

AMENDED

Washoe County District Board of Health Videoconference Meeting Notice and Agenda

Members

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

Thursday, March 25, 2021
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/97650445987>

Phone: 1-669-900-6833

Meeting ID: 976 5044 5987

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)
March 25, 2021

5. **Recognitions.**

A. Years of Service

- i. Sunita Monga, 25 years, hired March 6, 1996 – CCHS
- ii. Mark Dougan, 15 years, hired March 20, 2006 – EHS
- iii. Nicholas Florey, 15 years, March 27, 2006 – EHS
- iv. Christopher Peterson, 5 years, March 14, 2016 – EHS
- v. Michael Crawford, 5 years, March 21, 2016 - AQM

B. New Hires

- i. Petra Bartella, COVID-19 Grant Coordinator, March 15, 2021

C. Promotions

- i. Daniel Timmons, Air Quality Specialist to Sr. Air Quality Specialist effective March 1, 2021 – AQM

D. Retirements

- i. Mark Dougan, effective 03/12/2021, Environmental Health Specialist - EHS

E. GreenBiz Recognitions

- i. Davidson's Organics
- ii. Nevada Roots
- iii. Merchology

6. **Consent Items. (FOR POSSIBLE ACTION)**

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

A. Approval of Draft Minutes – **(FOR POSSIBLE ACTION)**

- i. February 25, 2021

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

- i. Retroactively accept Subaward Amendment #1 from the State of Nevada Department of Health and Human Services Division of Public & Behavioral Health, extending the award period from October 1, 2020 through June 30, 2021 to October 1, 2020 through June 30, 2022 and increasing the amount of the original award by \$89,029.00 to a new total of \$163,593.00 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795 and authorize the District Health officer to execute the Subaward Amendment #1 and any future amendments.

Staff Representative: Kim Graham

C. Acceptance of the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Air Quality Management Authority. Staff Representative: Francisco Vega

D. Acceptance of the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority. Staff Representative: Wes Rubio

E. Approve a revision to the Employee Policy Manual Section 36 – Signatures – Contracts to reflect the change from requiring Board approval for cumulative purchases over \$100,000 per vendor to Board approval for contract purchases over \$100,000. Staff Representative: Anna Heenan

F. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2021. Staff Representative: Anna Heenan

- END OF CONSENT -

7. **Presentation of the Washoe County Health District’s response to COVID-19 Pandemic March 2020-March 2021.**
Staff Representatives: Jim English and Heather Kerwin
8. **Regional Emergency Medical Services Authority.**
 - A. **Review and Acceptance of the REMSA Operations Report for February 2021. (FOR POSSIBLE ACTION)**
Presented by: Dean Dow
 - B. **Update of REMSA’s Public Relations during February 2021.**
Presented by: Alexia Jobson
9. **Presentation – Influenza: A Public Health Perspective.**
Staff Representatives: Christabell Sotelo
Liliana E. Wilbert
Heather Kerwin
10. **Presentation and possible acceptance of the 2020 Community Health Improvement Plan Annual Report. (FOR POSSIBLE ACTION)**
Staff Representative: Rayona LaVoie
11. **Discussion and possible direction regarding legislative issues. (FOR POSSIBLE ACTION)**
Staff Representative: Joelle Gutman-Dodson
12. **Staff Reports and Program Updates.**
 - A. **Air Quality Management, Francisco Vega, Division Director**
Program Update, Monitoring and Planning, Permitting and Compliance.
 - B. **Community and Clinical Health Services, Lisa Lottritz, Division Director**
Divisional Update – 2021 World TB Day; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children, COVID-19 Testing, COVID-19 Vaccination.
 - C. **Environmental Health Services, Erin Dixon, 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-Borne Diseases, Waste Management); and Inspections.
 - D. **Epidemiology and Public Health Preparedness, Dr. Nancy Diao, 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, Joint/Regional Information Center, January 20, 2021 Concurrent Meeting, WCHD Budget meeting with City and County Managers, Public Health Accreditation, Community Health Improvement Plan, Quality Improvement Team, 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.

