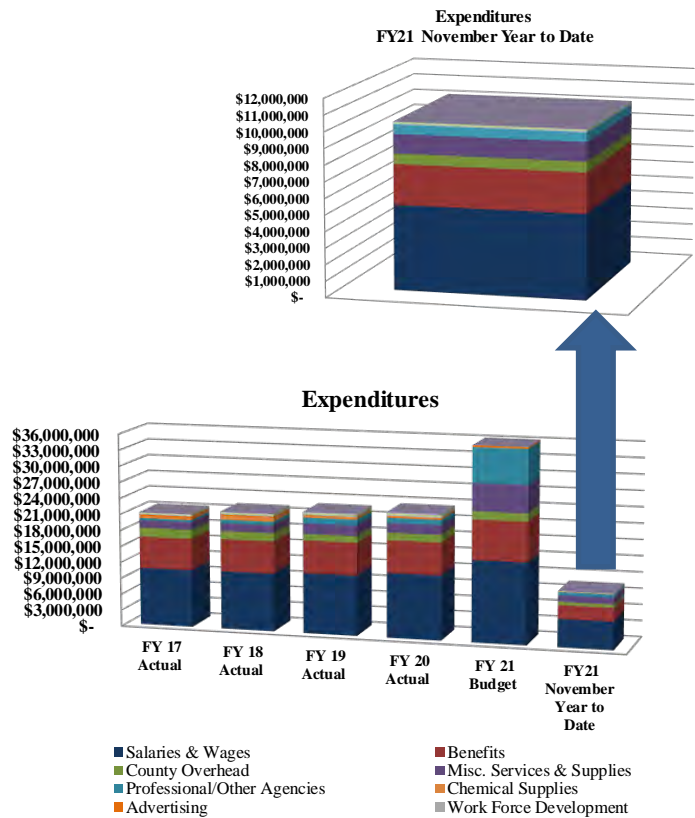


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$11,856,678 up \$3,088,760 or 35.2% compared to November FY20. The revenue categories up over FY20 were Federal and State grants of \$4,311,524 up \$2,831,714 or 191.4%; charges for services of \$1,815,428 up \$311,535 or 20.7%; fines and forfeitures of \$16,000; and, miscellaneous revenues of \$90,234 up \$36,258 or 67.2%. The revenue categories down compared to FY20 were licenses and permits of \$1,346,908 down \$87,343 or 6.1%; tire and pollution control funding of \$311,227 down \$19,406 or 5.9%. The County General Fund support of \$3,965,357 is level at the FY20 funding.

The total year to date **expenditures** of \$10,262,899 were up \$940,452 or 10.1% compared to FY20. Salaries and benefits expenditures for the fifth month of FY21 were \$7,697,767 up \$315,807 or 4.3% over the prior year and 34.2% of budget. The total services and supplies of \$2,558,623 were up \$629,590 or 32.6% compared to FY20 and 18.1% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$560,899 up \$363,198 or 183.7% over FY20; the biologicals of \$118,288 up \$3,014 or 2.6%; chemical supplies normally fall in this category but there are no expenditures year to date; and, County overhead charges of \$642,030 up \$58,368 or 10% over FY20. There has been \$6,509 in capital expenditures for FY21.



Review of Revenues and Expenditures by Division

ODHO has spent \$284,720 down \$183,788 or 39.2% 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 \$419,035 down \$74,761 or 15.1% compared to FY20 mainly due to salary savings from vacant positions.

AQM revenues were \$1,633,524 up \$284,236 or 21.1% mainly due to an increase in dust plan revenue, DMV pollution control 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 \$1,132,556 down \$58,616 or 4.9% mainly due to a reduction in employee insurance costs, other post-employment benefits for retirees and a reduction in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

CCHS revenues were \$1,390,912 up \$232,114 or 20.0% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$3,051,406 down \$242,483 or 7.4% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees and reduced travel expenditures.

EHS revenues were \$2,192,209 up \$424,240 or 24.0% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding. Without the SB4 funding revenues were down \$75,760 or 4.3% mainly in the special events permits. Total expenditures were \$2,315,694 down \$566,474 or 19.7% mainly due to savings from vacant positions, deployment of staff to the COVID-19 response, and chemical supplies for mosquito abatement not being purchased in FY21 due to enough inventory on hand.

EPHP revenues were \$2,674,676 up \$2,148,170 or 408.0% due to additional grant funding. The division spent \$3,059,487 up \$2,066,573 or 208.1% over FY20 due to the cost of the COVID-19 response.

Washoe County Health District									
Summary of Revenues and Expenditures									
Fiscal Year 2016/2017 through November 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)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	Increase over FY20
Revenues (all sources of funds)									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	1,349,288	3,496,067	1,633,524	46.7%	21.1%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	1,158,798	4,831,109	1,390,912	28.8%	20.0%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	1,767,968	5,098,283	2,192,209	43.0%	24.0%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	526,507	11,551,489	2,674,676	23.2%	408.0%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	3,965,357	9,516,856	3,965,357	41.7%	0.0%
Total Revenues	\$ 22,370,420	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 8,767,918	\$ 34,493,805	\$ 11,856,678	34.4%	35.2%
Expenditures (all uses of funds)									
ODHO	904,268	826,325	1,336,494	1,153,186	468,508	2,005,399	284,720	14.2%	-39.2%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	493,796	1,448,157	419,035	28.9%	-15.1%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	1,191,172	3,907,527	1,132,556	29.0%	-4.9%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	3,293,889	9,097,115	3,051,406	33.5%	-7.4%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	2,882,168	7,916,665	2,315,694	29.3%	-19.7%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	992,914	12,408,145	3,059,487	24.7%	208.1%
Total Expenditures	\$ 21,157,367	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 9,322,447	\$ 36,783,008	\$ 10,262,899	27.9%	10.1%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(468,508)	(2,005,399)	(284,720)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(493,796)	(1,448,157)	(419,035)		
AQM	122,763	607,078	507,427	508,014	158,116	(411,460)	500,968		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(2,135,090)	(4,266,005)	(1,660,494)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(1,114,199)	(2,818,382)	(123,485)		
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(466,407)	(856,656)	(384,811)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	3,965,357	9,516,856	3,965,357		
Surplus (deficit)	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ (554,529)	\$ (2,289,203)	\$ 1,593,779		
Fund Balance (FB)	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093		\$ 5,772,890			
FB as a % of Expenditures	19.8%	28.9%	34.8%	34.8%		15.7%			

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 \$700,000 in licenses, permits, and charges for services for FY21. This decline is offset with an FY21 increase of \$14.5 million in grant funding mainly to cover the COVID-19 response. The FY21 expenditures are estimated at \$38.4 million up \$11.6 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 be required in FY23 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
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 7,841,536	\$ 8,062,093	\$ 8,062,093	\$ 7,942,557	\$ 6,771,542	\$ 5,336,028
Revenues:						
Licenses and Permits	3,340,170	3,626,311	2,648,555	2,690,932	2,704,387	2,744,952
Federal & State Grants	5,287,776	6,101,910	20,608,530	6,082,330	6,215,838	6,337,488
Federal & State Indirect Rev.	564,586	549,846	529,592	742,011	554,359	565,722
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	653,153	663,604	670,240	680,293
Dust Plan	623,229	578,414	821,780	568,537	571,379	579,950
Birth & Death Certificates	569,553	589,467	606,550	612,615	618,742	631,116
Other Charges for Services	2,157,625	2,151,925	2,195,017	2,230,137	2,241,288	2,274,907
Miscellaneous	203,360	209,074	209,074	211,846	217,534	223,046
Total Revenues	13,903,796	14,960,051	28,790,015	14,308,612	14,310,498	14,564,542
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 transf	23,420,652	24,476,907	38,306,871	23,825,468	23,827,354	24,081,398
Total Sources of Funds	31,262,188	32,539,000	46,368,964	31,768,026	30,598,895	29,417,426
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	12,010,723	13,108,160	14,713,910	12,221,209	12,807,093	13,447,447
Group Insurance	1,547,604	1,790,455	2,002,519	1,930,398	1,833,536	1,925,213
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	3,904,732	3,378,501	3,667,275	3,985,113
Other Employee Benefits	250,499	251,968	251,624	251,482	264,056	277,259
Professional/Other agencies	924,363	1,742,758	8,233,683	1,671,549	1,187,869	1,200,414
Advertising	85,088	155,159	115,916	67,627	68,569	69,293
Chemical Supplies	296,585	236,200	118,700	236,200	236,791	237,382
Biologicals	358,430	345,461	342,757	363,382	368,444	372,335
Fleet Management billings	174,577	189,836	189,836	191,965	194,073	197,776
Workforce training & development	140,001	297,397	76,751	278,692	280,782	282,888
Other Services and Supplies	1,598,194	2,294,366	5,665,442	1,410,243	1,452,593	1,467,934
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	155,893	100,000	100,500	101,505
Total Expenditures	23,200,095	26,766,110	38,426,406	24,996,484	25,587,867	26,942,079
Additional reductions required					(325,000)	(325,000)
Total Uses of Funds	23,200,095	26,766,110	38,426,406	24,996,484	25,262,867	26,617,079
Net Change in Fund Balance	220,557	(2,289,203)	(119,535)	(1,171,016)	(1,435,514)	(2,535,681)
Ending Fund Balance (FB)	\$ 8,062,093	\$ 5,772,890	\$ 7,942,557	\$ 6,771,542	\$ 5,336,028	\$ 2,800,347
FB as a percent of Uses of Funds	34.8%	21.6%	20.7%	27.1%	21.1%	10.5%
Reported to the DBOH in February, 2020 - Pre COVID-19						
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%
Variance between Pre-Covid and Covid-19 projections						
Ending Fund Balance (FB)				1,709,201	1,173,068	(216,792)
FB as a percent of Uses of Funds				6.8%	4.8%	-1.1%

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 November, Fiscal Year 2021.

POSSIBLE MOTION

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

Period: 1 thru 5 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%
422503 Environmental Permits	127,376	35,150	92,226	28	82,438	44,206	38,232	54
422504 Pool Permits	305,703	74,390	231,314	24	272,588	59,773	212,816	22
422505 RV Permits	29,386	16,901	12,485	58	32,198	16,014	16,183	50
422507 Food Service Permits	1,636,378	664,213	972,164	41	1,483,902	618,092	865,809	42
422508 Wat Well Const Perm	91,018	72,910	18,108	80	179,055	56,418	122,637	32
422509 Water Company Permits	3,298	7,372	4,075	224	66,145	6,243	59,901	9
422510 Air Pollution Permits	709,437	278,822	430,615	39	650,135	311,192	338,943	48
422511 ISDS Permits	412,744	163,056	249,688	40	263,853	163,785	100,068	62
422513 Special Event Permits	194,950	845	195,795	0	175,849	108,169	67,680	62
422514 Initial Applic Fee	116,022	34,940	81,082	30	88,434	50,358	38,075	57
* Licenses and Permits	3,626,311	1,346,908	2,279,403	37	3,294,595	1,434,251	1,860,344	44
431100 Federal Grants	15,408,470	3,913,055	11,495,415	25	6,502,886	1,245,769	5,257,117	19
431105 Federal Grants - Indirect	508,832	270,963	237,870	53	494,709	159,912	334,797	32
432100 State Grants	710,337	112,789	597,548	16	919,314	66,451	852,863	7
432105 State Grants-Indirect	41,013	14,718	26,296	36	2,525	7,677	5,152	304
432310 Tire Fee NRS 444A.090	525,000	123,927	401,073	24	486,000	136,983	349,017	28
432311 Pol Ctr 445B.830	628,105	187,300	440,805	30	628,105	193,650	434,455	31
* Intergovernmental	17,821,757	4,622,751	13,199,006	26	9,033,539	1,810,442	7,223,097	20
460160 Other General Government		49						
460162 Services to Other Agencies	10,000		10,000		10,000		10,000	
460173 Reimbursements - Reno								
460500 Other Immunizations	65,000	37,728	27,272	58	64,040	29,807	34,233	47
460501 Medicaid Clinical Services	156,000	79,024	76,976	51	181,467	73,974	107,493	41
460508 Tuberculosis					6,204	1,311	4,893	21
460509 Water Quality								
460510 IT Overlay								
460511 Birth and Death Certificates	589,467	269,221	320,246	46	515,000	225,708	289,292	44
460512 Duplication Service Fees	68,154	58,466	9,688	86	100,888	74,686	26,203	74
460513 Other Health Service Charges								
460514 Food Service Certification	223,000	133,980	89,020	60	196,807	112,221	84,586	57
460516 Pgm Inc-3rd Prty Rec	15,000	17,282	2,282	115	36,190	12,557	23,633	35
460518 STD Fees								
460519 Outpatient Services	295,255	148,878	146,377	50	209,943	139,181	70,763	66
460520 Eng Serv Health	2,588	7,356	4,767	284	6,212	2,438	3,774	39
460521 Plan Review - Pools & Spas	99,442	49,970	49,472	50	90,059	50,217	39,842	56
460523 Plan Review - Food Services	88,000	39,103	48,897	44	51,700	36,760	14,940	71
460524 Family Planning	82,843	53,074	29,769	64	76,465	35,715	40,750	47
460525 Plan Review - Vector	118,045	43,393	74,651	37	115,940	36,481	79,459	31
460526 Plan Review-Air Quality	272,665	152,880	119,785	56	263,732	131,252	132,480	50
460527 NOSH-AQM	249,213	83,305	165,908	33	247,948	87,610	160,338	35
460528 Assessments-AQM	120,422	29,433	90,989	24	132,000	47,945	84,055	36
460530 Inspector Registr-AQ	3,485		3,485		3,328	963	2,365	29

Period: 1 thru 5 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%
460531 Dust Plan-Air Quality	578,414-	503,303-	75,111-	87	659,365-	269,366-	389,999-	41
460532 Plan Rvw Hotel/Motel						3,948-	3,948	
460534 Child Care Inspection	23,263-	11,937-	11,326-	51	23,234-	11,654-	11,580-	50
460535 Pub Accomod Inspectn	29,316-	15,265-	14,052-	52	29,345-	13,559-	15,786-	46
460570 Education Revenue								
460723 Other Fees	230,234-	81,781-	148,453-	36	208,183-	106,539-	101,645-	51
* Charges for Services	3,319,806-	1,815,428-	1,504,379-	55	3,228,052-	1,503,893-	1,724,159-	47
441079 COVID Non Compliance Fines		16,000-	16,000					
* Fines and Forfeitures		16,000-	16,000					
481150 Interest-Non Pooled		2-						
484000 Donations,Contributions	4,000-	847-	3,153-	21	4,500-	4,500-		100
484050 Donations Federal Pgm Income	6,000-	1,136-	4,864-	19	6,721-	1,775-	4,946-	26
484195 Non-Gov't'l Grants	125,231-	21,581-	103,650-	17	195,438-	20,814-	174,624-	11
484197 Non-Gov. Grants-Indirect	24,987-	659-	24,328-	3	30,604-	3,209-	27,394-	10
485100 Reimbursements	48,857-	58,942-	10,086	121	48,854-	23,554-	25,300-	48
485300 Other Misc. Govt Rev		7,067-	7,067		150,000-	123-	149,877-	0
** Miscellaneous	209,074-	90,234-	118,840-	43	436,116-	53,976-	382,140-	12
** Revenue	24,976,948-	7,891,321-	17,085,627-	32	15,992,302-	4,802,561-	11,189,741-	30
701110 Base Salaries	11,141,668	4,493,434	6,648,234	40	10,815,100	4,240,076	6,575,024	39
701120 Part Time	508,540	194,024	314,515	38	351,414	188,709	162,706	54
701130 Pooled Positions	504,800	280,846	223,953	56	445,526	190,759	254,767	43
701140 Holiday Work	4,319	18,159	13,841-	420	4,319	574	3,745	13
701150 xcContractual Wages								
701199 Bud Labor Cost Savings-Wages	144,900	412	144,488	0	157,065	1,138	155,928	1
701200 Incentive Longevity	63,017	194,630	131,613-	309	63,517	35,199	28,318	55
701300 Overtime	300	93	207	31	300	126	174	42
701403 Shift Differential	38,000	35,476	2,524	93	38,000	16,298	21,702	43
701406 Standby Pay	5,000	183	4,817	4	5,000	289	4,711	6
701408 Call Back	2,499,978	90,054-	2,590,032	4-	1,010,330	43,720	966,610	4
701412 Salary Adjustment	228,970	37,668	191,302	16	199,393	195,000	4,394	98
701413 Vac Payoff/Sick Pay-Term	3,852	34,166	30,315-	887	1,226	16,398	15,171-	1,337
701414 Vacation Denied-Payoff		13,945	13,945-		28,350	28,727	376-	101
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	15,143,342	5,212,982	9,930,360	34	13,119,542	4,957,013	8,162,529	38
705110 Group Insurance	1,526,134	607,698	918,436	40	1,477,850	565,246	912,604	38
705115 Employer HSA Contributions	170,000	4,528	165,472	3	149,160	3,381	145,779	2
705190 OPEB Contribution	1,113,772	382,646	731,127	34	1,118,614	466,089	652,525	42
705195 Lab Cost Sav-Benef								
705210 Retirement	3,441,515	1,383,814	2,057,701	40	3,303,746	1,291,439	2,012,307	39
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	73,446	89,874	45	157,625	67,859	89,766	43

Period: 1 thru 5 2021
 Accounts: GO-P-I 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%
705240 Insur Budgeted Incr	46,656	30,959	46,656	40	36,465	29,355	36,465	38
705320 Workmens Comp	77,146	1,694	46,187	15	77,087	1,577	47,731	16
705330 Unemploy Comp	11,501		9,807		9,982		8,405	
705360 Benefit Adjustment	833,215	2,484,785	833,215	34	253,842	2,424,948	253,842	37
* Employee Benefits	7,395,837	126,727	4,911,052	11	6,584,370	73,672	4,159,423	10
710100 Professional Services	1,183,944	269,867	1,057,217		713,822	252	640,151	
710101 Lab Testing Services			269,867				252	
710103 Radiology								
710105 Medical Services	11,288	5,884	5,405	52	12,948	1,703	11,245	13
710108 MD Consultants	55,401	16,123	39,278	29	50,536	19,948	30,588	39
710110 Contracted/Temp Services	4,759,933	65,390	4,694,542	1	321,145	45,050	276,095	14
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	141,782	151,917	10,135	107	80,047	33,904	46,143	42
710201 Laundry Services	1,822	544	1,278	30	1,850	662	1,188	36
710205 Repairs and Maintenance	10,307	2,887	7,420	28	13,450	3,419	10,031	25
710210 Software Maintenance	4,200	4,543	343	108	11,151	6,896	4,255	62
710212 Software Subscriptions	139,400	17,299	122,101	12				
710215 Operating Contracts	1,536,000	21,658	1,514,342	1				
710300 Operating Supplies	838,258	269,813	568,444	32	391,389	26,797	364,593	7
710302 Small Tools & Allow	1,735	282	1,453	16	1,300	535	1,765	41
710308 Animal Supplies	1,600		1,600		1,535		1,535	
710310 Parts and Supplies		8,255	8,255					
710312 Special Dept Expense	100,000		100,000					
710319 Chemical Supplies	236,200		236,200		297,250	294,450	2,800	99
710325 Signs and Markers								
710334 Copy Machine Expense	39,091	18,627	20,463	48	30,028	8,802	21,225	29
710335 Copy Machine-Copy Charges	8,955	4,781	4,174	53	9,965	2,786	7,179	28
710347 Medical Supplies								
710350 Office Supplies	93,963	26,316	67,647	28	83,521	10,616	72,905	13
710355 Books and Subscriptions	10,990	17,048	6,058	155	6,940	2,310	4,630	33
710360 Postage	17,054	5,810	11,245	34	18,269	6,200	12,069	34
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Payments to Other Agencies	447,975	78,908	369,067	18	416,085	57,077	359,008	14
710412 Do Not Use								
710500 Other Expense	214,385	8,396	205,989	4	175,691	36,360	139,330	21
710502 Printing	35,255	28,417	6,838	81	42,450	11,319	31,132	27
710503 Licenses & Permits	9,345	4,688	4,657	50	8,480	1,750	6,730	21
710504 Registration	1,900	6,226	4,326	328		706	706	
710505 Rental Equipment					200		200	
710506 Dept Insurance Deductible		150	150		150	650	500	433
710507 Network and Data Lines	12,260	2,682	9,578	22	12,730	7,222	5,508	57
710508 Telephone Land Lines	45,185	19,195	25,990	42	37,811	14,715	23,096	39