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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 District Board of Health
Videoconference Meeting Minutes**

Members

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

**Thursday, February 25, 2021
1:00 p.m.**

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

1. Roll Call and Determination of Quorum

Chair Delgado called the meeting to order at 1:04 p.m.

The following members and staff were present:

Members present:

Oscar Delgado, Chair
Robert Lucey, Vice-Chair
Michael Brown (via zoom)
Kristopher Dahir (via zoom)
Dr. Reka Danko (present telephonically)
Dr. John Novak (via zoom)
Tom Young (via zoom)

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Wes Rubio (via zoom)
Jessie Latchaw (via zoom)
Julie Hunter (via zoom)
Francisco Vega (via zoom)
Erin Dixon (via zoom)
Joelle Gutman-Dodson (via zoom)
Lisa Lottritz (via zoom)
Dr. Nancy Diao (via zoom)

2. Pledge of Allegiance

Vice-Chair Lucey led the pledge to the flag.

3. Public Comment

Chair Delgado opened the public comment period.

Having no registered comment, Chair Delgado closed the public comment period.

4. Approval of Agenda.

February 25, 2021

Dr. Novak moved to approve the agenda for the February 25, 2021, District Board of Health regular meeting. Dr. Danko seconded the motion which was approved unanimously.

5. Recognitions.

A. Years of Service

- i. Matthew Christensen, 5 years, hired February 8, 2016 – EHS
- ii. Michael Touhey, 5 years, hired February 8, 2016 – EHS
- iii. Maria Isabel Chaidez, 25 years, February 26, 1996 – CCHS
- iv. Heylyn Lorena Solorio, 25 years, February 26, 1996 - CCHS

Kevin Dick recognized staff's years of service and thank and congratulated them in their anniversaries.

Mr. Dick additionally recognized Isabel Chaidez and Heylyn Lorena Solorio, both deserving extra recognition for 25 years of service.

B. New Hires

- i. Dr. Nancy Diao, EPHP Division Director, February 1, 2021 – EPHP

Mr. Dick recognized and welcomed Dr. Diao as the Division Director for EPHO. Mr. Dick shared that Dr. Diao has a doctorate in Epidemiology from Harvard University, has worked as a Senior Researcher for the Harvard Global Health Institute, worked in Massachusetts General Hospital for several years, and comes to the Health District from Rhode Island Department of Health. Mr. Dick congratulated Dr. Diao and expressed he's pleased to have Dr. Diao join the Health District.

Chair Delgado welcomed Dr. Diao and is looking forward to all her hard work with Washoe County.

C. Resigned

- i. Vicky Olson, effective January 30, 2021, EPHP Emergency Medical Services Coordinator – EPHP

Kevin Dick acknowledge Ms. Olson resignation as the EMS Coordinator to follow her calling as a nurse.

D. Promotions

- i. Kara Roseburrough, Office Support Specialist to Clinic Office Supervisor effective February 1, 2021 – CCCHS

Kevin Dick congratulated Ms. Roseburrough in her promotion.

E. Shining Star

- i. Virginia McDonald

Kevin Dick recognized Ms. McDonald on her 10th shining star in recognition of excellent customer service.

F. Recognition of Community Emergency Response Team Volunteers

Kevin Dick recognized several of the Community Emergency Response Team volunteers who have worked day in and day out at the POST and POD testing and vaccine operations at the Livestock Event Center. Mr. Dick recognized six of the

volunteers, representing those who dedicated more than 500 hours to the COVID-19 Response. Amongst those recognized were Francine Donshick, Terry S. Donshick, Arthur C. O'Connor, Sandra K. Petersen, George F. Smith, and Henry S. Westcott.

Chair Delgado expressed his gratitude to all volunteers for giving back to the community.

6. Presentation – Waste Characterization Study and Updates on KTMB Community Outreach Activities with Waste Management.

Presented by: Christi Cakiroglu, KTMB Executive Director
Staff Representative: Wes Rubio

Wes Rubio introduced the presenter, Christi Cakiroglu, by informing the Board that this would be Ms. Cakiroglu's last presentation. Mr. Rubio noted the work she has done for the Health District.