Period: 1 thru 5 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%
710509 Seminars and Meetings	69,740	9,372	60,368	13	80,259	20,891	59,368	26
710512 Auto Expense	13,880	1,544	12,336	11	13,303	2,942	10,361	22
710513 Property Losses								
710514 Regulatory Assessments	25,000	11,828	13,172	47	25,000	11,696	13,304	47
710519 Cellular Phone	14,765	5,616	9,149	38	15,279	7,348	7,931	48
710529 Dues	21,755	3,199	18,556	15	25,080	11,878	13,202	47
710535 Credit Card Fees	60,890	12,222	48,668	20	67,640	26,957	40,683	40
710546 Advertising	158,674	40,316	118,359	25	233,981	14,625	219,356	6
710551 Cash Discounts Lost		86	86-					
710563 Recruitment		799	799-			399	399-	
710571 Safety Expense	50,000	9,779	40,221	20	86,611	18,692	67,919	22
710577 Uniforms & Special Clothing	7,800	999	6,801	13	3,200	1,344	1,856	42
710585 Undesignated Budget	631,771		631,771		553,436		553,436	
710594 Insurance Premium	5,815	50	5,765	1	5,815		5,815	
710600 LT Lease-Office Space	83,722	30,398	53,324	36	70,532	29,930	40,602	42
710620 LT Lease-Equipment								
710701 Emergency Shelter Care								
710703 Biologicals	345,461	118,288	227,172	34	371,940	115,274	256,666	31
710713 Post Adoption Refer								
710714 Referral Services	9,040	452	8,588	5	5,876-	2,712	8,588-	46-
710721 Outpatient	67,253	26,497	40,755	39	90,480	52,651	37,829	58
710852 Investigation								
710872 Food Purchases	7,710	2,159	5,551	28	22,910	2,410	20,500	11
711008 Combined Utilities	107,715	44,881	62,834	42	105,282	43,868	61,415	42
711010 Utilities								
711011 Waste Removal		520	520-		5,000		5,000	
711100 ESD Asset Management	46,200	19,670	26,530	43	44,980	19,920	25,060	44
711113 Equip Srv Replace	58,410	22,605	35,805	39	58,429	20,352	38,076	35
711114 Equip Srv O & M	53,015	20,978	32,037	40	52,608	25,031	27,577	48
711115 Equip Srv Motor Pool	5,000		5,000		5,000	5,469	469-	109
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,211	10,096	17,115	37	29,193	13,472	15,721	46
711119 Prop & Liab Billings	95,845	39,935	55,910	42	95,845	39,935	55,910	42
711210 Travel	212,632	743	211,888	0	198,584	60,907	137,677	31
711212 Meals and Lodging								
711213 Travel-Non Nnty 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	642,030	898,842	42	1,400,792	583,663	817,129	42
711410 Overhead - Administration								
711502 Build Imp nonCapital								
711504 Equipment nonCapital	115,013	177,443	62,431-	154	115,441	598	598-	43
711508 Computers nonCapital	120,943	38,118	82,825	32	56,517	6,832	49,685	12

Period: 1 thru 5 2021
 Accounts: GO-P-I
 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%
711509 Comp Sftw nonCap	143,281	12,187	131,094	9	14,672	13,404	1,268	91
* Services and Supplies	14,074,339	2,486,070	11,588,268	18	6,597,204	1,874,673	4,722,530	28
781001 Land Improvements Capital								
781002 Build Impry Capital								
781004 Equipment Capital	100,000	6,509	93,491	7	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	6,509	93,491	7	195,413	11,454	183,960	6
** Expenses	36,713,518	10,190,347	26,523,171	28	26,496,529	9,268,087	17,228,442	35
621001 Transfer From General	9,516,856	3,965,357	5,551,499	42	9,516,856	3,965,357	5,551,499	42
* Transfers In	9,516,856	3,965,357	5,551,499	42	9,516,856	3,965,357	5,551,499	42
812230 To Reg Permits-230	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
814430 To Reg Permits Capit								
* Transfers Out	69,489	72,552	3,063-	104	73,123	54,360	18,763	74
** Other Financing Src/Use	9,447,367-	3,892,805-	5,554,562-	41	9,443,733-	3,910,996-	5,532,737-	41
*** Total	2,289,203	1,593,779-	3,882,982	70-	1,060,494	554,529	505,965	52



Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

NOVEMBER 2020



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
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	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November					
December					
January					
February					
March					
April					
May					
June					
Totals	16,975	\$23,307,733.80	\$1,373.11		

Current Allowable Average Bill: \$1,382.47

Year to Date: November 2020

COMPLIANCE			
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	6 Minutes 05 Seconds	89%	93%
Nov-20	6 Minutes 40 Seconds	88%	92%
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 21 Seconds	88%	92%

Year to Date: November 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	5:21	6:08	8:56
	P-2	6:00	7:59	9:03
Nov-20	P-1	5:54	6:39	9:24
	P-2	6:34	7:26	10:28
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: November 2020

Priority	Reno	Sparks	Washoe County
P1	05:37	06:24	09:03
P2	06:15	07:09	09:24



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 11/01/2020 THRU 11/30/2020**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	11/1/20 0:56	11/1/20 1:01	1C42	23:04:50	0:04:50
Zone A	11/1/20 0:56	11/1/20 1:04	1W44	23:08:00	0:08:00
Zone A	11/2/20 5:48	11/2/20 5:56	1C44	0:09:40	0:08:20
Zone A	11/4/20 19:23	11/4/20 19:26	1C42	0:12:19	0:03:21
Zone A	11/5/20 14:50	11/5/20 14:58	1C41	0:29:47	0:07:30
Zone B	11/6/20 16:00	11/6/20 16:17	1C06	0:16:48	0:16:48
Zone A	11/7/20 14:00	11/7/20 14:01	1W18	0:00:00	0:00:20
Zone A	11/8/20 11:11	11/8/20 11:19	1C41	0:13:05	0:08:06
Zone A	11/10/20 15:22	11/10/20 15:28	1W18	0:05:46	0:05:46
Zone A	11/12/20 23:25	11/12/20 23:32	1M03	0:18:35	0:07:52
Zone A	11/15/20 9:26	11/15/20 9:29	1C44	0:20:38	0:03:06
Zone A	11/16/20 21:33	11/16/20 21:34	1C11	-0:00:30	0:00:43
Zone A	11/17/20 0:05	11/17/20 0:08	1C07	0:20:58	0:02:42
Zone A	11/19/20 11:45	11/19/20 11:46	1C22	-0:00:16	0:00:41
Zone A	11/19/20 18:56	11/19/20 19:00	1C20	0:11:35	0:03:44
Zone A	11/20/20 10:14	11/20/20 10:43	1C19	0:28:56	0:28:56
Zone A	11/20/20 13:42	11/20/20 13:47	1C45	0:05:36	0:05:36
Zone A	11/22/20 16:30	11/22/20 16:34	1C34	0:10:06	0:03:32
Zone A	11/23/20 1:49	11/23/20 1:54	1C22	0:33:01	0:05:42
Zone A	11/23/20 8:42	11/23/20 8:47	1C37	0:10:17	0:05:15
Zone A	11/24/20 1:43	11/24/20 1:47	1C45	0:13:41	0:04:35
Zone A	11/25/20 16:49	11/25/20 16:53	1C37	0:11:39	0:03:19
Zone A	11/26/20 19:45	11/26/20 19:50	1C43	0:13:43	0:04:49
Zone A	11/27/20 13:41	11/27/20 13:41	1C22	-0:00:02	0:00:21

UPGRADE REQUESTED				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				



EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
11/02/2020	Exemption Approved	Overload	Zone A	0:11:24
11/03/2020	Denied	Overload	Zone A	0:10:06
11/03/2020	Exemption Approved	Overload	Zone A	0:13:12
11/03/2020	Exemption Approved	Overload	Zone A	0:11:27
11/03/2020	Exemption Approved	Overload	Zone A	0:09:43
11/08/2020	Exemption Approved	Overload	Zone A	0:11:42
11/08/2020	Exemption Approved	Overload	Zone A	0:09:48
11/08/2020	Exemption Approved	Overload	Zone A	0:10:42
11/08/2020	Exemption Approved	Overload	Zone A	0:11:22
11/08/2020	Exemption Approved	Overload	Zone A	0:13:33
11/08/2020	Exemption Approved	Overload	Zone B	0:17:36
11/08/2020	Exemption Approved	Overload	Zone A	0:11:59
11/08/2020	Exemption Approved	Overload	Zone C	0:21:13
11/08/2020	Exemption Approved	Overload	Zone A	0:09:06
11/08/2020	Denied	Overload	Zone A	0:09:13
11/08/2020	Denied	Overload	Zone A	0:10:19
11/08/2020	Denied	Overload	Zone A	0:09:35
11/08/2020	Denied	Overload	Zone A	0:09:27
11/08/2020	Denied	Overload	Zone A	0:11:49
11/08/2020	Denied	Overload	Zone A	0:09:05
11/09/2020	Exemption Approved	Overload	Zone A	0:10:27
11/09/2020	Exemption Approved	Overload	Zone A	0:10:09
11/09/2020	Exemption Approved	Overload	Zone A	0:09:44
11/10/2020	Exemption Approved	Overload	Zone A	0:12:39
11/10/2020	Exemption Approved	Overload	Zone B	0:17:48
11/10/2020	Exemption Approved	Overload	Zone A	0:09:36
11/10/2020	Exemption Approved	Overload	Zone A	0:14:35
11/10/2020	Exemption Approved	Overload	Zone A	0:11:41
11/10/2020	Exemption Approved	Overload	Zone A	0:14:38
11/10/2020	Exemption Approved	Overload	Zone A	0:10:52
11/10/2020	Exemption Approved	Overload	Zone A	0:12:31
11/10/2020	Exemption Approved	Overload	Zone A	0:13:41
11/10/2020	Exemption Approved	Overload	Zone A	0:10:21
11/10/2020	Exemption Approved	Overload	Zone A	0:11:08
11/13/2020	Exemption Approved	Overload	Zone A	0:10:59
11/13/2020	Exemption Approved	Overload	Zone A	0:09:01
11/13/2020	Exemption Approved	Overload	Zone A	0:12:57
11/13/2020	Exemption Approved	Overload	Zone A	0:12:56
11/13/2020	Exemption Approved	Overload	Zone A	0:13:58
11/13/2020	Exemption Approved	Overload	Zone A	0:13:04
11/13/2020	Exemption Approved	Overload	Zone A	0:16:14
11/13/2020	Exemption Approved	Overload	Zone A	0:09:47



11/13/2020	Exemption Approved	Overload	Zone A	0:12:06
11/13/2020	Exemption Approved	Overload	Zone A	0:12:29
11/13/2020	Exemption Approved	Overload	Zone A	0:17:58
11/13/2020	Exemption Approved	Overload	Zone A	0:09:28
11/16/2020	Exemption Approved	Overload	Zone A	0:11:24
11/16/2020	Exemption Approved	Overload	Zone A	0:12:13
11/16/2020	Exemption Approved	Overload	Zone A	0:13:44
11/16/2020	Exemption Approved	Overload	Zone B	0:18:05
11/16/2020	Exemption Approved	Overload	Zone A	0:09:34
11/16/2020	Exemption Approved	Overload	Zone A	0:09:19
11/16/2020	Exemption Approved	Overload	Zone A	0:14:55
11/16/2020	Exemption Approved	Overload	Zone A	0:12:45
11/16/2020	Exemption Approved	Overload	Zone B	0:22:28
11/17/2020	Exemption Approved	Overload	Zone A	0:14:54
11/17/2020	Exemption Approved	Overload	Zone A	0:10:00
11/17/2020	Exemption Approved	Overload	Zone A	0:12:36
11/17/2020	Exemption Approved	Overload	Zone A	0:11:09
11/17/2020	Exemption Approved	Overload	Zone A	0:12:47
11/17/2020	Exemption Approved	Overload	Zone A	0:09:29
11/17/2020	Exemption Approved	Overload	Zone A	0:16:44
11/17/2020	Exemption Approved	Overload	Zone A	0:11:54
11/17/2020	Exemption Approved	Overload	Zone A	0:13:36
11/17/2020	Exemption Approved	Overload	Zone B	0:30:47
11/18/2020	Exemption Approved	Overload	Zone A	0:09:18
11/18/2020	Exemption Approved	Overload	Zone A	0:13:55
11/18/2020	Exemption Approved	Overload	Zone A	0:10:20
11/18/2020	Exemption Approved	Overload	Zone A	0:09:34
11/18/2020	Exemption Approved	Overload	Zone A	0:09:16
11/18/2020	Exemption Approved	Overload	Zone A	0:11:24
11/18/2020	Exemption Approved	Overload	Zone A	0:09:05
11/18/2020	Exemption Approved	Overload	Zone A	0:09:30
11/18/2020	Exemption Approved	Overload	Zone B	0:27:45
11/18/2020	Exemption Approved	Overload	Zone A	0:12:21
11/18/2020	Exemption Approved	Overload	Zone A	0:12:17
11/18/2020	Exemption Approved	Overload	Zone A	0:15:53
11/28/2020	Exemption Approved	Overload	Zone A	0:09:48
11/28/2020	Exemption Approved	Overload	Zone A	0:11:42
11/09/2020	Exemption Approved	Status 99	Zone A	0:11:51
11/09/2020	Exemption Approved	Status 99	Zone A	0:12:55
11/09/2020	Exemption Approved	Status 99	Zone A	0:12:09
11/09/2020	Exemption Approved	Status 99	Zone A	0:09:41
11/09/2020	Exemption Approved	Status 99	Zone A	0:12:11
11/09/2020	Exemption Approved	Status 99	Zone A	0:16:57
11/09/2020	Exemption Approved	Status 99	Zone A	0:09:49



11/11/2020	Exemption Approved	Status 99	Zone A	0:09:45
11/11/2020	Exemption Approved	Status 99	Zone A	0:12:18
11/16/2020	Exemption Approved	Status 99	Zone A	0:13:24
11/16/2020	Exemption Approved	Status 99	Zone A	0:10:21
11/16/2020	Exemption Approved	Status 99	Zone A	0:09:53
11/16/2020	Exemption Approved	Status 99	Zone A	0:11:44
11/16/2020	Exemption Approved	Status 99	Zone A	0:10:28
11/16/2020	Exemption Approved	Status 99	Zone A	0:13:25
11/16/2020	Exemption Approved	Status 99	Zone A	0:09:42
11/16/2020	Exemption Approved	Status 99	Zone A	0:10:28
11/16/2020	Exemption Approved	Status 99	Zone B	0:17:53
11/16/2020	Exemption Approved	Status 99	Zone A	0:13:34
11/16/2020	Exemption Approved	Status 99	Zone A	0:09:01
11/17/2020	Exemption Approved	Status 99	Zone A	0:13:44
11/17/2020	Exemption Approved	Status 99	Zone A	0:15:20
11/23/2020	Exemption Approved	Status 99	Zone A	0:11:49
11/23/2020	Exemption Approved	Status 99	Zone A	0:09:36
11/23/2020	Exemption Approved	Status 99	Zone C	0:22:53
11/23/2020	Exemption Approved	Status 99	Zone B	0:19:22
11/23/2020	Exemption Approved	Status 99	Zone A	0:09:06
11/24/2020	Exemption Approved	Status 99	Zone A	0:09:41
11/24/2020	Exemption Approved	Status 99	Zone A	0:11:41
11/24/2020	Exemption Approved	Status 99	Zone A	0:10:07
11/24/2020	Exemption Approved	Status 99	Zone A	0:09:37
11/25/2020	Exemption Approved	Status 99	Zone A	0:17:41
11/28/2020	Exemption Approved	Status 99	Zone A	0:09:48
11/28/2020	Exemption Approved	Status 99	Zone A	0:14:16
11/29/2020	Exemption Approved	Status 99	Zone A	0:12:27
11/29/2020	Exemption Approved	Status 99	Zone A	0:13:47
11/29/2020	Exemption Approved	Status 99	Zone A	0:11:20
11/29/2020	Exemption Approved	Status 99	Zone A	0:12:28
11/30/2020	Exemption Approved	Status 99	Zone A	0:11:13
11/30/2020	Exemption Approved	Status 99	Zone A	0:11:20
11/08/2020	Exemption Approved	Weather	Zone A	0:36:24
11/08/2020	Exemption Approved	Weather	Zone A	0:18:17
11/08/2020	Exemption Approved	Weather	Zone A	0:09:08
11/08/2020	Exemption Approved	Weather	Zone A	0:14:48
11/08/2020	Exemption Approved	Weather	Zone A	0:15:29



GROUND AMBULANCE OPERATIONS REPORT NOVEMBER 2020

1. Overall Statics

- a) Total number of system responses: 6,308
- b) Total number of responses in which no transports resulted: 2,901
- c) Total number of system transports (including transports to out of county):
4,135

2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 56.3%
- c) Obstetrics (OB): 0.2%
- d) Psychiatric/Behavioral: 6.9%
- e) Transfers: 8%
- f) Trauma – MVA: 6.3%
- g) Trauma – Non MVA: 16.7%
- h) Unknown: 4%

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: 1,303

Total number of above calls receiving QA Reviews: 94

Percentage of charts reviewed from the above transports: 7.2%



NOVEMBER 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	28	119
BLS (CPR)	113	416
Heartsaver (CPR)	81	366
ITLS/PHTLS	2	3
PALS	19	48

COMMUNITY OUTREACH NOVEMBER 2020

Point of Impact		
11/14/20	POI Checkpoint at Truckee Meadows Fire Protection District on Barron Way in Reno. 4 cars and 6 seats inspected	6 volunteers; 2 staff
Cribs for Kids/Community		
11/05/20	Participated in Immunize Nevada Community Meeting via Zoom	
11/12/20	Participated in Northern Nevada MCH Coalition Meeting	
11/17/20	Participated in Safe Kids Coalition Meeting	
11/14/20 11/21/20	Proctor National Registry for EMTs and AEMTs	



REMSA

Reno, NV
Client 7299



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

EMS System Report

November 1, 2020 to November 30, 2020

Your Score

98.03

Number of Your Patients in this Report

150

Number of Patients in this Report

6,642

Number of Transport Services in All EMS DB

168





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **11/01/2020** and **11/30/2020**.

The overall mean score for the standard questions was **98.03**; this is a difference of **4.54** points from the overall EMS database score of **93.49**.

The current score of **98.03** is a change of **-0.41** points from last period's score of **98.44**. This was the **4th** highest overall score for all companies in the database.

You are ranked **1st** for comparably sized companies in the system.