Ms. Cakiroglu began her presentation by introducing her replacement, Mark Cameron and expressing her confidence in his work.

Ms. Cakiroglu continued by highlighting the partnership KTMB has had with the Health District. Ms. Cakiroglu continued by speaking of all the programs that KTMB has launched with the support of the Health District, including but not limited to Online Recycling Guide and the Green Business Guide. Ms. Cakiroglu also went into details about KTMB's clean-up and other efforts around the community.

Ms. Cakiroglu reports that improvement in their process is important as the goals set beginning in 1991 and recently by the EPA have proven to be a challenge for the community. She believes that in order to improve the processes and encourage the community to increase recycling an implementation of policies is necessary.

Ms. Cakiroglu summarized her report by highlighting that a lot has been achieved with the funding received from the Health District. Ms. Cakiroglu continued to express her gratitude for the professionalism and hard work of the Health District staff.

Councilman Dahir thanked Ms. Cakiroglu for her work.

James English expressed his appreciation for all the work of Ms. Cakiroglu with KTMB. He reports that this program has helped coordinate community-based projects and promote and conduct clean-ups. Additionally, he expressed his confidence in the work Mark Cameron and Wes Rubio will continue to perform.

Kevin Dick resonated all previous comments in thanking Ms. Cakiroglu for her hard work, stating she has been a powerful force for the environment and KTMB.

Tom Young made note of the volunteers in previous years through KTMB, which he believes helps in keeping the citizens engaged in a positive direction.

Councilman Dahir continued to state for the record that we would like to learn more about how to achieve the goals that have not been met.

Chair Delgado concluded by thanking Ms. Cakiroglu for her leadership and hard work and thanked her for engaging those communities, who would otherwise feel unheard, and helped them feel proud of their neighborhoods. Chair Delgado welcomed Mark Cameron.

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

Presented by: Tammy Oliver, IHCC Chair

Staff Representative: Jessie Latchaw

Tammy Oliver and Jessie Latchaw introduced themselves to the Board. Ms. Oliver began her presentation by speaking of the IHCC's accomplishments for the past year including Points of Dispensing as well as Ebola and Tri-Annual Airport Exercise. As part of these accomplishment IHCC worked with JROTC and WCDS to donate Stop the Bleed Kits, and Doctors without Borders for the Ebola Exercise.

Ms. Oliver continued by speaking of all their efforts to collaborate with the COVID-19 Response, including but not limited to deploying disaster medical facility tents, distribute strategic national stockpile, and deliver Abbott ID Now Instruments and kits.

Ms. Oliver concluded by providing a report on the efforts made to roll out and coordinate the COVID-19 Vaccine.

Chair Delgado expressed how impressed he is with the work of the IHCC.

Dr. Novak asked the number of members with the IHCC.

Ms. Oliver reports IHCC has close to 250 members.

Dr. Novak continued to make note of the diversity and professionalism with which IHCC is handled.

Chair Delgado concluded by thanking Ms. Oliver and the IHCC Board for their hard work and communication.

8. Consent Items

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

A. Approval of Draft Minutes

- i. January 28, 2021

B. Budget Amendments/Interlocal Agreements

- i. Approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational experiences for Truckee Meadows Community College students for the period retroactive to January 1, 2021 through December 31, 2023, and may be renewed by mutual written consent of the parties for an unlimited number of renewal terms of two years each.

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 retroactive to January 1, 2021 through December 31, 2021 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11784 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Kim Graham

- iii. Retroactively approve the Notice of Subgrant Award from the Nevada Department of

Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2020 through June 30, 2021 in the total amount of \$101,191 (with \$10,119.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) BP1 Carryover Program; it will support COVID POST and POD activities; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies and staffing; and if approved, authorize the District Health Officer to distribute the supplies and staffing including signing all necessary paperwork.

Staff Representative: Kristen Palmer

- C. Accept cash donation in the amount of \$4,950.00 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,950.00 in both revenue and expense to the FY21 Burning Man Donation budget, IO# 20471.

Staff Representative: Kim Graham

- D. Approve donation of 6 Point of Dispensing (POD) cages to Washoe County School District with a current market value estimated at \$0.00.