95.66% of responses to standard questions had a rating of Very Good, the highest rating. **98.95%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

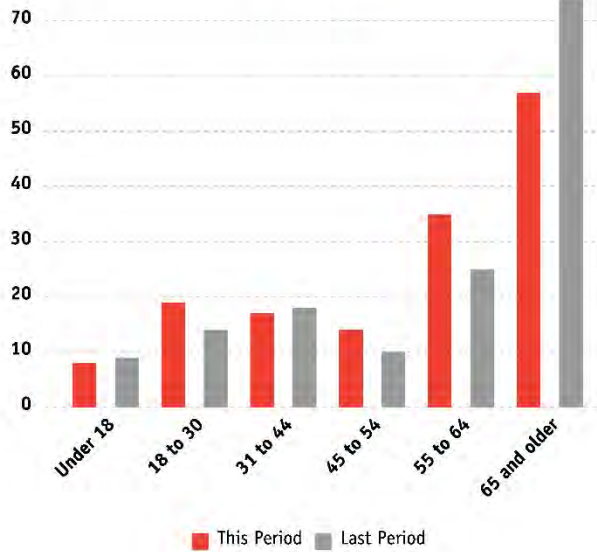




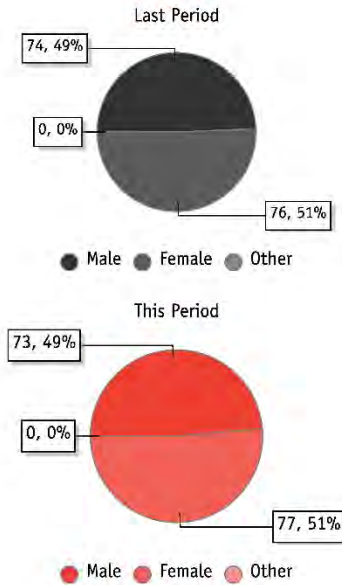
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	9	5	4	0	8	4	4	0
18 to 30	14	7	7	0	19	8	11	0
31 to 44	18	9	9	0	17	10	7	0
45 to 54	10	5	5	0	14	8	6	0
55 to 64	25	10	15	0	35	19	16	0
65 and older	74	38	36	0	57	24	33	0
Total	150	74	76	0	150	73	77	0

Age Ranges



Gender





REMSA
November 1, 2020 to November 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.

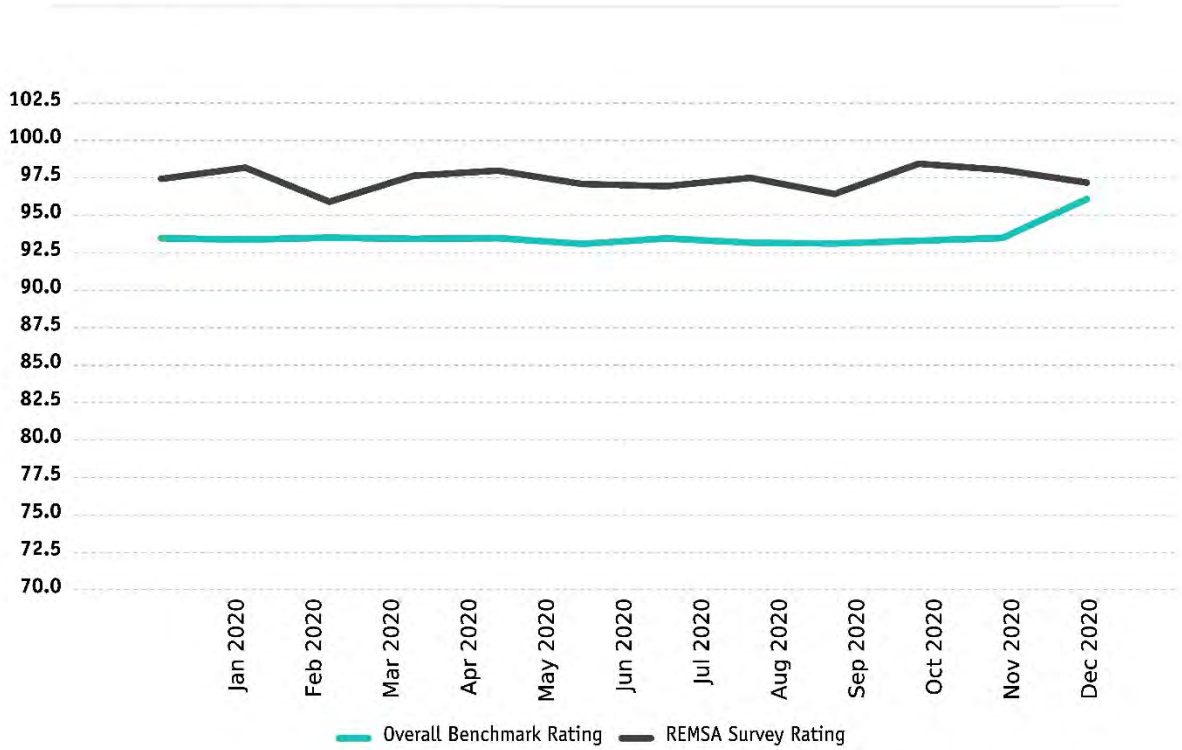
	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020
Helpfulness of the person you called for ambulance service	97.55	99.54	98.68	95.02	97.22	98.86	99.15	98.37	98.30	96.83	97.01	97.85
Extent to which you were told what to do until the ambulance arrived	97.00	99.54	98.68	95.85	97.22	98.86	99.15	98.91	98.30	96.79	96.88	97.83
Extent to which the ambulance arrived in a timely manner	95.48	96.63	96.33	96.80	96.35	96.66	96.43	95.26	95.80	94.26	97.68	98.04
Cleanliness of the ambulance	96.73	98.84	99.26	99.34	98.67	99.17	97.78	98.59	98.41	96.98	99.17	99.06
Skill of the person driving the ambulance	95.31	97.93	98.72	96.82	95.93	97.76	96.31	97.56	97.22	96.23	97.63	97.79
Care shown by the medics who arrived with the ambulance	96.51	97.33	98.68	96.67	98.67	98.17	97.17	97.32	98.32	96.80	99.00	97.51
Degree to which the medics took your problem seriously	96.67	97.00	98.36	96.98	99.00	98.33	97.99	97.32	98.32	96.73	99.50	98.33
Degree to which the medics listened to you and/or your family	96.32	96.72	97.68	94.43	98.28	97.73	96.98	96.50	97.60	96.36	99.31	97.99
Extent to which the medics kept you informed about your treatment	95.21	97.32	98.17	95.60	97.34	97.55	96.61	96.94	97.71	96.00	97.59	98.14
Extent to which medics included you in the treatment decisions (if	95.72	98.38	97.65	95.09	96.29	98.06	96.84	97.29	96.85	96.10	98.71	97.91
Degree to which the medics relieved your pain or discomfort	93.25	94.32	95.58	89.94	95.51	95.81	95.20	92.65	93.23	94.55	95.60	96.79
Medics' concern for your privacy	95.84	97.76	98.21	95.80	98.16	98.61	97.10	97.37	97.69	97.00	98.84	98.41
Extent to which medics cared for you as a person	96.73	97.50	98.84	96.43	98.31	98.67	97.15	97.28	98.65	97.49	98.94	98.33
Professionalism of the staff in our ambulance service billing office	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00
Willingness of the staff in our billing office to address your needs	87.50	100.00		100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00
How well did our staff work together to care for you	96.73	98.12	99.32	97.07	98.67	98.78	97.24	97.77	98.48	97.31	99.12	98.49
Extent to which the services received were worth the fees charged	90.67	100.00	98.08	87.50	90.38	75.00	82.14	50.00	85.07	94.11	98.33	97.62
Overall rating of the care provided by our Emergency Medical Transportation	96.61	96.00	98.50	95.38	97.99	98.31	97.45	97.11	98.31	97.12	98.99	97.98
Likelihood of recommending this ambulance service to others	95.80	97.99	98.36	96.07	98.06	98.39	97.92	98.01	98.55	97.23	98.80	98.14
Your Master Score	95.93	97.43	98.18	95.90	97.64	97.98	97.09	96.94	97.50	96.42	98.44	98.03
Your Total Responses	150	150	152	151	150	150	150	150	150	150	150	150



REMSA
November 1, 2020 to November 30, 2020



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE NOVEMBER 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	09/01/2020		"Patient noted the medics were very good to him even though it was a very short ride."	"No suggestions"	
2	09/01/2020		"Patient's medical POA stated the medics were wonderful with the patient who is mentally challenged. She noted they explained everything to him so he was not afraid and talked to him like he was a person, not talking at him or down to him. She is very thankful for the professional care he received."		
3	09/01/2020		"Patient noted the driver was very careful going over bumps due to his back pain. He also noted the medics had excellent teamwork and coordination not only with themselves but with the fireman at the scene."	"Allow the medics to administer better pain relief."	
4	09/01/2020		"Patient feels the ambulance crew went above and beyond regarding her care. She said the medics treated her in her living room and made sure she was ready before loading and transporting her. It		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			was also a smooth entry into the hospital. She is very thankful."		
5	09/01/2020		"Patient stated the medics quickly looked him over and loaded him up. Everything was very prompt, efficient, timely and professional."		
6	09/13/2020	"Mother did not ride in the ambulance with her daughter."	"Patient's mother said her young daughter was treated with dignity and respect. The medics got down on her level to talk with her and gave her a teddy bear to ease her situation. The mother also said the medics calmed her down as well."		
8	09/02/2020		"When he came to he was disoriented and the medics helped him piece together what happened and calmed him down. Patient wishes to extend a Thank You to the medics who helped him."	"His shirt had to be cut off so a blanket would have been nice because he was cold."	
9	09/02/2020		"Patient noted the medics did a very good job overall."		
10	09/02/2020		"Patient stated the medics made her feel secure in a very scary and awkward situation and they were also very kind."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
11	09/02/2020		"The paramedics were very professional."		
12	09/01/2020	"Mother did not call the ambulance so cannot answer the timely manner question."	"The female medic helped the mother as much as the patient in keeping calm. Minor patient's mother took the survey for her son's care."	"Please announce arrival before barging into a home."	S. Selmi
13	09/01/2020		"Patient noted the medics were very caring."	"No suggestions for improvement."	
14	09/03/2020		"Patient stated everything was done well."		
15	09/02/2020		"Patient stated the medics did a great job of keeping her calm and staying with her until her husband could join her."		
16	09/02/2020		"Patient stated the ambulance arrived in a very timely manner and honored her request to go to a hospital the next town over. She is very pleased they took her to the location she wanted."		
17	09/02/2020		"Medics treated her great"	"Nothing"	
18	09/02/2020		"Everything was good."	"Nothing"	
19	09/04/2020		"Medics were very nice and helpful"	"Nothing"	
20	09/04/2020		"Everything went fine"	"Nothing"	
21	09/03/2020		"You have the right people working for you, they are so nice and helpful"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
22	09/03/2020		"Medics were awesome"	"Nothing"	
23	09/04/2020	"The operator was very good. They had the ambulance on the way, while talking to his partner, telling her what to do. The medics were great at starting his IV. They are always great, better than the hospital can do it. REMSA is always spot-on! They do a great job. No complaints."	"They are better than the hospital at starting IV's."		
24	09/04/2020	"They stayed on the phone with her the entire time until the ambulance arrived. They were very caring and helped calm her down."	"She said the best thing that the medics did for her was to calm her down. She felt like she had an elephant on her chest and it was about gone by the time she arrived to the hospital."		
25	09/04/2020	"The fire department came first, then called the ambulance. The ambulance is always so clean. The medics are good, on time and do what they are supposed to do. They have not received the membership card yet though. The service is good, and they respect them for that. They use REMSA often."	"The power of attorney/spouse said that the REMSA staff is very professional about doing their jobs. They really work out of their hearts. Spouse appreciated that they asked if she was okay too."		
26	09/04/2020	"She did not notice the cleanliness as she fell asleep. They did keep her comfortable. The medics cared quite a bit."	"They had good hospitality. Everything was up to par."		
27	09/04/2020	"Medics were very caring."	"Medics were kind and		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			listened well. They were cheerful, and made him feel at ease. The medics stayed with him at the hospital and took care of him until they could check him in."		
28	09/04/2020	"She said she thought everything was probably fine, but does not remember the ride. She said that she did not talk to the medics, but they did to her."	"The medics seemed like they knew what they were doing. That made her feel good."		
29	09/04/2020	"The medics were kind."	"The ambulance was called for transport between two hospitals. The medics were caring. Everything was fine."		
30	09/03/2020	"Very timely in their arrival. He has used REMSA often and they remember his condition. The medics are very responsive in helping him up and onto the gurney."	"The way the medics comforted him and checked his vital signs. They took care of him well."		
31	09/03/2020	"Ride was comfortable, it was just a very small space in the back. The medics were very sweet and patient."	"She liked the way the medics made sure her pain was under control before they moved her to the gurney."		
32	09/03/2020	"They were very caring."	"He felt the medics took good care of him and made sure that he was ok."		
33	09/04/2020	"They always come quickly with the fire department too. Ambulance is clean and organized. The medics always look professional and	"She said that she sees REMSA come to the dialysis center, and they appear to always give the same		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		presentable. Medics were very informative and she liked that they gave her good details of what was going on. She has used REMSA multiple times. The familiar REMSA medics usually get there first and then the fire department. They work well together. She said, when you are in a distressed moment of your life, you never forget who comes to help."	consistent quality to everyone."		
34	09/04/2020	"She said she was comfortable inside of the ambulance. The medics were very compassionate."	"They were very caring and talked to her. She was down about having to go to the hospital and they made her feel better about it being the right decision."		
35	09/04/2020	"They were great. The medics talked to her to keep her calm. They had to get to the hospital fast. They were very soothing, so she did not panic."	"She appreciated the calmness they showed, while trying to work quickly to get her to the hospital."		
36	09/06/2020		"Medics were very helpful"	"Nothing"	
37	09/06/2020		"Medics were great"	"Nothing"	
38	09/06/2020		"Everything went great"	"Nothing"	
39	09/06/2020		"Medics were great. Didn't remember a whole lot, but knew it was a good experience."	"Nothing"	
40	09/06/2020		"Everything went great. First time in an ambulance and they	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			exceeded all expectations."		
41	09/06/2020		"Medics were great and the ride was quick because of the sirens being used"	"Nothing"	
42	09/05/2020		"Medics were helpful and nice"	"Nothing"	
43	09/05/2020		"Medics were awesome"	"Nothing"	
44	09/05/2020		"Everything went great"	"Nothing"	
45	09/05/2020	"The driver was an excellent driver. The medics are great people."	"She said that the care was excellent. She is grateful that REMSA is always nearby."		
46	09/06/2020	"Driving was excellent and he was very polite. The medics both kept her very calm, as she was upset. They worked together well. She appreciated how they both helped her up and over to the ambulance."	"The medics were kind and responsive. They took her to the hospital, at her request, even though they did not think it was necessary."		
47	09/06/2020	"The driver took it easy on the bumpy roads. There was nowhere to put him in the hospital for a while. The medics hung around with him until there was space. They talked with him and put him at ease."	"The overall experience of the ambulance getting there quickly, an IV quickly started for pain and making him feel at ease was appreciated."		
48	09/06/2020		"Medics were awesome and super kind"	"Nothing"	
49	09/08/2020		"Everything went great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
50	09/07/2020		"Everything was fantastic. The medics took great care of the patient and she was very thankful for the care she received."	"Nothing."	
51	09/07/2020		"Everything went fine, had complaints about hospital, but not ambulance"	"Nothing"	
52	09/08/2020		"Service was fantastic, super grateful for the medics."	"Nothing"	
53	09/09/2020		"Medics were very helpful and professional"	"Nothing"	
54	09/09/2020		"Everything went great"	"Nothing"	
55	09/09/2020		"Medics were very helpful"	"Nothing"	
56	09/09/2020		"Medics and ride were great"	"Nothing"	
57	09/09/2020		"Medics were amazing; super thankful for all that they do"	"Nothing"	
58	09/08/2020		"Great service. Was very fortunate to have the excellent care that they did."	"Nothing"	
59	09/08/2020		"Everything went great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
60	09/10/2020		"Medics were awesome"	"Nothing"	
61	09/10/2020		"Everything went great"	"Nothing"	
62	09/10/2020		"Medics were great"	"Nothing"	
63	09/10/2020		"Everything was great"	"Nothing"	
64	09/10/2020		"Very professional and helpful medics"	"Nothing"	
65	09/10/2020		"Everything went fine"	"Nothing"	
66	09/10/2020		"Medics were quick to help; wasn't very conscious but knew they took good care of him"	"Nothing"	
67	09/10/2020		"REMSA is always amazing"	"Nothing"	
68	09/10/2020		"Everything had gone great"	"Nothing"	
69	09/12/2020	"The medics were wonderful."	"Everything was done well. They were just perfect. No complaints."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
70	09/12/2020	"The medics were wonderful, perfect and covered all bases."	"The medics were caring about the situation she was going through. They were thorough about her injuries, concerned for her safety and explained everything well."		
71	09/12/2020		"Everything went great"	"Nothing"	
72	09/14/2020		"Everything went fine"	"Nothing"	
73	09/14/2020		"All experiences have been great with REMSA"	"Nothing"	
74	09/11/2020		"Medics were awesome"	"Nothing"	
75	09/11/2020		"Everything went great"	"Nothing"	
76	09/11/2020		"Got to the hospital in one piece"	"Better communication with family members"	S. Selmi
77	09/11/2020		"Everything went fine"	"Nothing"	
78	09/14/2020		"Medics were great"	"Nothing"	
79	09/14/2020		"Everything had gone great"	"Nothing"	
80	09/14/2020		"Everything went great"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
81	09/11/2020		"Medics were very good"	"Nothing"	
82	09/11/2020		"Everything is ALWAYS great with REMSA"	"Nothing"	
83	09/13/2020		"Everything went well"	"Nothing"	
84	09/13/2020		"Medics were helpful, but patient is still in hospital"	"Nothing"	
85	09/13/2020		"Medics were very helpful and professional"	"Nothing"	
86	09/13/2020			"Listen to the patient"	G. Jones
87	09/13/2020	"After the doctor called, the ambulance was right there. The medics were very nice, talkative and reassuring."	"The medics made sure she was very comfortable. She liked how they propped her up with pillows."		
88	09/14/2020	"Mother said that her child was hit by a car. She also said that she was a nervous wreck, and the medics calmed her and her child down."	"The medics did everything well. The mother appreciated that they were able to take control of the situation."		
89	09/14/2020	"The medics did well putting in her IV."	"The service by REMSA is well worth the price."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
90	09/16/2020		"Patient stated the medics treated her like a human being and with dignity."		
91	09/13/2020		"The medics were very attentive and spot-on with their care and attitude."	"Updated equipment. Patient said the back door jammed and he had to carefully exit the side doors."	S. Selmi
92	09/16/2020		"The medics laughed and joked and made her feel comfortable."		
93	09/13/2020		"Patient said the medics worked as a team to care for her and gather the needed information, they also took it easy going down her stairs."		
94	09/13/2020		"Patient said the medics were very involved and interactive with him and worked well amongst themselves."		
95	09/13/2020		"Communication amongst themselves and with the patient."	"Be careful with needle placement, the area was bleeding afterward."	
96	09/13/2020		"Patient said he was cared for in a timely manner and everything was done just like you see on TV, but only better."		
97	09/15/2020		"Infant's mother took the survey regarding her newborn daughter. This was a transport and she stated the medics arrived quickly"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			and took the situation very seriously."		
98	09/15/2020		"Patient stated the medics went above and beyond in caring for her and to please keep up the good work."		
99	09/15/2020		"Professionalism from beginning to end."		
100	09/16/2020		"The medics were phenomenal with their care."	"The ambulances need air-ride suspension."	
101	09/17/2020		"Patient stated everything went well."		
102	09/15/2020		"The timeliness of arrival."		
103	09/15/2020		"Patient stated the medics listened intently to everything she had to say and double checked that they heard her correctly. They were very professional and the trip to the hospital was very timely."		
104	09/15/2020		"The medics did a great job of sitting down with her daughter and calming her down. The mother took the survey regarding her teen	"Better ventilation in the back of the ambulance. It was rather warm and with wearing a mask it was a bit much."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			daughter."		
105	09/15/2020		"Patient stated the medics were the absolute best and even paid for his groceries. I can't say enough good things about those medics."		
106	09/17/2020		"The father of the teen patient stated the medics arrived quickly, assessed the situation, gave the care that was needed and left. There was no trip to the hospital. The father feels his son was accurately assessed."		
107	09/17/2020	"Everything was great. The medics were good at taking her vital signs, starting an IV and giving her oxygen."	"They were all great."		
108	09/17/2020	"The medics assessed her very quickly, which was important. They were efficient with their treatment. The medics took her problem more seriously than she did. They helped her to understand that her condition was actually serious."	"The REMSA staff put her at ease."		
109	09/18/2020	"Mother followed the ambulance. The driver was very helpful beforehand. The medics were good at making her son calm."	"The whole situation was hard, but the medics were great. They were gentle, transported her child easily. The medics had much better bedside manner than the hospital staff."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
110	09/18/2020	"The driver was very good. The medics were very nice to him. They asked him questions, communicated to the hospital and got him there quick."	"REMSA was there very quick. They treated him very well."		
111	09/18/2020	"She did not even realize she was moving. Overall she was pleased with the service by REMSA. She appreciated that the medics stayed with her in the hospital, until the staff relieved them."	"She appreciated that the medics did not have side conversations. They were focused on taking care of her."	"She wished that the medics would have let her husband know that the ambulance would be in the parking lot a few more minutes. He worried that something was wrong."	
112	09/18/2020	"The medics were nice, but yanked her EKG leads off her. It was uncomfortable, and she is on a medication that thins the skin. The treatment from REMSA was good, other than the issue with removing the EKG leads."	"REMSA was nice when they came to pick her up."	"The medics should ask how the patient would like any leads removed from their skin."	G. Jones
113	09/23/2020		"Everything went great; everyone was very helpful"	"Nothing"	
114	09/23/2020		"Everything went great, always is"	"Nothing"	
115	09/22/2020		"Felt like he was with family; they were patient, friendly and super helpful."	"Nothing"	
116	09/23/2020		"Staff was very professional"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
117	09/23/2020		"REMSA is always great whenever they are needed; always comforting in times of need."	"Nothing"	
118	09/22/2020		"Staff was very informative"	"Nothing"	
119	09/22/2020		"Everything went great. REMSA is always the best."	"Nothing"	
120	09/22/2020		"Everything went fine"	"Nothing"	
121	09/23/2020		"Medics did everything they could to help; patient is super thankful they were there to save him."	"Nothing"	
122	09/25/2020		"Medics were super helpful"	"Nothing"	
123	09/24/2020		"Medics were very professional"	"Ride was very bumpy"	
124	09/24/2020		"Everything went fine"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
125	09/27/2020		"Could have been better; legs were very swollen and the medics didn't seem to help too much"	"Focus more on patient and listen to their needs"	S. Selmi
126	09/24/2020		"Everything went good"	"Nothing"	
127	09/24/2020		"Everything went great; was his first ride and hoping to be his last"	"Nothing"	
128	09/24/2020		"Everything went great, meds were very helpful"	"Nothing"	
129	09/27/2020		"Everything went great; appreciative of the help"	"Nothing"	
130	09/27/2020		"Everything was fine"	"Nothing"	
131	09/27/2020		"Medics were helpful and quick"	"Nothing"	
132	09/27/2020		"Everyone was very professional"	"Nothing"	
133	09/27/2020		"Everything went great that she could remember"	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
134	09/26/2020		"Medics were careful, one was new, but so patient and was understanding"	"Take a faster route to the hospital."	
135	09/26/2020		"Everything went fine"	"Nothing"	
136	09/26/2020		"Medics were very helpful and friendly"	"Nothing"	
137	09/26/2020		"Everything was fine"	"Nothing"	
138	09/29/2020		"Nice and short"	"Nothing"	
139	09/26/2020		"Everything went fine"	"Nothing"	
140	09/26/2020		"Everything went awesome"	"Nothing"	
141	09/28/2020		"Rather fast ambulance ride"	"Medics didn't take her pain seriously"	S. Selmi
142	09/29/2020		"Ambulance and medics were the best part"	"Nothing"	
143	09/28/2020		"Everything went great"	"Nothing"	
144	09/28/2020		"Everything went great. Medics were super helpful."	"Nothing"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
145	09/28/2020		"The ride was super nice and medics were very friendly."	"Nothing"	
146	09/29/2020		"Everything went great."	"Nothing"	
147	09/25/2020		"Medics were very helpful."	"Nothing"	
148	09/30/2020		"Was very good."	"Nothing"	
149	09/30/2020		"Medics were amazing and ride was great."	"Nothing"	
150	09/30/2020	"I can't remember who called."		"No, I really don't think they could be any better. They did very well."	