Staff Representative: Kristen Palmer

- E. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

- i. DiLoretto Construction – Case No. 1232, NOV No. AQMV20-0004

Staff Representative: Francisco Vega

- F. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2021.

Staff Representative: Anna Heenan

Kevin Dick took the time to recognize the cash donation from the Burning Man Project in support of purchasing birth control methods as well as the POD cages that will be provided to the Washoe County School District.

Mike Brown moved to approve the consent agenda. Vice-Chair Lucey seconded the motion which was approved unanimously.

9. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Report for January 2021.

Presented by: Dean Dow

Adam Heinz for Mr. Dean Dow opened this item for questions the Board may have regarding the report that was submitted by REMSA.

Vice-Chair Lucey moved to approve REMSA's January 2021 Report. Dr. Novak seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during January 2021.

Presented by: Alexia Jobson

Alexia Jobson presented the Public Relations report for January 2021.

Ms. Jobson updated that in late January, REMSA's paramedics Scott Zettlemeier and Zach Lucas along with paramedic student Blake Miller and Truckee Meadows Fire Protection District firefighter/paramedic Beau Retzer delivered a baby girl in the back of a REMSA ambulance. This story received some local media coverage.

Ms. Jobson also reports that last week that REMSA Center for Pre-Hospital Education graduated 13 new paramedics. This graduation events had coverage in KOLO and KTVN. Ms. Jobson went into details of the curriculum for the Paramedic Program.

Ms. Jobson reports that as February is Heart Month, REMSA worked with KTVN to feature Alma Marin, Public Education Coordinator and CPR Instructor.

Ms. Jobson concluded by informing the Board that REMSA Search and Rescue paramedic, Scott Zettlemeier, assisted with the Sheriff's Office in the rescue of the Davis, California couple that was stranded in Northern Nevada last week.

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

C. REMSA Financial Audit.

Presented by: Tim Nelson

Tim Nelson, REMSA Board member and member of the Finance Committee, began his presentation by stating he was present to report back on this year's financial audit for REMSA.

Mr. Nelson reports he received the highest opinion available from auditors. He also reports REMSA achieved a positive net change in the net assets. Mr. Nelson continued to provide a detailed report of the expenses, loans, and revenue for REMSA.

Mr. Nelson reports that since the June 2020 statement REMSA has performed close to the budget for the fiscal year.

Mr. Nelson opened his items for question from the Board.

10. Discussion and Possible Approval of REMSA's request for a blanket exemption to response times retroactive to the month of July 2020 and lasting for 60 days from the date of approval.

Staff Representative: Julie Hunter

Kevin Dick provided a briefing to the Board stating this is an item that has been brought back from last month's meeting, with an adjustment on the set date.

Ms. Julie Hunter reiterated that the only change is that this exemption is now set for 60 days from date of approval instead of 90 days and is now in front of the Board for possible action. Ms. Hunter introduced Aaron Abbott.

Mr. Abbott began his overview by sharing the challenges that presented impacts to the Emergency Medical Services System. Mr. Abbott reports a multitude of adjustments have been made to help mitigate those impacts. Mr. Abbott reports that since March 24,000 personal hours have been lost due to exposures to symptomatic employees and COVID positive employees. Mr. Abbott added that at the request of Councilman Dahir an update was included to this item for this agenda.

Mr. Abbott concluded by opening his item for questions from the Board.

Councilman Dahir approves of setting a specific period of time for the exemption. Additionally, he requested a monthly impact report.

Councilman Dahir asked if the issues of delayed waiting times at hospitals has improved.

Mr. Abbott reports that both that the wait time at hospitals and time per incident is softening.

Councilman Dahir asked if the recent hires would potentially assist with this challenge.

Mr. Abbott reports that paramedic students and new hires are slightly different, but they are bolstering their staffing numbers.

Mike Brown thanked Mr. Abbott for his report and asked if these discussions are being brought forth to the EMS Committee weekly meetings, in an effort to assist in decreasing wait times at hospitals.