FOLLOW UP

#12 - 12/4/20 1035, I spoke to the mother about what happened. She told me her son jumped out the window thinking he was Batman or Superman. The mother and her family were in the bedroom when RFD and REMSA just came in her home which scared her as she has PTSD, she felt there were so many people in her apartment. I apologized to her and thanked her for talking to me today. Chart is documented with a family member at the front door that stated "oh yeah he is fine, he is in the back room. You can come in". RPD also on scene. No further, Stacie

#76 - 12/4/20 1205, Pt. called back, he told me the crew did not tell his mother where he was being transported to. He requested SMRMC where he normally goes and was taken out of his car. Talking to the patient, I had the same conversation with him on 11/4/20 as he was diverted from SMRMC, he told me this happens all the time and his 87yr mother should know where he is going. I again apologized to him and thanked him for calling me back. No further, Stacie

#86 - I spoke with the pt. who said that her specific memory of the call in question is unclear since she has had recent hospitalizations that included neurosurgery. She was unwilling to continue the conversation. I gave her my name and asked her to call me directly should she have concerns in the future. 12/7/20, GJ



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		#91 - 12/4/20 1152, I attempted to contact the pt., wrong number and our business office had the same number. No further, Stacie			
		#112 - I spoke with the pt. who stated she was a healthcare worker and due to her health history has had approximately 5,000 ECGs done. She states that her skin is thin and when our crew "ripped" the electrodes off it caused her pain. I asked if any tearing or other damage to the skin occurred, she stated it had not. She mentioned the staff at RRMC did the same thing to her later in the day. I apologized and told her I would mention her concern to our crew, which I will do. 12/7/20 GJ			
		#125 - 12/4/20 1322, I spoke to the pt. about her complaint. She told me she did not complain and she thought the crew was great. I thanked her for her time. No further, Stacie			
		#141 - 12/4/20 1430, I spoke to the pt. She was very nice, but upset when she told me the crew did not believe her when she told them she had a lot of pain with her arm/shoulder after a fall. No IV or pain meds were given. Pt. told me she had a humerus fx which she is still going to PT for. I apologized to her and told her I would be talking to the paramedic and we would be writing a report up. She thanked me for calling her. I will have this paramedic complete an occurrence report ASAP. Stacie			



NOVEMBER 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 DONATES FLASHING ARM BANDS TO THE RENO CHILDREN'S CABINET

Shortly after daylight saving time ended, REMSA donated flashing arm bands to The Children's Cabinet in Reno. These LED bands can be worn to help keep kids safe and visible when they are out after dark. The Washoe County Health District partnered with REMSA on this initiative.



We love this community! Thank you @REMSAHealth for your support delivering some goodies we can share with families!

REMSA @REMSAHealth · 11/19/20

In partnership with @WashoeHealth, we made a special delivery to the @ChldrnsCabnt with treats and flashing-light arm bands. Pedestrian safety is a top priority - Especially since it's getting darker earlier. #VisionZeroTruckeeMeadows #Dusk2DawnNV



3:01 PM · 11/19/20 · Twitter for iPhone



TEAM GOOSE RITTER DONATES 250 MEALS TO REMSA EMPLOYEES

Team Goose Ritter, in partnership with Cherry Bomb Catering, donated their 840th Meals of Gratitude delivery to share their appreciation of REMSA's frontline workers.

DEAN DOW & ADAM HEINZ PRESENT AROUND THE COMMUNITY

Dean and Adam recently presented to community groups and boards including The City of Reno Business Improvement District, Builders Association of Northern Nevada, Commission Chair Bob Lucey, Reno Mayor Schieve and Sparks Mayor Lawson, and to an adult learning group at University of Nevada, Reno. The purpose of these presentations was to communicate the general overview of what REMSA does and to share how our new tiered response system works.



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

2020-21 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2020	8,916.19
August 2020	14,106.85
September 2020	11,012.69
October 2020	11,232.45
November 2020	
December 2020	
January 2021	
February 2021	
March 2021	
April 2021	
May 2021	
June 2021	
Total Penalty Fund Dollars Accrued	\$45,268.18

2020-21 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total Encumbered as of 10/31/2020 _____ **\$0.00**

**Penalty Fund Balance at
10/31/2020** _____ **\$45,268.18**



**REMSA INQUIRIES
NOVEMBER 2020**

No inquiries for November 2020

DD AE _____
DDA DR _____
DHO _____ *AD*

Staff Report
Board Meeting Date: December 17, 2020

DATE: December 2, 2020
TO: District Board of Health
FROM: Wesley Rubio, EHS Supervisor
775-328-2635, wrubio@washoecounty.us
SUBJECT: PUBLIC HEARING - Review, discussion and possible adoption of the Proposed Washoe County District Board of Health Regulations Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business.

SUMMARY

The Washoe County District Board of Health (Board) must approve the Washoe County District Board of Health Regulations Governing Public Accommodation Facilities (Regulations). Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Regulations.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The Business Impact Statement associated with the Proposed Regulations was considered and accepted by the Board at the regular Board meeting held on November 19, 2020. The Board also approved the next regular meeting of the Board, December 17, 2020 as the hearing to consider adoption of the proposed Regulations Governing Public Accommodation Facilities.

The Washoe County District Board of Health adopted Nevada Administrative Code (NAC) 447E on September 10, 2020 in accordance with the provisions of Senate Bill (SB) 4 and pursuant to the Governor’s declaration of public health emergency due to the COVID-19 pandemic.

BACKGROUND

In response to the COVID-19 public health emergency, the 32nd special session of the Nevada Legislature passed SB4 establishing requirements for the Nevada Department of Health and Human Services (NDHHS) to adopt emergency regulations for the prevention and response to COVID-19 in public accommodation facilities. NAC 447E establishes minimum standards for cleaning, requires the



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adoption of protocols and procedures by facilities concerning the prevention of and response to COVID-19, provides for compliance inspections of facilities in certain counties, and limits the civil liability of certain businesses for personal injury or death resulting from COVID-19. The provisions of the COVID-19 regulations are effective during any period in which a public health emergency has been declared by the Governor. The NDHHS adopted NAC 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities on August 31, 2020.

Section 36 of SB4 requires that the District Board of Health shall adopt regulations that are substantively identical to the initial regulations adopted by NDHHS within 30 days after the effective date of SB4 or within 10 days after the adoption of the regulations included in NAC 447E, whichever is earlier. Therefore, on September 10, 2020 the District Board of Health held a special meeting and voted to ratify NAC 447E, SARS-CoV-2 Regulations at Public Accommodation Facilities.

Prior to the September 2020 meeting, the District Board of Health had not previously adopted general public accommodation regulations and the Washoe County Health District, EHS staff have been inspecting public accommodation facilities located in Washoe County using the standards and provision outlined in NAC 447 which has not been updated since 2004. EHS took the opportunity to develop permanent public accommodation regulations and incorporated NAC 447E as an appendix to these regulations. The proposed Regulations will better control and prevent the spread of communicable diseases and will promote and regulate the safety and sanitation condition of public accommodation establishments. The proposed Regulations closely mirror the Southern Nevada Health District Regulations Governing the Health and Safety of Public Accommodation Facilities and will bring the WCHD into closer alignment with the largest local health authority in Nevada.

A final draft of the proposed Regulations can be found at:

<https://www.washoecounty.us/health/resources/regulations.php#ehs>

In an effort to provide an overview of the proposed Regulations, answer questions, and receive input from interested persons, two public workshops were held via Zoom on October 21, 2020 and October 22, 2020. The following methods were used to provide notice of the proposed Regulations:

- A total of 74 notices were emailed to permit holders, giving notice of the proposed Regulations and offering methods of providing input.
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.
- Notice of the proposed Regulation public hearing was posted in the Reno Gazette Journal on October 19, October 28, and November 6, 2020.
- A total of 54 individuals attended the Zoom workshops
 - 22 attendees on October 21st
 - 32 attendees on October 22nd
- Attendees included public accommodation operators, business owners and legal representatives from affected businesses.

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The workshops included a presentation on the specific proposed Regulations. Discussion occurred and after clarification, no negative comments were received. All attendees seemed generally accepting of the proposed Regulations.

Copies of the workshop agendas are attached for reference.

Upon review of the draft regulations after the workshops, it was observed that the definition of Communicable Disease needed to be updated for consistency with the definition already adopted in the Regulations of the Washoe County District Board of Health Governing Food Establishments: Section 010.090 "*Communicable disease*" defined. This section was updated to include a reference to NAC 441A

In addition, the following definitions were also updated after the workshops to provide additional clarity: Section 010.100 "*Decorative item*" defined, and Section 010.240 "*Launder*" defined.

FISCAL IMPACT

There is no fiscal impact from the Board adopting the Business Impact Statements as part of the proposed Regulations.

No new fees are proposed as part of these regulations.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health adopt the Proposed the Washoe County District Board of Health Regulations Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business.

POSSIBLE MOTION

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

"Move to adopt the Washoe County District Board of Health Regulations Governing Public Accommodation Facilities as authorized by NRS 439 with the incorporation of provisions from the Regulations of the Washoe County District Board of Health Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities, with a finding that the Proposed Regulations do not impose a direct and significant economic burden on a business; nor do the Proposed Regulations directly restrict the formation, operation or expansion of a business"

Staff Report
Board Meeting Date: December 17, 2020

DATE: December 8, 2020

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us

THROUGH: John Novak, DBOH Chair

SUBJECT: Recommendation to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.

SUMMARY

Recommendation to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.

Health District Strategic Priority supported by this item:

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

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

On January 23, 2014, the Washoe County District Board of Health approved the Employment Agreement (contract) between the Washoe County District Board of Health and Mr. Kevin Dick for the Position of District Health Officer.

BACKGROUND

Due to the COVID-19 pandemic, District Health Officer Kevin Dick was subject to an unrelenting workload as the face of the District. These important obligations prevented use of annual leave. As of January 3, 2021, Kevin Dick will have 421.34 hours of annual leave. The Employment Agreement allows for the accrual of 240 hours. Therefore, Kevin Dick has approximately 184 hours of leave that cannot be used this year. This was confirmed by management and use of leave was formally denied on September 25, 2020. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. Kevin Dick's current hourly rate is \$88.90. Therefore, compensation for 184 hours of accrued leave amounts to \$16,357.60.

It is practice within the District and Washoe County to allow an employee to be paid for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.

Accordingly, it is requested that the Employment Agreement be amended to allow Kevin Dick to be paid for annual leave accrued in excess of 240 hours, which he was unable to use.

The proposed amendment is as follows:

Section 5(A)(c) of the Employment Contract will be amended and the language *in italics* shall be added as follows:

Annual Leave: Employee shall accrue annual leave credit at the bi-weekly equivalent of 136 hours per year until Employee completes five years of service as the Washoe County District Health Officer at which time Employee will accrue 152 hours annual leave per year. Vacation credit may be accumulated from year to year but may not exceed 240 hours.

If Employee, on or before October 15, requests permission to take annual leave and the request is denied for any reason, the Employee may receive, upon approval by the District Board of Health, payment at the Employee's hourly rate for any annual leave in excess of 240 hours which the Employee requested to take and which the Employee would otherwise forfeit as the result of the denial of the Employee's request.

FISCAL IMPACT

The payment of the excess vacation hours in the amount of \$16,357.60 will be covered by the Health Fund.

RECOMMENDATION

Staff Recommends that the Board accept the recommendation to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion could be:

I move to amend the Employment Agreement between Washoe County Health District and Kevin Dick, District Health Officer, at Section 5(A)(c) to allow compensation at employee's current hourly rate of \$88.90 for annual leave accrued in excess of 240 hours in a calendar year and approve payment of \$16,357.60, which represents compensation for 184 hours of annual leave that could not be used this year due to the COVID-19 pandemic. These 184 hours will be dropped from his leave balances due to his contractual accrual limit of 240 hours. The amendment allowing payment is consistent with District practice that allows an employee to payment for any annual leave in excess of 240 hours which the employee sought, but was unable, to use and would otherwise forfeit.

Employment Agreement Amendment

On January 23, 2014, the District Board of Health and Kevin Dick entered into “**Employment Agreement**.” The Parties have agreed to amend the Employment Agreement.

Section 5(A)(c) of the Employment Contract shall be amended, and the language *in italics* shall be added as follows:

Annual Leave: Employee shall accrue annual leave credit at the bi-weekly equivalent of 136 hours per year until Employee completes five years of service as the Washoe County District Health Officer at which time Employee will accrue 152 hours annual leave per year. Vacation credit may be accumulated from year to year but may not exceed 240 hours.

If Employee, on or before October 15, requests permission to take annual leave and the request is denied for any reason, the Employee may receive, upon approval of the District Board of Health, payment at the Employee’s hourly rate for any annual leave in excess of 240 hours which the Employee requested to take and which the Employee would otherwise forfeit as the result of the denial of the Employee’s request.

Dated: _____	Dated: _____
By: _____ Employee, Kevin Dick	By: _____ Chair, District Board of Health

Staff Report
Board Meeting Date: December 17, 2020

DATE: December 7, 2020
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Possible approval of the proposed 2021 Washoe County District Board of Health Meeting Calendar.

SUMMARY

A proposed District Board of Health (DBOH) meeting Calendar for 2021 is attached. Per the Rules, Policies and Procedures (RPP) approved in 2016, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday.

Staff proposes that the Board consider scheduling the December meeting on the December 16, 2021 and scheduling the November meeting as a tentative meeting on November 18, 2021, that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 4, 2021.

District Health Strategic Priorities supported by this item:

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

On December 12, 2020 the District Board of Health approved the meeting calendar for 2020.

Subject: 2021 Meeting Calendar
Date: December 7, 2020
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BACKGROUND

The RPP's approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. The Strategic Planning Retreat has historically been scheduled on the first Thursday in November and the regular November meeting has been canceled when not necessary to be held.

FISCAL IMPACT

There is no fiscal impact to the FY21 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2021.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed DBOH meeting calendar for 2021."

2021 DBOH MEETING CALENDAR

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
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				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

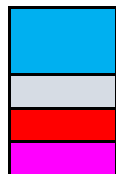
August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



DBOH Meetings - Fourth Thursday of Each Month Except November and December*

*December 2020 DBOH meeting is scheduled on the 3rd Thursday due to holiday.

*Tentative DBOH Meeting scheduled for November 2020

Holiday

Strategic Plan Retreat

DD_FV _____
DHO _____ KD

**Air Quality Management
Division Director Staff Report
Board Meeting Date: December 17, 2020**

DATE: December 3, 2020
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update – The Biden Plan, Program Reports, Monitoring and Planning,
Permitting and Compliance

1. Program Update

a. The Biden Clean Energy and Climate Plan

President-elect Biden has laid out a plan to address climate change as one of his top priorities, and to do so in a way that creates millions of jobs while advancing environmental justice. A cornerstone of the Biden plan is to provide \$2 trillion in federal funding over four years for clean energy and climate measures. The proposed areas of investment run the gamut from retrofitting millions of homes and commercial buildings, incentives for electric vehicle (EV) purchases and charging infrastructure, upgrading transportation infrastructure and public transit systems, increased R&D on climate-friendly technologies including energy storage, zero net energy buildings, and carbon capture and sequestration, and incentives for greenhouse gas (GHG) emissions reduction and carbon sequestration in agriculture. Some of the specifics of the plan include the following:

1. **Transit:** Provide every city with 100,000 or more residents with high-quality, zero-emissions public transportation options.
2. **Power Sector:** Move to generate clean electricity to achieve a carbon pollution-free power sector by 2035.
3. **Buildings:** Upgrade 4 million buildings and weatherize 2 million homes over 4 years. In addition, incentivize the building retrofit and efficient-appliance manufacturing supply chain by funding direct cash rebates and low-cost financing to upgrade and electrify home appliances and install more efficient windows.
4. **Housing:** Spur the construction of 1.5 million sustainable homes and housing units.