Mr. Abbott reports that an agreement with Truckee Meadows Fire Protection District assisted with a significant amount of ambulance calls in Washoe Valley and Sun Valley. He also reports they keep EMS Oversight Coordinators updated of their system needs. Additionally, Mr. Abbot reports the Tier Response structure that was put in place on August 13 has been discussed weekly with other response fire department partners and has proven to be successful.

Ms. Hunter reports bi-weekly meetings with the task force that was created with Mr. Brown will continue.

Vice-Chair Lucey asked when the timer for response time begins.

Mr. Abbott reports that once they have all three crucial pieces of information i.e. caller location call back number, and chief complaint (reason for call) the timer starts, and it ends when they have wheels stopped at the scene.

Vice-Chair Lucey resonated with Mr. Brown that an effort should be put forth to improving off load times at the hospitals.

Mike Brown moved to approve the REMSA's request for a blanket exemption to response times with the caveat to revisit this item if the situation changes drastically. Vice-Chair Lucey seconded the motion, which was approved unanimously.

11. Presentation, discussion, and possible acceptance or direction regarding the Appeal and Waiver Processes for Air Quality Management and Environmental Health Services.

Staff Representative: Francisco Vega and Erin Dixon

Francisco Vega began his presentation by discussing the appeals processes within Air Quality. Mr. Vega continued to state the legal requirements by which the appeals process is governed.

Mr. Vega provided a detailed step by step description of the appeal process by Air Quality. Mr. Vega reports the Enforcement Panel is formed by members independent from the compliance group. Additionally, Mr. Vega explained any appealed violations are heard by the Air Pollution Control Hearing Board (APCHB) within 60 days after the receipt of any appeal.

Chair Delgado made note of the effort that has been made to make this process user friendly on the AQM website.

Mr. Vega confirmed their website includes the appeal forms and a description of the process.

Councilman Dahir asked where the staff members from the Enforcement Panel come from.

Mr. Vega confirm these members are Air Quality staff, but they belong to other branches within Air Quality, primarily from the Planning and Monitoring group, independent from the compliance inspectors.

Councilman Dahir asked where these appeals go from after presenting to the Enforcement Panel.

Mr. Vega reports that after going to the Enforcement Panel it moves to the APCHB, which is completely independent from Air Quality.

Councilman Dahir asked about the member of the APCHB.

Mr. Vega explained there are seven members and would have to refer to the regulations as to the specifics.

Kevin Dick added that the APCHB is composed of members that are designated based on type of profession, so that the Board has industry and engineering representation. All members are appointed by District Board of Health.

Chair Delgado asked if persons from the general public are able to apply for positions on the APCHB, and if so, how do they apply to hold those positions.

Mr. Dick confirmed this info is available on the APCHB website. He continued to explain that once there's a vacancy the recruitment goes out to the community.

Councilman Dahir asked if there are term limits on those positions. Additionally, he stated he did not remember seeing any of these violations coming to the Board.

Chair Delgado clarified for Councilman Dahir that an item was brought forth to the present at the present meeting.

Tom Young asked how long the website has been available to get information on the appeals process.

Mr. Vega confirmed the website has been up for a couple of weeks in order to add transparency to the process.

Chair Delgado made note of this process being an item discussed at their last concurrent meeting. Additionally, he made note of the things that merit consideration in the future.

Councilman Dahir states his confusion is based on where these violations are listed. He opined these cases were coming to the Board as a notification more than an item to be discussed.

Vice-Chair Lucey agreed with Councilman Dahir that a staff should presented these items to the Board as opposed to just adding a staff report to the Consent Agenda. Vice-Chair Lucey asked if there was a cost for the appeal.

Kevin Dick provided more details of the cases that are brought forth to the Board, which are typically not appealed and therefore presented under the Consent Agenda. However, as rare as they are the appealed cases are presented differently. Mr. Dick offered to discuss the location in the agenda for these cases.

Vice-Chair Lucey agreed with Mr. Dick and the process used for the item presented at this meeting. Vice-Chair Lucey recommended and asked that appealed items have a presentation.

Councilman Dahir reiterated Vice-Chair Lucey's sentiments about the items that are in process, separate from the item listed on this meeting.