The part of the plan that would potentially have the largest impact on the air quality in Washoe County would be in any investments made to reduce emissions associated with the transportation sector. Many residents in Washoe County, especially those in the



outlying areas, do not have access to high-quality and zero-emissions options for affordable, reliable public transportation. In the plan, it further states

“Biden will allocate flexible federal investments with strong labor protections to help cities and towns install light rail networks and improve existing transit and bus lines. He’ll also help them invest in infrastructure for pedestrians, cyclists, and riders of e-scooters and other micro-mobility vehicles and integrate technologies like machine-learning optimized traffic lights. And, Biden will work to make sure that new, fast-growing areas are designed and built with clean and resilient public transit in mind. Specifically, he will create a new program that gives rapidly expanding communities the resources to build in public transit options from the start”.¹



For many of the items specified in the plan to become a reality, it will require the administration to partner with states, local governments, and utilities. In a recent article, Howard Geller, the Executive Director of Southwest Energy Efficiency Project (SWEET), suggested that one way the administration could partner with states, local governments, and utilities would be to provide funding to entities that adopt (or have already adopted) ambitious clean energy policies.² The article specifically has the following suggestions:

- Reward states and utilities that set ambitious utility sector goals
- Reward states and local governments that adopt transportation electrification policies
- Reward states and local governments that adopt all-electric or net zero energy new building requirements

The data continues to show that the transportation sector is the single largest contributor of ozone precursor emissions. As such, any funding and assistance from the federal government that would help address this issue would be critical to maintaining the health of the air quality in Washoe County.

¹ [The Biden Clean Energy and Climate Plan](#)

² [SWEET Article](#)

EPA Civil Enforcement Investigation into the Tampering Diesel Pickup Trucks

To protect human and environmental health, the Clean Air Act authorizes the EPA to set emissions standards for many categories of vehicles and engines, including “motor vehicles” such as cars and trucks. To comply with these emissions standards, motor vehicle manufacturers develop and incorporate emissions control technologies in the design of the

motor vehicles they certify with the EPA for sale in the United States (EPA-certified motor vehicles).

Tampered vehicles contribute substantial excess pollution that harms public health and impedes efforts by the EPA, states, tribes, and local agencies to plan for and attain air quality standards. The emissions impact of tampering depends on the original vehicle design and the extent of the vehicle modifications. As a result of the effect that tampering of the emissions control technologies on the vehicles has on emissions, the EPA has made *Stopping Aftermarket Defeat Devices for Vehicles and Engines a National Compliance Initiative for 2020 – 2023*.

In its findings, the Air Enforcement Division (AED) estimates that the emissions controls have been removed from more than 550,000 diesel pickup trucks in the last decade. As a result of this tampering, more than 570,000 tons of excess oxides of nitrogen (NOx) and 5,000 tons of particulate matter (PM) will be emitted by these tampered trucks over the lifetime of the vehicles. The table below provides specific data for the State of Nevada.

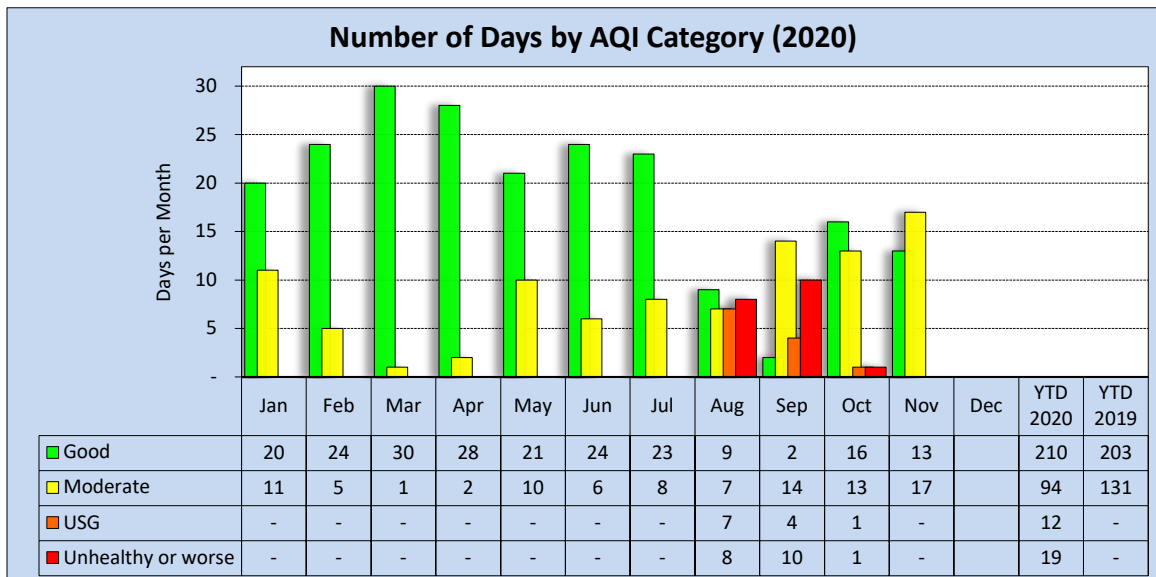
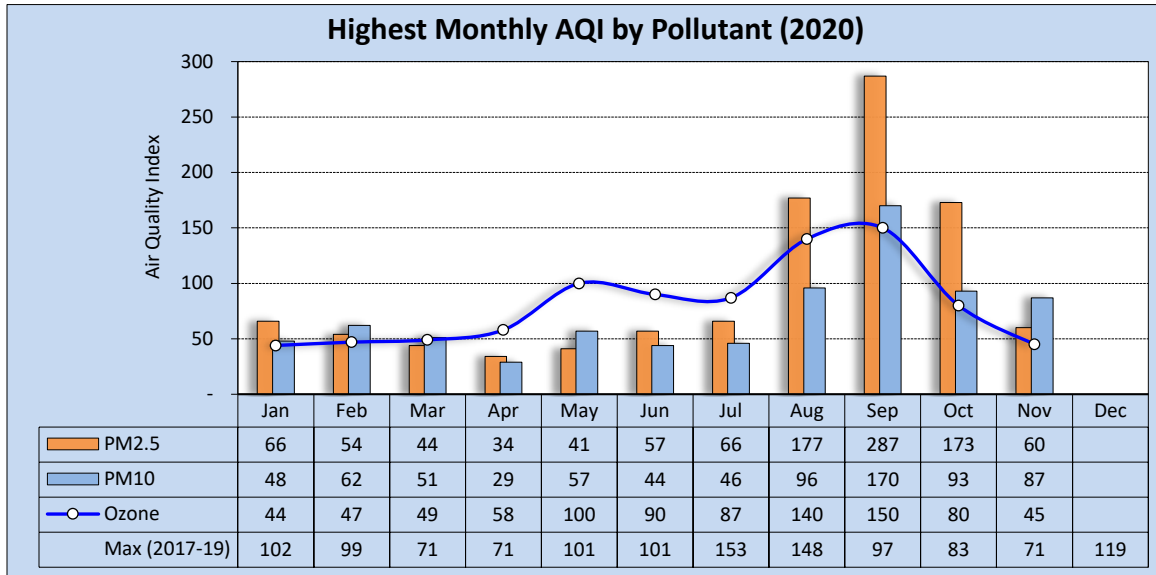
Table: Observed Class 2b and 3 Tampering from 2009 through 2019 by State

State	Estimated Deleted Vehicles	Estimated Registered Diesel Vehicles (2016)	Estimated Deleted Vehicles, % of Total 2016 Fleet	Estimated Registered Diesel Vehicles (2016), 2003+ MY Only	Estimated Deleted Vehicles, % of Total 2016 Fleet, 2003+ MY Only	Estimated Excess NO _x from Class 2b and 3 Vehicles Deleted (tons)	Estimated Excess PM from Class 2b and 3 Vehicles Deleted (tons)
NORTH DAKOTA	7,901	42,389	18.6%	30,907	25.6%	8,085	77
IDAHO	13,474	89,880	15.0%	55,183	24.4%	13,787	131
WYOMING	8,619	60,803	14.2%	43,159	20.0%	8,819	84
MAINE	2,794	20,738	13.5%	13,511	20.7%	2,859	27
VERMONT	1,718	12,768	13.5%	8,988	19.1%	1,758	17
MICHIGAN	18,382	140,885	13.0%	87,406	21.0%	18,809	178
WEST VIRGINIA	5,336	41,286	12.9%	26,426	20.2%	5,460	52
WASHINGTON	23,646	183,479	12.9%	108,030	21.9%	24,195	229
NEW HAMPSHIRE	2,748	21,622	12.7%	14,334	19.2%	2,812	27
ILLINOIS	18,245	144,196	12.7%	95,433	19.1%	18,669	177
KENTUCKY	11,821	93,931	12.6%	54,128	21.8%	12,096	115
OHIO	19,459	160,536	12.1%	95,798	20.3%	19,911	189
OREGON	17,436	146,318	11.9%	85,300	20.4%	17,841	169
INDIANA	14,134	119,371	11.8%	71,071	19.9%	14,462	137
ALABAMA	11,962	101,156	11.8%	62,898	19.0%	12,240	116
NEW MEXICO	8,935	79,903	11.2%	53,799	16.6%	9,143	87
TENNESSEE	14,084	128,017	11.0%	73,850	19.1%	14,412	137
MONTANA	9,199	84,114	10.9%	53,605	17.2%	9,412	89
NEVADA	6,966	64,815	10.7%	44,112	15.8%	7,128	68

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.

3. Program Reports

a. Monitoring and Planning

November Air Quality and Burn Code: There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during November. The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.048 ppm	11/12	Incline	---
PM _{2.5} (24-hour)	15.5 µg/m ³	11/01	Sparks	---
PM ₁₀ (24-hour)	89 µg/m ³	11/17	Spanish Springs	Windblown Dust



Burn Code	November	Season to Date
Green	30	30
Yellow	-	-
Red	-	-



Outdoor Open Burning: In 2019, AQM with input from Truckee Meadows Fire, revised the DBOH's Open Burning Rule to allow open burning during the previously prohibited months of Nov-Feb. Truckee Meadows Fire only allows burning when weather conditions are safe and do not cause buildup of PM_{2.5} in the valleys. Similar to AQM's woodstove program, open burning decisions are made to ensure the air we breathe is healthy. More open burning information is available at the Truckee Meadows Fire website (<https://tmfpd.us/outdoor-burning/>).

Most Popular Tweet for November

Washoe County AQMD @WashoeCountyAQ · Nov 6

Due to the high winds, dust has impacted our PM10 monitors. This is a localized impact and not a widespread concern. The 24-hour average for PM10 has been changed to Moderate for today.

Current Air Quality 9 AM PST Nov 6
185 NowCast AQI PM10

Forecast All Today Tomorrow More

Impressions: 5.710

Daniel Inouye
 Supervisor, Monitoring and Planning

b. Permitting and Compliance

November

Staff reviewed thirty-one (31) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In November 2020, staff conducted forty-two (42) stationary source inspections; eighteen (18) gasoline station inspections; and three (3) initial compliance inspections. Staff was also assigned seventeen (17) new asbestos abatement projects, overseeing the removal of approximately thirty-five thousand three hundred forty-eight (35,348) square feet and five-hundred sixty-four (564) linear feet of asbestos-containing materials. Staff received two (2) new building demolition projects to monitor. Further, there were sixteen (16) new construction/dust projects comprised of an additional four-hundred eighty-one (481) acres. Staff documented thirty-three (33) 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 twenty-six (26) complaints; however, one (1) complaint was COVID-19-related.

Type of Permit	2020		2019	
	November	YTD	November	Annual Total
Renewal of Existing Air Permits	83	910	72	1,086
New Authorities to Construct	2	55	1	52
Dust Control Permits	16 (481 acres)	192 (3,432 acres)	14 (347 acres)	197 (2,436 acres)
Wood Stove (WS) Certificates	34	380	30	442
WS Dealers Affidavit of Sale	17 (9 replacements)	94 (23 replacements)	9 (5 replacements)	118 (83 replacements)
WS Notice of Exemptions	842 (5 stoves removed)	7,597 (38 stoves removed)	678 (7 stoves removed)	8,353 (80 stoves removed)
Asbestos Assessments	45	566	78	1,034
Asbestos Demo and Removal (NESHAP)	19	231	21	300

COMPLAINTS	2020		2019	
	November	YTD	November	Annual Total
Asbestos	1	10	0	11
Burning	2	15	1	14
Construction Dust	12	87	6	74
Dust Control Permit	0	1	0	6
General Dust	6	46	1	35
Diesel Idling	0	1	0	4
Odor	4	11	6	31
Spray Painting	0	7	0	3
Permit to Operate	0	2	1	8
Woodstove	0	1	0	2
TOTAL	25	181	15	188
NOV's	November	YTD	November	Annual Total
Warnings	0	5	2	27
Citations	0	3	2	15
TOTAL	0	8	4	42

Joshua Restori,
 Supervisor, Permitting & Compliance

DD LL
DHO _____ *KD*

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: December 17, 2020**

DATE: December 4, 2020
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – World AIDS Day; 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. World AIDS Day



December 1 is World AIDS Day, a day to unite in the global response to HIV/AIDS, support people living with HIV, and honor lives lost to the HIV epidemic. The U.S. Government’s theme for this year’s observance, “Ending the HIV Epidemic: Resilience & Impact,” calls for greater commitment, greater resilience, and optimized use of expertise from all of us and our ongoing commitment to ending the HIV epidemic. To end the epidemic, the goal is to reduce new HIV infections by 90% by 2030.

Approximately 38,000 new HIV infections occur each year in the United States, with an estimated 1.2 million people living with HIV in the U.S and an estimated 37 million worldwide. An estimated one-in-seven people that are living with HIV are unaware of their status in the U.S. As of 2018, Nevada reported 16.8 HIV infections per 100,000 population, ranking 5th in the U.S. by rate. Washoe County reports a rate of 8.0 newly diagnosed HIV cases per 100,000 population (2019).

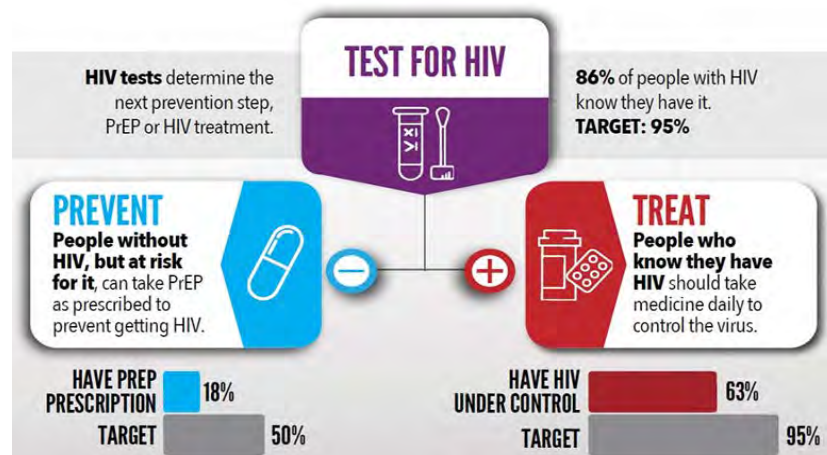
For advanced HIV cases (formerly known as AIDS), Nevada ranks 8th in the U.S. with a rate of 8.1 per 100,000 population (2018). Washoe County's rate of advanced HIV infection is reported at 2.6 per 100,000 population (2019).



<https://www.cdc.gov/vitalsigns/test-treat-prevent/index.html>

The national plan to End the HIV Epidemic aims to end the HIV epidemic in the United States through four science-based strategies:

- **Diagnose** all people with HIV as early as possible, with a target of diagnosing at least 95% of HIV infections. This is accomplished by health care providers offering HIV testing routinely as well as community-based testing efforts.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression, with a target of at least 95% of people with diagnosed HIV reaching viral suppression. When a person achieves sustained viral suppression, they will not transmit HIV through sexual transmission and have decreased ability to transmit HIV through needle sharing.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). For PrEP, the target is for at least 50% of those who could benefit from it to receive a prescription.
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

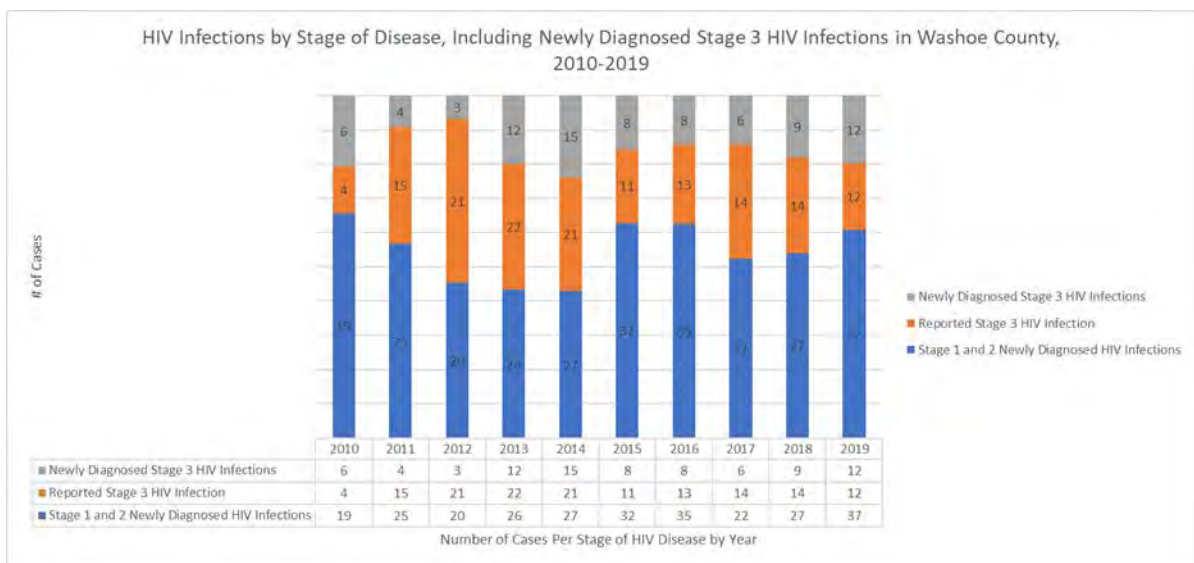


MMWR December 2019

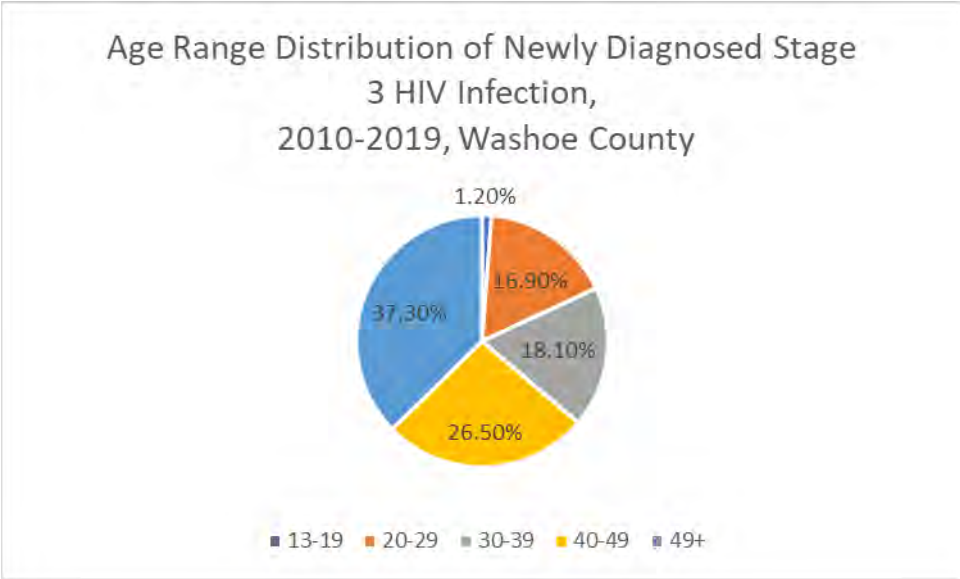
HIV treatment is also the prevention of HIV. The one-in-seven people living with HIV that are unaware of their status and those living with HIV that are not engaged in HIV care account for 81% of new HIV infections because of their ability to transmit the virus. However, once a person is engaged in HIV care and takes their medication to achieve viral suppression, they reduce the ability to transmit HIV to others.

Of great concern in Washoe County are the number of newly reported HIV cases that have already progressed to advanced HIV infection (stage 3 HIV infection, formally known as AIDS). These cases are often reported when a person is experiencing HIV related health issues that indicate advanced disease progression and require significant medical intervention.

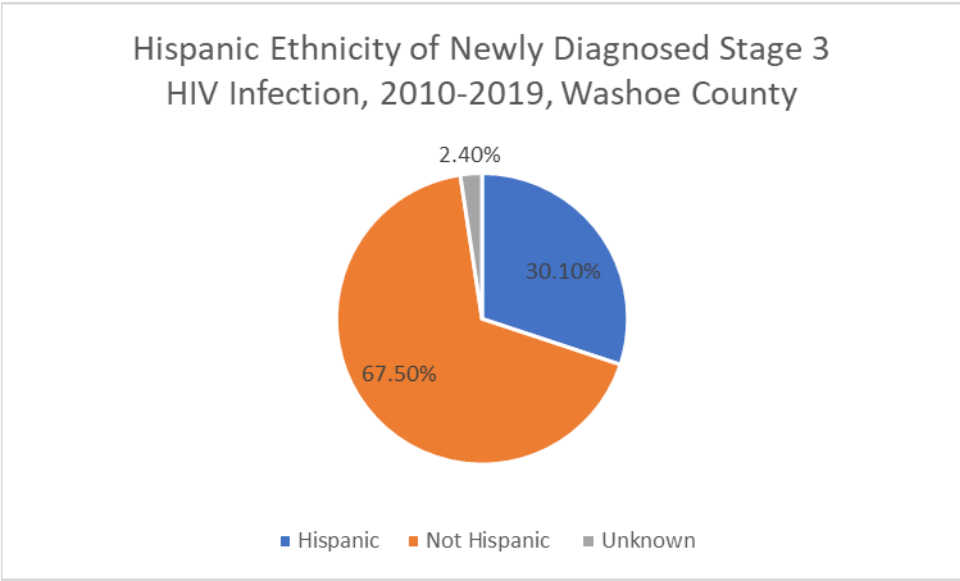
Eighty-three (83) cases were studied, reported from 2010 to 2019. Most cases are among males, representing 90.4% of the cases. Heterosexual risk was reported for 27.7% of the cases and 54.2% of the cases were among men who have sex with men (MSM) risk category, followed by 9.6% of people who inject drugs, 2.4% of MSM who inject drugs, and 4.8% of people whose risk was not identified.



Of the newly diagnosed Stage 3 HIV Infection cases, 61.5% occurred when the person was diagnosed younger than the age of 40. Those 20-29 years of age at the time of diagnosis represent 16.9% of these cases. Considering that progression to advanced HIV infection takes an average of 10 years after initial acquisition of HIV, many people were in their teens or early 20s when they acquired HIV.



By race/ethnicity, Hispanics represent over 30% of the cases, yet account for 25% of the population in Washoe County, indicating a higher burden of disease in this analysis. While most cases were reported in the White population, Blacks, Asians and people who identify as multi-racial were represented.



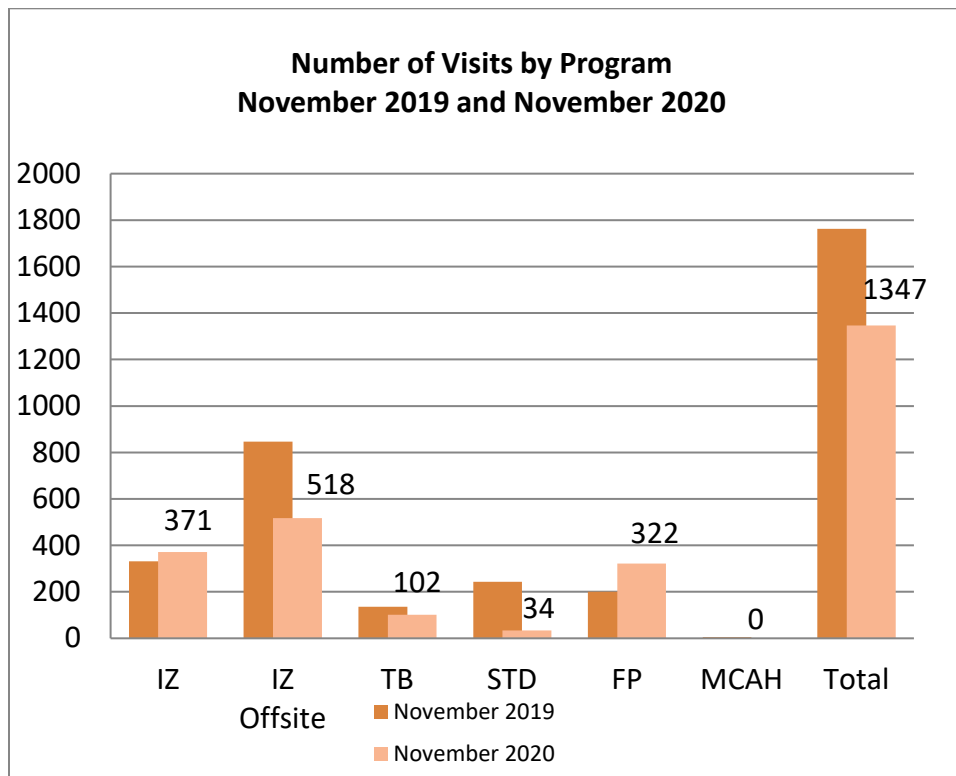
To address people who test late in their HIV infection, when their disease has progressed to advanced stages and to end the HIV in Washoe County, healthcare providers, community providers and WCHD must ramp up efforts to address the four strategies of ending the epidemic. To achieve healthier outcomes, HIV needs to be identified as early as possible after a person acquires HIV. This reduces the damage done by HIV and increases the ability of HIV medication to suppress

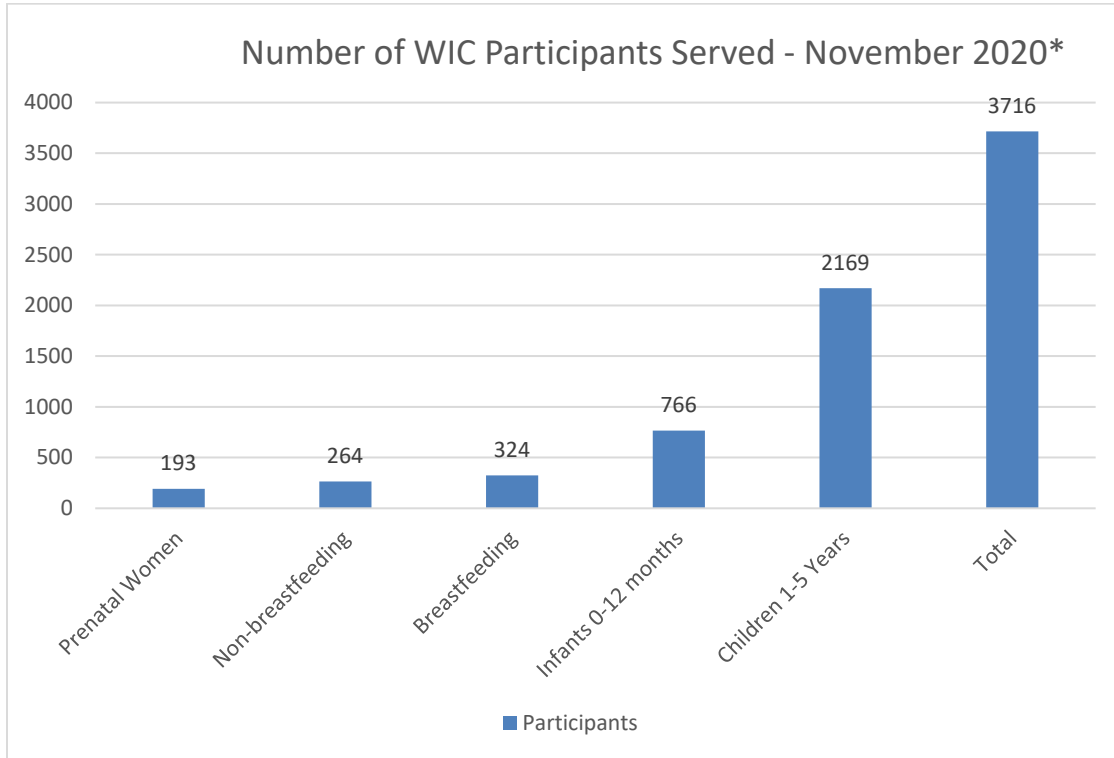
HIV earlier, while reducing the ability to transmit HIV. People may not progress to advanced HIV infection, if intervention occurs earlier.

Routine testing needs to be offered by primary healthcare providers, following CDC’s recommendations to test everyone between the ages of 13-64 at least once in their lifetime (and more depending on a person’s risk). Those who have a positive HIV result need wrap around services to support their linkage and retention into HIV care as they work toward viral suppression with a treatment regimen. For those with a negative HIV test, PrEP needs to be more available through healthcare providers, including WCHD. Continued support of our local SSP, through Change Point at Northern Nevada HOPES provides a critical disease prevention service to people who inject drugs.

WCHD staff will continue to investigate identified cases and address clusters of HIV cases to mitigate outbreaks, while providing testing in our clinic and in the community. Ending the HIV epidemic is within our grasp, with awareness to the issue and commitment by the community to follow the evidence-based interventions that have already been proven effective. For more information on HIV prevention and care efforts in Nevada, visit endHIVNevada.org.

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.

1. Program Reports – Outcomes and Activities

Sexual Health (Outreach and Disease Investigation) – Community testing continues in an abbreviated capacity. Many sites have not reopened for WCHD to provide services. Social media advertisements will launch in December to promote HIV testing in observance of World AIDS Day.

Gonorrhea cases continue to be reported at high levels, reaching the highest level of disease surveillance threshold for the past 1.5 months. Staff have resumed disease investigation and contact tracing (i.e. Partner Services) for prioritized cases.

Immunizations – Immunization and PHP staff are working closely with community partners to plan, coordinate and implement flu vaccination clinics in our community. During the month of November, WCHD staff supported City of Reno Fire and Truckee Meadows Fire Protection District (TMFPD) during their PODs, increasing the capacity of our local community to provide vaccinations to the public in an efficient manner when COVID-19 vaccine becomes available. A total of (9) flu PODs were conducted in the community with one flu POD with Inter-Hospital Coordinating Council (IHCC) being cancelled due to increment weather. Staff vaccinated a total of 518 individuals including 120 kids (23%) and 398 adults (77%) adults. Additionally, 371 individuals were served at our onsite Immunization clinic and 855 total vaccine doses were given.

Currently, one flu POD is on the schedule for December. This is a community flu clinic in collaboration with Liberty Dental and Immunize Nevada that will be held at Stead Elementary School on December 5th from 10-1 pm.

Staff are actively participating in COVID-19 vaccine planning with WCHD leadership team as well as the Nevada State Immunization Program (NSIP). WCHD obtained an ultra-cold freezer from the University of Nevada, Reno in anticipation of receiving, storing and distributing the COVID-19 vaccine.

Tuberculosis Prevention and Control Program – Staff continue to manage four active TB cases, three pulmonary and one extra-pulmonary. All four cases have been moved to electronic Direct Observation Therapy (eDOT). Contact investigations have proceeded smoothly and are nearing completion. Staff continue to review suspect cases as they present. Referrals from civil surgeons have decreased in number likely due to Covid-19, however, staff continue to implement high risk TB treatment as indicated either via TB clinic or coordinated through primary community providers. The 2020 Cohort Review will be held virtually on December 3rd beginning at 1:30 using Webex as provided by State TB Coordinator Susan McElhany. TB team has performed two rehearsals using the virtual platform and expect good results for the live review.

Chronic Disease Prevention Program (CDPP) – Staff have begun to prepare for the upcoming legislative session as multiple bills will apply to Chronic Disease Prevention Program priority areas. A priority is to ensure that public health best practice is applied when updating Nevada law to match Federal law for minimum age of tobacco sales.

Staff has been assisting in the development and review community plans addressing substance use, including the Comprehensive Community Prevention Plan, spearheaded by Join Together Northern Nevada.

Reproductive and Sexual Health Services – The Family Planning program hosted medical students, medical residents, and APRN students in November and are currently training two of the newly hired Intermittent Hourly APRNs. Annual lab training was conducted for Community Health Aides in the clinic. Staff participated in the CLIA Audit. CLIA, Clinical Laboratory Improvement Amendment is a body which regulates laboratory testing and requires clinical laboratories to be certified by the Center for Medicare and Medicaid Services (CMS) before they can accept human samples for diagnostic testing. The audit is conducted every two years. Staff are preparing for annual FPAR reporting and the Title X Non-Competing Continuation Grant Application. Staff attended the National Family Planning and Reproductive Health Association's virtual Post-Election session & Coding Revision webinar.

Staff continues to administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older. Sixty-one vaccines were administered in the clinic in November. thirty-four of which were flu vaccine. Staff provided services to Our Place Family and Women's Shelter in November. Staff are still unable to offer services at the Washoe County Sheriff's Office due to quarantines at the facility.

Maternal, Child and Adolescent Health (MCAH) – Staff continued to work with the State of Nevada, Department of Health and Human Services to extract data for the FIMR Annual Report. Maternal Child Health continues to follow lead cases in children and newborn screenings upon request

Women, Infants and Children (WIC) – WIC continues to provide remote services to Washoe County residents with extended hours 4 days a week. USDA waivers allowing remote services are currently in place until late February.

Staff have been attending updated educational sessions on breastfeeding and how to effectively support clients. This training has been provided by the State of Nevada.

Starting December 1st, families with infants 8 months and older have the opportunity to request a partial cash value food package. This will give adult caregivers the option to make homemade baby food from fresh fruits and vegetables.

COVID-19 Response – A total of 11,044 COVID-19 tests were conducted in November. Tests were conducted at the Point of Screening and Testing (POST) site. A total of 18 Intermittent Hourly Registered Nurses have been hired to conduct COVID-19 testing at the POST. Six Intermittent Hourly Community Health Aides were hired to assist at the POST with COVID-19 testing.

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**Environmental Health Services
Division Director Staff Report
Board Meeting Date: December 17, 2020**

DATE: December 4, 2020
TO: District Board of Health
FROM: Amber English, Acting Director
775-328-2629; 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, Waste Management); and **Inspections**.

Program Updates

COVID-19 Response:

- EHS employee resources continue to fill command staff positions in the COVID-19 Response. In addition, four EHS staff members volunteered to work over 200 overtime hours in the last two weeks supporting the COVID-19 Call Center to assist with the backlog of public calls and emails.

Nevada Administrative Code (NAC) 447E/SB4 Implementation

- As of the end of November, 14 of 16 facility inspections were completed. The SB4 inspections have taken a combined 350.25 hours thus far to complete. These inspections are comprehensive and require an inspection of the entire facility, as well as coordination with the facility contacts on site.
- Two appeals have been filed and will be heard by Friday December 4, 2020. Outcomes of the appeals will be reported to the DBOH in the January Staff Report.
- The Gaming Control Board (GCB) is engaged and all violations that were issued have been forwarded to the GCB. Further discussion with the GCB will occur as the process continues to move forward.
- There are two major remaining properties to be inspected for SB-4/447E compliance.

A. Consumer Protection

Food/Food Safety

- The Food Safety Program was awarded the NACCHO Mentorship Program Grant again for calendar year 2021. Food Safety Program staff will be mentoring Randolph County Public Health, NC on Standard 9, Program Assessment, which includes the development and implementation of a study to identify the occurrence of foodborne illness risk factors in food establishments located in each jurisdiction. The Washoe County Health District, Food Safety Program conducted this study in 2017. The study is conducted every five years to analyze trends and measure the effectiveness of our food safety program.

- The Food Safety Program is currently accepting applications for the Excellence in Food Safety Award for 2020. This is the inaugural year for the award and all Washoe County food establishments are welcome to apply. The Excellence in Food Safety Award Program was created to recognize Washoe County food facilities that go above and beyond to demonstrate their commitment to long-term food safety. Participating in the program will not only help facilities to better publicize their food safety record, it can also be used as a working goal to encourage employee teambuilding and awareness of food safety practices in the workplace. More information can be found here: <https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/Excellence-In-Food-safety.php>
- Special Events/Temporary Food – Staff is partnering in the newly formed statewide large gathering workgroup which is a subset of the COVID-19 task force. This workgroup is partnering with the Burning Man Project to create COVID-19 recommendations, guidelines, and safety protocols related to large gatherings and events in preparation for the 2021 event season.
- Epidemiology (EPI) –

Epidemiology	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	2020 YTD
Foodborne Disease Complaints	20	20	11	4	7	6	6	17	15	9	6	121
Foodborne Disease Interviews	14	12	5	1	3	4	5	3	7	6	3	63
Foodborne Disease Investigations	0	1	0	0	0	2	3	1	0	0	0	7
CD Referrals Reviewed	12	9	13	1	0	2	2	8	9	10	5	71
Product Recalls Reviewed	3	1	7	5	4	6	2	2	5	1	16	52
Child Care/School Outbreaks Monitored	13	22	8	0	0	0	0	0	1	18	# Not avail	62

Commercial Plans

- November plan reviews returned to near the monthly average with a total of 85 plan reviews conducted during the month.
- A total of 18 inspections were performed during the month, which is well below the monthly average for the total number of inspections. The monthly average for total inspection remains about 33 per month. It is unclear why the monthly inspection totals significantly dropped during the month.
- Commercial plans staff are currently working with the respective Building Department jurisdictions to review procedures for plan routing to ensure that WCHD receives and is able to perform an appropriate review for building permits in the community.

Community Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	2020 YTD	2019 TOTAL
Development Reviews	22	33	38	37	29	40	18	18	20	24	30	309	373
Commercial Plans Received	97	90	117	88	94	95	67	85	93	65	85	977	1,325
Commercial Plan Inspections	34	30	38	22	35	25	39	38	31	54	18	367	395
Water Projects Received	9	5	3	2	3	7	5	12	2	9	4	61	87
Lots/Units Approved for Construction	158	108	85	68	184	209	45	115	30	179	111	1,292	1,337

Permitted Facilities

- Invasive Body Decoration (IBD) – EHS staff will complete inspections of all IBD establishments in December, with just a few remaining that are Permanent Make-Up. These facilities have not yet responded to inspection scheduling requests. It is believed these facilities may have closed for business, like a number of others that have been closed through the year.

- Public Accommodations – Draft Regulations for Public Accommodations will go before the District Board of Health in December. Our goal is to start implementing the regulations after State Board of Health approval in the beginning of March 2021.
- Training – All REHS in-training staff completed their Field Training as of November 30 and will be assigned routine inspection areas for the 2021 calendar year. The next objective for these staff members is to begin preparing them for the National REHS exam. Two new REHS in-training staff will start on December 7. Staff prepared training schedules to start one new staff member in foods and the other in permitted facilities.

B. Environmental Protection

Land Development

- Septic plan intake numbers remain approximately 28% lower year over year, which is only a slight change compared to last month. Well permits are up 36%, with current permits at 117 versus 75 compared to last year at this time.
- Special projects continue and more are planned for when the construction season drops off. Projects underway include digitizing property records associated with various subdivisions, updating website contact information and content, formalizing plan review Standard Operating Procedures, development of a standard comments document to improve consistency amongst staff members and development of a field troubleshooting guide.
- All staff were registered for and have been attending the National Onsite Wastewater Recycling Associations' virtual conference. The virtual conference allows for staff to attend the classes anytime between November 16 and December 31 and can result in 38 hours of continuing education credits.