Chair Delgado offered to discuss the process options with the District Health Officer, but also referred to the opportunity the Board has to pull items from the Consent agenda for further discussion.

Erin Dixon continued with the presentation regarding the appeals process within Environmental Health Services (EHS). Ms. Dixon provided a reminder of the structure of the EHS Division.

Ms. Dixon provided a brief visual description of the regulations that govern the EHS appeal process.

Ms. Dixon informed the Board of two processes that are available prior to an inspection or notice of violation, which is a proactive approach that includes variances and waivers. She continued to give a description of both a variance and a waiver and reported some of these came to the Board in March and September of 2020. Ms. Dixon continue to discuss her appeal process by the four general groups within EHS, including notification and follow-up steps.

Ms. Dixon informs the Board that flow charts specific to the appeals process were recently added to the EHS website including the SB4 Appeal Process. She concluded by reporting that these flow charts are also handed to the operators at the time of the inspection along with information about fines and contact information for inspectors.

Councilman Dahir thanked Ms. Dixon for a great presentation. Additionally, he asked if the members of these Boards have term limits or if they have been in their seats for a long time. Also, Councilman Dahir was interested to know if these items are also listed under the Consent Agenda.

Ms. Dixon confirmed the items in 2020 were listed under the Consent Agenda, as they were resolved. Ms. Dixon stated she would have to verify the information for terms of office.

Councilman Dahir asked to bring this information to the Board, so that decision can be made.

Kevin Dick reported that Deputy District Attorney, Dania Reid, confirmed that although it was stated that member of the APCHB did not have term limits, in fact regulations do limit the terms of office to 3 years, but informed the Board that information will be brought back as to when those terms were last renewed.

Councilman Dahir moved to accept the Appeal and Waiver Processes for Air Quality Management and Environmental Health Services. Mike Brown seconded the motion, which was approved unanimously.

12. Presentation and approval of the Fiscal Year 2021-2022 Budget.

Staff Representative: Kevin Dick

Kevin Dick began his presentation by thanking Anna Heenan, Fiscal Compliance Officers, Division Directors, and Supervisors for their hard work in putting the budget report together.

Mr. Dick continued to list some of the past year accomplishments, review the District Health program, summary of revenues and expenditures, FY22 sources and used of funds, impact on the fund balance over the next and future fiscal years, and a review of the next steps for the Board.

Mr. Dick reported part of the accomplishments are mainly focused on the COVID-19 pandemic, with an increase in Twitter followers, media briefings, and press releases. As such, the Health District was recognized by the Public Relations Society of America-Northern Nevada Chapter for the Regional Information Center. Additionally, Emergency and Public Health Preparedness received the Nevada Public Health Association Program of the Year award.

In addition to all of these accomplishments the various Divisions of the Health District have also participated in providing services via the 22 different programs that are in existence, including but not limited to providing services at the Our Place Family Shelter, developing Excellence in Food Safety Award, and continued work with the federal EPA on a wildfire smoke monitoring project.

Mr. Dick reported that the summary of health fund revenue for Fiscal Year 2022 (FY22) is \$24,196,271 and County support of \$9.5 million is 39.3% of the total and Grants of \$6.4 million are at 26.3%. He added that the FY22 expenditures is \$25,891,284 and salaries and benefits is \$19,608,409 which is 75.7% of total expenditures.

Mr. Dick provided the next steps with information regarding the deadlines that will have to be met in order for the Budget to be approved by the Board of County Commissioners and ultimately the Department of Taxation.

Vice-Chair Lucey asked if the merit increases reflect increases for all 168.74 FTEs.

Mr. Dick confirmed that the merit increases reflect the 5% annual merit provided to all employees who have met the expectations of their performance.

Vice-Chair Lucey asked if the CARES funding for the pandemic response will be separately accounted for, or what is anticipated.

Mr. Dick confirmed the Health District anticipates receiving additional federal grant dollars, so once the funding agreement is attained those funds will be presented to the Board of Health and the Board of County Commissioners for approval. Those funds will be reflected as adjustments of the budget, similar to the addition for the previous year.

Councilman Dahir thanked Mr. Dick for such a thorough report.