Land Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	2020 YTD	2019 TOTAL
Plans Received (Residential/Septic)	53	58	43	45	37	54	53	58	80	72	53	606	913
Residential Septic/Well Inspections	72	99	102	76	77	87	86	77	101	95	75	947	1,051
Well Permits	10	14	7	14	14	11	12	12	12	9	11	126	72

Safe Drinking Water (SDW)

- Water project reviews and the Interlocal Agreement audit functions are continuing as agreed. All other Safe Drinking Water functions remain suspended with the cancellation of the contract, other than minor communications between the agencies as needed.

Vector-Borne Diseases (VBD)

- One cat was released from a four-month quarantine following potential rabies exposure on July 14, 2020.
- The Vector vehicle fleet is undergoing maintenance with the goal of improving cross compatibility with mosquito fogging equipment and trailer hardware.
- Three program staff members attended on-line Zoom presentations through the University of Nevada Cooperative Extension earning CEUs for their pesticide applicator licenses.

Service Requests	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	2020 YTD
Tick Identifications	4	2	0	0	3	4	1	0	0	0	0	14
Rabies (Bat testing)	1	1	0	0	3	9	7	2	2	1	0	26
Mosquito Fish Requests	2	1	0	0	3	5	2	0	0	0	0	13

Waste Management (WM)

- Waste Management inspections are being completed and all facilities will be inspected prior to the end of the year.
- Staff assigned to complete WM inspections continue to struggle with report submission and compliance due to lack of adequate contact information. Our illegal dumping complaints and solid waste complaints remain consistent.
- EHS received an increase in garbage exemption applications.
- Cross-training with the Vector-Borne Disease program has been completed and staff are now assisting with pumper truck inspections as time permits.

EHS 2020 Inspections

EHS 2020 Inspections	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	JUN 2020	JUL 2020	AUG 2020	SEP 2020	OCT 2020	NOV 2020	2020 YTD	2019 TOTAL
Child Care	21	6	9	0	5	14	11	14	15	18	7	120	225
Food/Exempt Food	471	604	279	133	348	487	265	232	485	382	290	3,976	9,056
Schools/Institutions	21	39	32	0	0	2	1	53	39	6	1	194	544
Tattoo/Permanent Make-Up (IBD)	3	4	5	0	1	5	8	23	44	8	3	104	177
Temporary IBD Events	1	0	0	0	0	0	0	0	0	0	0	1	84
Liquid Waste Trucks	6	9	18	0	4	14	6	0	30	1	1	89	189
Mobile Home/RV Parks	17	30	8	16	46	32	6	13	13	10	3	194	223
Public Accommodations	5	17	1	0	1	0	4	24	50	14	14	130	199
Aquatic Facilities/Pools/Spas	13	24	30	0	1	102	109	62	31	20	1	393	2,441
RV Dump Station	0	5	0	2	0	1	3	2	2	0	0	15	25
Underground Storage Tanks	2	3	0	0	0	0	1	0	0	0	0	6	0
Waste Management	9	26	7	20	9	11	6	8	9	6	12	123	165
Temporary Foods/Special Events	3	25	0	0	0	5	5	3	2	2	2	47	1,541
Complaints	76	67	69	60	69	103	119	124	78	59	45	869	817
TOTAL	648	859	458	231	484	776	544	558	798	526	377	6,261	15,682
EHS Public Record Requests	204	274	399	154	225	286	223	245	469	205	299	2,983	3,508

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: December 17 , 2020**

DATE: December 5, 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

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

Communicable Disease (CD)

2019 Novel Coronavirus (COVID-19)

As of early December, Washoe County Health District’s Epidemiology Program and COVID Unit has had 26,498 cumulative cases of COVID-19 reported. Approximately 44% of all total cases to date were reported during the month of November. Nearly 25% of total cases to date have been reported within the past 14 days. At this time, only 18% of the cases reported in the past 14 days have been investigated. This inability to keep up with the exponential growth in cases is limiting the effectiveness of disease investigation and contact tracing in the community.

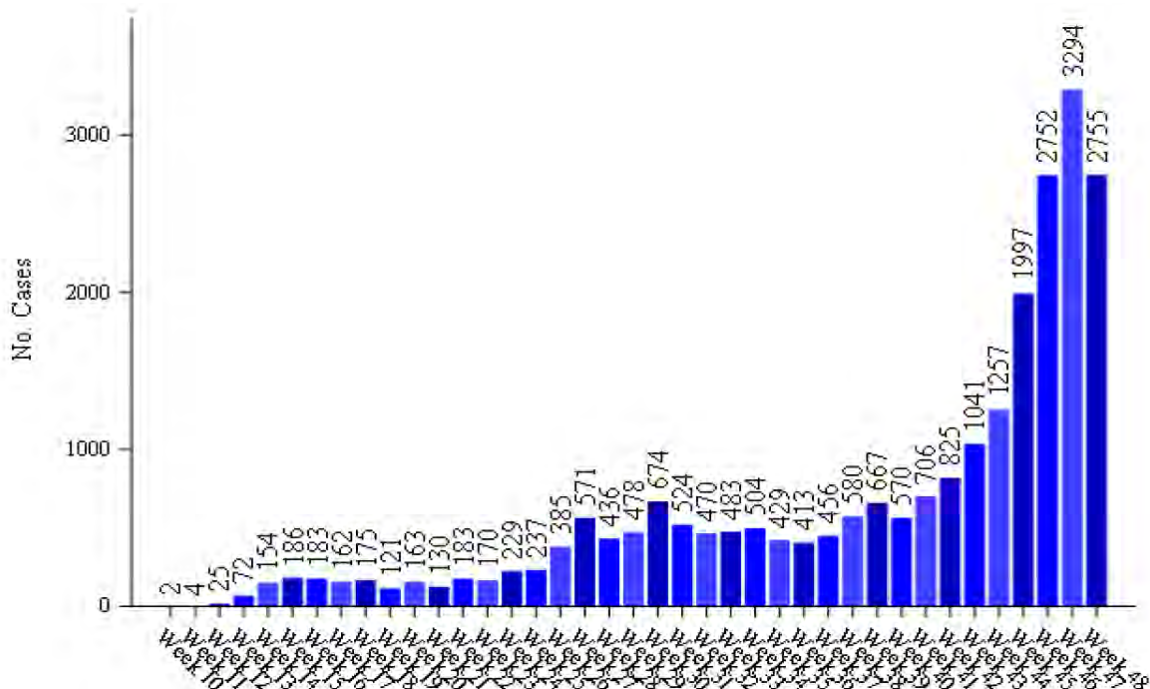
Washoe County average number of cases over a 30-day rolling period have continued to climb and as of December was the highest to date at 2,266 per 100,000 population. The 7-day rolling average is currently at 402.2 per day, which is double the 7-day rolling average since the last Board report.

Month Reported	# COVID-19 Cases Reported	% of Cumulative Cases
March	136	1%
April	764	3%
May	658	3%
June	1,233	5%
July	2,383	9%
August	2,119	8%
September	2,363	9%
October	4,090	16%
November	10,099	40%
Dec (As of 12/3)	1,376	5%
Total	25,221	-

Due to high case counts, the Epidemiology Program Manager, in accordance with CDC and Nevada Department of Health and Human Services (DHHS) criteria, has created priorities for case investigation these are as follows:

1. Healthcare workers, long term care and skilled nursing facility employees, first responders, and law enforcement
2. Teachers who are in person onsite in a school setting
3. Cases with a specimen collection date within the past 6 days
 - Persons who work in daycare and childcare facilities
 - Households with multiple positives
 - Pediatric cases aged 5-17 years
 - Those ages 20-40 years, due to being in the workforce, quicker recovery times, possibly have school-aged children in the home, and higher number of contacts

Total number of confirmed COVID-19 cases by Week Reported in Washoe County, 2020-2021



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 16 members, with at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years, attempting to reach their legal guardian the day it is reported in order to identify possible school and daycare exposures.

Since public school started, August 18, 2020 (Tuesday), 21,190 total cases have been reported, of which 2,531 (11%) were between the ages of 0 to 18 years. The proportion of pediatric cases has remained

relatively consistent with the increase in overall cases, representing between 11%-14% of total cases reported. Collectively the pediatric task force has interviewed 416 cases who attended school while infectious (this includes staff and students). Of which, 225 (54%) were reported in November and 52 cases have been reported to have attended school while infectious in the past 10 days.

The COVID Pediatric Task Force and Epidemiology Program continues to meet weekly with the Washoe County School District's Student Health Services staff to update processes as each case at a school provides a learning opportunity to adjust accordingly. As of mid-November, the COVID Pediatric Task Force and WCSD have agreed to exclude the entire elementary school classroom for the incubation period when a case is in a classroom while infectious. This is in alignment with how other jurisdictions are handling school exclusions across the country, including Southern Nevada Health District.

The Epidemiology Program has continued to host the weekly local provider call Fridays 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. As of late September, vaccine partners have also joined this call to provide weekly updates.

Outbreaks – There are currently over 30 classrooms on COVID-like Illness (CLI) outbreak status in Washoe County. A full two incubation periods (14 days x 2 = 28 days) need to pass without any new reported students or staff out with CLI in order to close these types of outbreaks. It is anticipated many of these outbreaks will be able to be closed just prior to the start of the new calendar year.

Seasonal Influenza Surveillance - Influenza surveillance season officially started the week of September 27. Washoe County is experiencing low levels of Influenza-like Illness (ILI) activity, although there has been an increase to just above Nevada baseline, Washoe County is still below the Region 9 (Arizona, California, Hawaii and Nevada) baseline levels.

General Communicable Diseases – During the month of November 175 reportable conditions were investigated by the Epidemiology team, this is a slight increase over October (n=171).

Public Health Preparedness (PHP)

PHP, the Reno Sparks Livestock Events Center (RSLEC), the National Guard, and CCHS, and other stakeholders relocated the COVID-19 Point of Screening and Testing (POST) from the Wells side of the RSLEC to the Sutro side of RLEC. The POST is located on the Sutro side from November 9, 2020 through April 2021. The relocation was in anticipation of winter weather in consideration of safety and consistency of operations. The winter location also allows for expansion of operations into COVID-19 vaccine dispensing.

The PHP program continues to work with Community and Clinical Health Services (CCHS) and community partners to run and operate the fall influenza vaccine pushout. PHP and CCHS

conducted 8 Point of Dispensing (POD) events in November and provided 398 influenza shots to vulnerable populations in our community. POD locations included Gerlach and Incline Village as well as partnerships with Catholic Charities of Northern Nevada and the City of Reno. The intent of these vaccination drives 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 the release of a COVID vaccine.

From November 2 to November 30, the POST has tested 11,048 individuals and utilized approximately 4928 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 Reno Livestock Event Center Staff, paid staff (UNR hires), Community Emergency Response Team (CERT) members and PHP staff. PHP has provided the onsite daily management of operations.

The COVID Call Center received a total of 18,091 risk assessments over the month of November, 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 13,022 and 2063 of those patients did not arrive for their testing appointment.

During the month of November, the call volume increased by 81.6% over the October volume, and testing increased by over 58%, resulting in a significant upsurge of data entry to process test results. To assist with this surge, the COVID Call Center utilized all existing personnel, two staff members on loan from the Reno Livestock Event Center, an intern from Cornell, and seven other WCHD employees outside of their normal working hours. To assist further, there have been on average an additional eight National Guard members assisting intermittently throughout each day to support operations. As of December 4, 2020, the COVID Call Center was staffed with a total of 26 personnel, comprised of 17 UNR paid contractors, six members of the National Guard, two RLEC staff members, and one Washoe County Health District employee.

In collaboration with CCHS staff, PHP staff developed the COVID-19 Vaccination Plan, an appendix to the Pandemic Flu Annex of the Washoe County Health District Emergency Operations Plan (DEOP). In addition, PHP staff updated the Point of Dispensing Operational Manual, an annex to the DEOP, in preparation of the COVID-19 vaccination.

Inter-Hospital Coordinating Council (IHCC)

The Hospital Preparedness Program (HPP) continue to work with IHCC workgroups on many different items. Burn and Emergent evacuation training planning meetings have begun for anticipated training dates in the Spring 2021.

Public Health Emergency Response Coordinator (PHERC) is meeting with State and Immunize Nevada partners to discuss COVID-19 vaccine roll out. Plans with hospital partners and other Tier 1 healthcare partners are being discussed and worked on as information is provided.

Weekly, IHCC partners, including Hospitals, EMS, Quad Counties and County Emergency Managers, meet to discuss surge plans and status updates for situational awareness. Meetings with hospitals, State partners and skilled nursing facilities are also being held to determine how many patients are able to be discharged from an acute setting to a lower level of care. Staffing resource requests have been made to the Sate Division of Emergency Management (DEM).

Emergency Medical Service (EMS)

The EMS Oversight Program continues to host weekly Zoom meetings to facilitate partner communication and collaboration. Additionally, the EMS Coordinator is establishing an EMS Task Force with representatives from each EMS agency in the region. Their first goal will be reviewing the 2011 TriData report to determine what recommendations from that report should still be implemented for the betterment of EMS in Washoe County.

The EMS statistician continues to provide data assistance to EMS partners in Washoe County. The EMS statistician provides monthly data updates pertaining REMSA response and priority level interventions implemented since August 13, 2020 and the impact it has had on fire call volumes and service utilization in Truckee Meadows Fire Protection District (TMFPD) jurisdiction and station(s). The EMS statistician also provides supplemental maps monthly to TMFPD to visualize these impact(s).

The EMS statistician is facilitating data collection and analysis of EMS calls related to substance use, mental health, and behavioral health for the Washoe Regional Behavioral Health Policy Board.

REMSA Percentage of Compliant Responses

Month	Zone A	Zone B	Zone C	Zone D	Zone B,C, and D	All Zones
July 2020	88%	-	-	-	84%	-
August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-
October 2020	88%				93%	
November 2020	87%				90%	

Fiscal Year 2020-2021 (Quarter 1 & Quarter 2)

Due to low call volumes in the separately defined response zones B, C and D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined zones B, C, and D for all Priority 1 calls.

Per the Franchise Agreement, REMSA shall insure that 90% of all presumptively defined life threatening calls have a response time of 8 minutes and 59 seconds or less within the combined Zone A areas. The response compliance also applies to Zones, B,C, and D with a response time of

15 minutes and 59 seconds or less for combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

For November, REMSA reported 87% compliance for Zone A Priority 1 calls, and 90% compliance for Zone B/C/D Priority 1 calls. REMSA has outlined a summary of interventions to the EMS Oversight Program and EMS partners to mitigate future non-compliances for response time. The summary of interventions have been submitted and reviewed by the District Board of Health (DBOH). The submitted response and priority level interventions ensure that citizen continues to receive quality emergency care services in Washoe County. The EMS Program is actively reviewing methodologies for a more complete, independent assessment of EMS compliance and response in the region.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 515 deaths and 453 births during November.

Number of Processed Death and Birth Records

November	In Person	Mail	Online	Total
Death	1766	70	247	1056
Birth	645	68	343	2083
Total	2411	138	590	3139

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: December 17, 2020**

DATE: December 7, 2020, 2020

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: District Health Officer Report – COVID-19 Response, COVID-19 Joint Information Center Update, ODHO Staff Support, Health District Appeals Processes, EPHP Division Director Interviews, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

COVID-19 Response

COVID-19 response efforts continue as the number of cases has increased. The Point of Screening and Testing (POST) continues to operate at the Reno Sparks Livestock Events Center (RSLEC). Reno and Sparks have also hosted community based testing sites in the 89431 (12/6) and 89502 (11/22) zip code areas. Due to the large increases in cases occurring, the CDC and State have revised guidance for disease investigations. The new guidance for prioritizing case investigations are those cases whose specimen collection date was within the past 6 days and priority populations including; healthcare workers, school employees, pediatric cases and households with multiple positives. The County is working with the Health District and the School District to have a number of County employees trained and equipped to work closely with the schools to conduct disease investigations of staff and student cases and work closely with school personnel on the notifications and exclusions of close contacts. The public is encouraged to download the COVID-19 tracing app to be notified of close contacts as disease investigations and contact tracing can no longer be performed on the majority of cases occurring.

Our regional hospitals remain strained due to increasing numbers of COVID-19 hospitalizations, and difficulties discharging patients to lower levels of care in Skilled Nursing Facilities (SNFs) and other assisted living facilities. Available staffing is the critical resource for both hospitals and SNFS. Other factors may be contributing to difficulties hospitals are experiencing discharging patients to SNFs and other facilities. Nevada DHHS has engaged many programs and administrators in working with the hospitals and SNFs in Washoe County and Statewide to increase data collection and understanding of staffing available and needed, patients needing discharge, their medical needs and payer types, and barriers that are preventing patient discharge to lower levels of care.

Planning and preparation for the COVID-19 vaccine continues. We anticipate receipt of our initial shipment of vaccine the week of September 14, 2020. The initial shipment of 3,655 doses is allocated for our frontline hospital workers in the four acute care hospitals in Washoe County: Renown Regional Medical Center, Saint

Mary's Regional Medical Center, Northern Nevada Regional Medical Center and Incline Village Community Hospital. The Health District is working with Renown for their utilization of the RSLEC Point of Dispensing (POD) to provide their initial vaccinations to staff. CVS and Walgreens will be provided with vaccines to provide vaccination to residents and staff of skilled nursing and long-term care facilities.

As federal CARES funding ends on December 30, 2020 there will be future regional operations costs that are not covered under other federal COVID-19 response funds. The Health District is currently using Charles River Labs for a portion of the COVID-19 PCR testing conducted for specimens collected at the POST. To continue using the available CRL capacity it will cost approximately \$630,000/mo. In order to operate the RSLEC POD for COVID vaccinations and to support the vaccination data management operations our cost estimated for staffing is approximately \$300,000 to \$430,000/mo., depending on the hours of operation. This does not include the cost for space, workstations, computers, phones, etc.

Continuing at existing staffing levels for the call center services, scheduling for and operating the POST, test results notification and disease investigation is supported by ELC grant funding that the Health District has received. However, it is anticipated that those funds will be expended during the first six months of the 2021calendar. The contact tracing services for notification of close contacts through Deloitte that has been funded by the State will cease on December 30, 2020. However, due to the new CDC and State guidance on prioritization of disease investigation and the inability to conduct disease investigations for all of the cases that are occurring, the Deloitte contact tracing services are not planned to be replaced. The cost for those services is estimated to be approximately \$150,000/ mo.

COVID-19 Joint Information Center Update

The Washoe County Joint Information Center (JIC) sent out its 300th COVID-19 daily update earlier this month and continued working with community partners on COVID-19 mitigation and safety.

The JIC convinced the local television stations to come together and produce a COVID-19 town hall called "Fighting COVID Together. The 30-minute segment ran on December 16, 2020 at 6 p.m., on KOLO, KRNV, FOX11, the CW and Nevada Sports Net at the same time; KTVN had limited staff and couldn't run the segment. It's the first time in a decade that the stations worked together and produced something of that complexity.

COVID-19 vaccine outreach is underway. We developed a webpage with FAQs from the CDC and continue to add more content as it becomes available. We're working with our regional partners in the JIC and immunize Nevada. There will be two layers: one will be solely on timely information about when and where people can get the vaccine, a dashboard on how many people have been vaccinated and a tool to determine what tier group people fall into. The second layer will be a campaign on the safety and effectiveness of the vaccine and persuading residents to get the vaccine.

For the "Mask On Move On" campaign, we've sent out information packets to nearly 500 businesses about COVID-19 safety and have locked in over 65 influencers in the community to share our message.

ODHO Staff Support

ODHO staff continues to be deployed to support the COVID-19 response including disease investigations, call center activities, and translation services.

Health District Appeals Processes

The appeal process for SB-4 was created by WCHD, since it was not included in the State 447E regulations. We provide all facilities the opportunity to appeal within ten (10) business days of issuance of their written citation. If there is no resolution from that appeal process, the appeal will go to the District Board of Health (DBOH) for a final determination. To date, that has not occurred.

The DBOH Sewage, Wastewater, and Sanitation (SWS) Board review and provide a determination on any appeal and/or variance that is brought forth resulting from either a Septic or Domestic Well issue. WCHD would provide an opinion of either Neutral, In Favor, or Against to the SWS Board for their review. Upon completion of the SWS review their recommendation goes to DBOH for approval. These items typically appear on the consent agenda.

Any appeal or request for variance from the NAC 445A construction regarding water systems would require a review and approval from NDEP in order for WCHD to proceed with the process. For individual oversight and permitting of water systems that process would also be through NDEP Bureau of Safe Drinking Water, but a different group than the one that reviews engineering and construction.

Members of the Food Safety Hearing and Advisory Board (FSHAB) are appointed by the DBOH to serve as needed when an appeal or variance hearing is required. Any food establishment subject the Washoe County DBOH Regulations Governing Food Establishments can appeal a notice of violation or inspection finding by submitting a written request within ten (10) business days of receiving the notice of violation. The FSHAB makes a finding and recommendation to the DBOH to make the final decision to sustain, modify or rescind the notice of violation, or order. The DBOH may also refer the appeal back to the Food Protection Hearing and Advisory Board for additional consideration (can only make one referral back to the FSHAB).

Any source that has been aggrieved by the Air Quality Management Division (AQMD) may file an appeal with the Air Pollution Control Hearing Board (APCHB). The APCHB is created and appointed pursuant to Section 445.481 of the NRS and consists of seven (7) members who are appointed by the Washoe County DBOH and are not the employees of the state or any of its political subdivisions. Further details regarding the types of members, term limits, appointing authority and procedures of the APCHB can be found in DBOH Regulations 020.025.

Notices of Violation that are appealed to the APCHB are initiated by filing an Appeal Petition to the Air Pollution Control Hearing Board form. This form must be submitted within ten (10) days of receipt of any order or Notice of Violation from the AQMD. All other matters requesting appeal by the APCHB shall be made in writing and presented to the Chairman of the APCHB. The APCHB is required to meet within sixty (60) days after the receipt of any Petition or written request.

During the appeal hearing, the APCHB will provide a decision and recommendation regarding the matter. Documentation to support the decision is then presented to DBOH for consideration and approval as a consent agenda item during a monthly meeting of the DBOH. Decisions made by the APCHB may be appealed to the DBOH.

EPHP DD Interviews

Interviews were conducted with the candidates for the EPHP Division Director. The State Epidemiologist, the County Emergency Manager, and an Epidemiology Professor at UNR participated on the interview panel. We are proceeding with offering the position to the finalist.

Public Health Accreditation

Section I of the PHAB Annual Report is completed and ready for submission in December. The purpose of the annual report is to demonstrate the WCHD's implementation efforts from September 2019-September 2020 that aim to improve the measures that did not meet conformity. Eight measures did not meet conformity during the initial site visit. As a result, we gathered information to include in the annual report to more fully meet the measure. After Section I is approved by PHAB, section II of the annual report will be due. Section II will focus on the WCHD's efforts to conduct quality improvement projects.

Community Health Improvement Plan (CHIP)

The 2021 CHIP planning has begun now that the document has been approved. We are planning a virtual unveiling event in January 2021 to increase engagement and knowledge of the plan among community stakeholders.

Att.: October Media Mentions

DATE	STORY	Inquiries
11/2/2020	<p>Nevada Appeal: Task force won't impose COVID-related closures on Washoe County</p> <p>KOLO: Washoe sheriff's office breaks up huge juvenile party near Verdi</p> <p>Las Vegas Review Journal: Young Nevadans, private gatherings drive high COVID cases in this</p> <p>RGJ: Week in COVID-19: Washoe County's new case rate continues to lead Nevada, nearly every age group sees spike</p> <p>KOLO: Washoe County COVID-19: 200-death threshold reached</p> <p>KOH: Washoe County Reaches 200 COVID-19 Related Deaths</p> <p>This is Reno: School board mulls strategic plan, policies and COVID-19 metrics</p> <p>This is Reno: Officials warn Truckee Meadows COVID Risk Meter has shifted to red, "very high" risk</p> <p>Northern Nevada Business Weekly: Pressing pause: Reno bars with non-betting games dealt tough hand due to state directives</p> <p>KOLO: Nevada tops 100,000 COVID-19 infections; governor seeks renewed effort against disease</p> <p>Nevada Sports Net: Wolf Pack will keep attendance at 250 fans for Thursday's game</p> <p>Las Vegas Review Journal: Nevada reports 635 new COVID cases; 9 counties see high transmission</p> <p>KRNV: Rise in COVID-19 cases in Washoe County</p> <p>KOH: Gatherings move to 50 starting Thursday at 11:59 p.m.</p>	<p>KTVN: Cynthia Sandoval asked for an update on Gerlach School. It's still on distance learning.</p> <p>Las Vegas Review Journal: Michael Scott Davidson inquired about NBS and the Salesforce platform.</p> <p>KRNV: Eric Debroka interviewed Brendan Schnieder about the Burn Code.</p>
11/3/2020	<p>Nevada Sports Net: Wolf Pack will keep attendance at 250 fans for Thursday's game</p> <p>Las Vegas Review Journal: Nevada reports 635 new COVID cases; 9 counties see high transmission</p> <p>KRNV: Rise in COVID-19 cases in Washoe County</p> <p>KOH: Gatherings move to 50 starting Thursday at 11:59 p.m.</p>	n/a
11/4/2020	<p>RGJ: Manogue High shuts campus after 147 people possibly exposed to COVID during weeken</p> <p>RGJ: Washoe County's 50-person limit on public gatherings starts Thursday; no further closures planned for now</p> <p>Nevada Sports Net: Nevada won't allow fans for non-league games; no season-ticket options</p>	RGJ: Siobhan McAndrew asked about an outbreak at Bishop Manogue High School.
11/5/2020	<p>RGJ: COVID-19: Washoe County records single-day high with 377 new cases</p> <p>KTVN: Bishop Manogue High School On Full Distance Learning Because Of Large Exposure To COVID-19</p> <p>KRNV: Health officials report 2 deaths, 377 new coronavirus cases in Washoe County Wednesday</p> <p>KRNV: Increase in hospitalization in Washoe County</p> <p>KOLO: Washoe County COVID-19: 377 new cases, 2 new deaths</p> <p>Reno Al Dia: Coronavirus update at the 8:20 mark</p> <p>KUNR: COVID-19 cases keep rising</p> <p>KOH: 377 new coronavirus cases reported in Washoe County</p> <p>KOLO: COVID-19 continuing to impact schools</p> <p>KTVN: Elevated COVID-19 transmission continues</p> <p>South Lake Tahoe Now: COVID-19 update: 377 cases in Washoe County</p> <p>KOLO: Hospitals feeling effect of COVID-19</p> <p>El Sol Newspaper (en espanol): COVID-19 update in Washoe County on their front page</p> <p>KRNV: Manogue High School moves to distance learning after possible COVID-19 exposure</p> <p>New York Times: Tony Stempeck, Guardian of a Restaurant's Legacy, Dies at 63 – Casales Halfway Club</p>	This is Reno: Lucia Starbuck requested information on Bishop Manogue moving to distance learning
11/6/2020	<p>RGJ: Spanish Springs High School, Picollo closed amid COVID-19; more closures expected</p> <p>KTVN: Nearly 106,925 COVID Cases Statewide, 205 Deaths In Washoe County</p> <p>This is Reno: Renown to re-deploy temporary medical structure in anticipation of new COVID-19 cases</p> <p>KTVN: Washoe County COVID-19 Test Site Is Moving</p>	RGJ: Siobhan McAndrew asked about Spanish Springs school closure.
11/9/2020	<p>KRNV: Washoe County Health District suspends asymptomatic testing as cases skyrocket</p> <p>This is Reno: Nurses picket outside Saint Mary's, alleging inadequate staffing and PPE</p> <p>RGJ: COVID-19: More than 3,000 active cases in Washoe County for first time</p> <p>This is Reno: Schools shut down from COVID-19 spread</p> <p>RGJ: What's next as WCSD faces exclusions, shutting down schools amid coronavirus surges?</p>	<p>Change to not test asymptomatic residents:</p> <p>KRNV: Miles Buergin</p> <p>KOLO: Ben Deech</p> <p>KTVN: Paul Nelson</p> <p>RGJ: Taylor Avery</p> <p>RGJ: Siobhan McAndrew asked about school closures.</p> <p>KTVN: Michelle Lorenzo interviewed Scott Oxarart about flu cases</p> <p>KOLO: Ed Pearce interviewed Scott Oxarart about what parents can do if their kid is excluded</p> <p>KRNV: Tony Phan interviewed Scott Oxarart about the COVID-19 vaccine reportedly being 90 percent effective</p> <p>KRNV: Joe Hart asked about contact tracing and business data</p> <p>FOX11: Tony Phan did a live shot outside the Livestock Events Center around 5 a.m. today</p> <p>The Guardian: Jessica Glenza is doing a story about the work health districts are doing for the COVID-19 vaccine. Coordinating interview.</p>
11/10/2020	<p>KOLO: Washoe County suspends asymptomatic testing after record number of positive tests</p> <p>This is Reno: Business closures mulled as COVID-19 cases put hospital capacity at risk</p> <p>RGJ: Can I get a COVID test without symptoms in Washoe County? What we know.</p> <p>KOLO: Cases spiking at local schools</p> <p>Nevada Independent: Amid coronavirus restrictions, some Nevada college students see diminishing returns on tuition and fees</p> <p>KTVN: Washoe County only to test symptomatic</p> <p>991 Talk: Washoe County to only test symptomatic</p> <p>KNPR (Las Vegas): Washoe County to only test symptomatic</p> <p>FOX11: Washoe County to only test symptomatic</p> <p>KTVN: Flu update in Washoe County</p> <p>FOX11: Pfizer vaccine 90 percent effective, County Health District reacts</p> <p>This is Reno: MASK UP: Campaign encourages mask wearing, social distancing</p>	

11/12/2020	<p>RGJ: COVID-19: Washoe County tops 4,000 active cases for first time Wednesday KRNv: Washoe County Health District breaks down cases and contact tracing challenges KRNv: Washoe health officer: Thanksgiving gatherings should only include household members KUNR: 'COVID-19 Is A Wildfire,' Says Washoe Co. Health Officer KRNv: Ask Joe: Should the Health District share more details about contact tracing efforts? This is Reno: Health district reports a "wildfire situation" with more than 300 new COVID cases per day FOX5 (Las Vegas): Washoe County health officials recommend Thanksgiving gatherings only include household members KTVN: Nevada National Guard Helping With Covid Collection Sites All Over the State KTVN: COVID-19 is like a wildfire KOLO: COVID-19 cases 3 times higher than there were in early October KUNR: Guard thanked by Health District</p>	<p>The Guardian: Jim English was interviewed by Jessica Glenza about COVID-19 vaccine response Las Vegas Review Journal: Heather Kerwin provided responses to Michael Scott Davidson about COVID-19 data. KOLO: Ed Pearce asked about unusually-long wait times at Lab Corp KOLO: Elizabeth Rodill asked about other places that are doing asymptomatic testing. She said Saint Marv's is only doing symptomatic testing now.</p>
11/13/2020	<p>RGJ: COVID-19: 433 new cases reported Thursday, driving Washoe County to record active cases KOLO: Nevada National Guard member overcomes COVID-19 RGJ: Gov. Sisolak tests positive for COVID. Here's what we know. RGJ: Reno area hospitals 'on the verge of being overwhelmed' by COVID-19 surge RGJ: COVID-19: More than 500 daily cases reported in Washoe County for first time KRNv: Superintendent defends decision to keep Washoe schools open amid COVID-19 spike KRNv: Health officials report 529 new COVID-19 cases, single most in one day in Washoe County KTVN: WASHOE COUNTY REPORTS RECORD NUMBER OF COVID-19 CASES KOLO: Washoe County COVID-19: Record 529 new cases, 3 deaths KTVN: WCHD - Thanksgiving recommendation FOX11: WCHD - Thanksgiving Recommendation 99.1 Talk: WCHD - Thanksgiving recommendation KUNR: WCHD - Thanksgiving Recommendation</p>	<p>KRNv: Kenzie Margiott inquired about cases at schools RGJ: Anjeanette asked if we experienced any issues at the POST due to the high winds. No.</p>
11/16/2020	<p>KTVN: Washoe County sets record with 561 new COVID-19 cases KUNR: Health District urging no gatherings with people outside household for Thanksgiving 99.1 Talk: Washoe County sets record for COVID-19 cases FOX11: Cases of COVID-19 on the rise in Washoe County KUNR: Record number of COVID-19 cases set in Washoe County KOH: Record 529 new cases reported</p>	<p>The Guardian: Jessica Glenza inquired about a photo shoot; tbd KTVN: Cynthia Sandoval requested permission to film the POST. Story upcoming about testing and results. Las Vegas Review Journal: Michael Scott Davidson had some followup questions about disease investigation software. FOX11: Tony Phan asked for comment about the effectiveness of the Moderna vaccine. FOX11: Tony Phan asked about contact tracing at WCSD schools.</p>
11/17/2020	<p>RGJ: Monday COVID-19 updates: 1 in 86 Washoe County residents has active case Nevada Sports Net: Nevada gets OK from Health District to host SDSU game with 50 fans KTVN: COVID-19 Test lines getting longer Lisa Lottritz interviewed KRNv: Guard asked about possible end to deployment in mid December</p>	<p>The Guardian: A photo shoot was completed with Jim English. Las Vegas Review Journal: Michael Scott Davidson had more followup questions about disease investigation software. This is Reno: Lucia Starbuck asked about the Bishop Manogue COVID-19 closure.</p>
11/18/2020	<p>RGJ: Washoe County looking for qualified volunteers to help in hospitals amid COVID-19 surge RGJ: Tuesday COVID-19 updates: Hospitalizations in Washoe County top 200 for first time KOH: COVID-19 update</p>	<p>Associated Press: Sam Metz had questions about the Georgia Tech model that gives a percentage chance of contracting COVID-19 by going to gatherings. Can be found here. This is Reno: Lucia Starbuck wanted clarification about gatherings. KTVN: Bryan Hoffman notified me that the story about the recovery of two COVID-19 patients in Washoe County should air tonight. I setup the interview.</p>
11/19/2020	<p>FOX11: COVID-19 update Las Vegas Review Journal: Nevada health official: Limit gatherings to curb COVID surge This is Reno: COVID-19 update: Hospital resources strained by new cases RGJ: WCSD Superintendent wants full distance learning, citing lag in contact tracing, testing Las Vegas Review-Journal: COVID investigation tool is data 'nightmare' for some Nevada courts KRNv: UNR students step up to reduce spread of COVID-19 through social media campaign</p>	<p>KTVN: Elizabeth Rodill had some questions about flu reporting for a story that will air tomorrow. RGJ: Siobhan McAndrew requested comment based on the School Board agenda item to move to full distance learning Dec. 7. KUNR: Natalie Van Hoozer had a question about our dashboard. KTVN: Ryan Canaday asked about homebound testing. KTVN: Cynthia Sandoval asked about the Medical Reserve Corps. Las Vegas Review Journal: Julie Wootton Greener asked for a comment about the School Board agenda item to move to full distance learning Dec. 7.</p>
11/20/2020	<p>The Nevada Independent: Counties urge clear messaging from Sisolak in advance of new coronavirus restrictions Las Vegas Review Journal: Washoe school superintendent recommends switch to distance learning KUNR: Examining How Social Gatherings Off-Campus Led To The Closure Of A Private High School RGJ: Thursday COVID-19 updates: Washoe County passes 6,000 active cases; 5 deaths in past day KTVN: Washoe County Health District: Negative COVID-19 Test Should Not Be Required to Return to Work KUNR (Las Vegas): Nevada Hospitals Fear COVID-19 Strain Will Decrease Care This is Reno: School board to decide on distance learning recommendation on Tuesday Carson Now: COVID-19 Task Force takes action on high transmission risk counties such as Carson City, Lyon and more</p>	<p>RGJ: Siobhan McAndrew asked several questions about contact tracing as it relates to the School District.</p>
11/23/2020	<p>Nevada Sports Net: President Sandoval apologizes for Wolf Pack football's maskless celebration RGJ: Week in COVID-19: 1 in 5 Washoe tests are positive; new cases double for people in the area Las Vegas Review Journal: New coronavirus cases exceed 2K for 4th time in Nevada</p>	<p>RGJ: Siobhan McAndrew asked several questions about contact tracing as it relates to the School District. KOLO: Kelsey Marier inquired about safe ways for people to shop Black Friday. KUNR: Stephanie Serrano will interview Liliana Wilbert tomorrow about bilingual contact tracing.</p>

	KTVN: Washoe County continues to fight COVID-19 KOH: WCHD reports record COVID-19 cases RGJ: Renown CEO: 'I am really worried' as number of patients with COVID-19 quadruple	KRNV: Jenee Ryan interviewed Heather Kerwin about the impacts of COVID-19 on staff. KRNV: Tony Phan interviewed Scott Oxarart about the WCSD board of trustees meeting on Tuesday. KRNV: Joe Hart asked about hospitalizations. KRNV: Hailey Vetterlein interviewed Mike Touhey about food safety with Thanksgiving leftovers. Las Vegas Review Journal: Michael Scott Davidson asked about Nevada Hospital Association data. KTVN: Cynthia Sandoval asked for Kevin Dick's thoughts on the Governor's restrictions. RGJ: Siobhan McAndrew again asked several questions about contact tracing. KUNR: Stephanie Serrano interviewed Liliana Wilbert about bilingual contact tracing. RGJ: Anjeanette Damon asked about a COVID-19-related death that we couldn't answer KRNV: Jenee Ryan asked for additional contacts regarding public health
11/24/2020	The Guardian: The 'daunting' hurdles of distributing Covid-19 vaccines in America KRNV: Washoe County disease experts feeling toll of COVID-19 RGJ: Where to get tested for COVID-19 in Washoe County KRNV: 24 COVID-19 deaths in the last 5 days KOH: WCHD reports record COVID-19 cases	
11/25/2020	RGJ: Will Washoe County schools close for six weeks? WCSD board votes Tuesday. KRNV: Ask Joe: What percentage of Covid cases end up in the hospital? RGJ: Washoe coroner pleads for people to be cautious over holidays as funeral homes approach max capacity Carson Now: COVID proves formidable enemy for Nevada Guard soldiers and airmen as battle continues KRNV: Funeral homes running out of space to store bodies, Washoe Co. coroner says	n/a
11/30/2020	KOLO: Washoe County COVID-19: 6 more deaths for a 2nd straight day NPR: Robin Young interview with Washoe County Medical Examiner Dr. Laura Knight regarding RGJ: Week in COVID-19: Deaths grow exponentially in Washoe County as active cases hit new	KOLO: Ben Deech interviewed Scott Oxarart about available COVID-19 testing RGJ: Siobhan McAndrew requested more information about the teen COVID-19 death from last week. Denied.
	KRNV: Inside Reno Fire Department's new mobile COVID-19 vaccination unit KUNR: Washoe County needs volunteers for COVID-19 fight (MRC Story)	KRNV: Madison McKay requested an interview about COVID-19 testing but never returned a phone call to execute the request. KRNV: Tony Phan asked about COVID-19 in wastewater. Told him the No. 1 reference on this matter was UNR.
	KOLO: Washoe County COVID-19: 6 more deaths for a 2nd straight day	NPR: The producer for Robin Young reached out over the weekend asking to interview the Medical Examiner. We helped facilitate.
Total	126	62
Press Releases		
11/11/2020	Washoe County Health District Honors Nevada National Guard for Veterans Day	
11/12/2020	Health District Recommends Thanksgiving Gatherings Only Include Household Members	
11/19/2020	Great American Smokeout is Nov. 19	
11/20/2020	Health District: A negative COVID-19 test is not required to be released from isolation or quarantine	
Total	4	
Social Media Followers	WCHD Facebook: 5,031 (+181 since October 31) WCHD Twitter: 2,123 (+160 since Oct. 31)	