Vice-Chair Lucey moved to accept the Fiscal Year 2021-2022 Budget. Dr. Novak seconded the motion, which was approved unanimously.

13. Discussion and possible direction regarding legislative issues.

Staff Representative: Joelle Gutman-Dodson

Joelle Gutman-Dodson began her discussion by providing a brief update regarding legislation.

Ms. Gutman-Dodson spoke about three bills that the Health District has been involved in: Senate Bill 36, Senate Bill 2, and Assembly Bill 59.

Ms. Gutmann-Dodson reports the Health District had good press from the Nevada Independent regarding Senate Bill 263 funding from last session, which was cut for the Health District.

Ms. Gutman-Dodson opened her item for questions from the Board.

Councilman Dahir moved to approve the Legislative Update. Vice-Chair seconded the motion, which was approved unanimously.

14. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update, Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by stating that Washoe County finds itself at the limit for EPA's Ozone National Ambient Air Quality Standards. Mr. Vega informs they are looking for opportunities to reduce those emissions that contribute to Ozone from on-road motor vehicles, which include increasing use of electric vehicles. He continued to open his item for questions from the Board.

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

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

Ms. Lottritz added to her report about the Sexual Health Program has received approval to go back to the Washoe County Sheriff's office to provide testing.

Ms. Lottritz informed she had no further updates and opened her item for questions from the Board.

C. Environmental Health Services, David Kelly, Acting Division Director

Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

Erin Dixon highlighted that the Food Safety Program is getting back on track with training and certification of staff, which is required every 3 years. Additionally, land development is seeing increase in both septic and wells permits.

Ms. Dixon informed there were no updates to her report and opened her item for questions from the Board.

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, 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.

Dr. Diao began her report by thanking staff for assisting in putting the report together. Dr. Diao report the Epidemiology team is working on a presentation regarding Influenza trends.

Dr. Diao 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, Joint Information Center, Legislative Session, Community Health Improvement Plan, Public Health Accreditation, Customer Satisfaction Survey, and Public Communications and Outreach.

Kevin Dick began his report by updating the Board on COVID-19 Response. He is happy to report this week is the first week in a very long time that Washoe County is no longer flagged under the State's County Tracking system for elevated disease transmission.

Mr. Dick informs the Health District has been busy with administering the COVID-19 vaccine. Additionally, Mr. Dick reports the Health District is beginning to open up for the frontline supply chain and logistics group as well as moving to the 65 and older group.

Mr. Dick reports that a clinic was held at Access to Healthcare Network and 211 vaccines were administered with 23% being Hispanic. Additionally, Community Health Alliance also conducted a Point of Dispensing event.

Mr. Dick reports that the Washoe County demographic information from the State does not reflect vaccinations being dispensed proportionally by race and ethnicity, however, the demographics reflect the composition of the essential workforces that have been prioritized for vaccinations.

Mr. Dick reported on the State scheduling software Sales Force Platform development. The Health District has delayed its implementation so that the platform can have the additional functionality built that the Health District needs.

Mr. Dick shared a letter of gratitude sent to the Health District by a couple, residents of Washoe County, that was recently vaccinated.

Mr. Dick reports for the annual maintenance for accreditation have been completed with the submission to the Public Health Accreditation Board.

Mr. Dick opened his item to answer any question the Board may have.

Vice-Chair Lucey also reports he has received messages regarding the efficient work of the Points of Dispensing. Vice-Chair Lucey commended Mr. Dick on a work well done.

Councilman Dahir echoed Vice-Chair Lucey comment, as well as reporting other counties have asked about the work of the Health District, which is a testament to staff and the leadership of Kevin Dick, District Health Officer as well as volunteers from the community.

Vice-Chair Lucey asked if places like Wal-Mart are working in conjunction with the Health District to identify the areas they can best serve as an effort to provide vaccine equality and if conversations are in place with said places.

Mr. Dick informs the coordination is not optimal at this time with the pharmacies as they are receiving the vaccines through the federal pharmacy program, which is under an agreement with the federal government. Mr. Dick suggested it would be helpful to the Health District if Vice-Chair has the opportunity to assist with making those connections.

Vice-Chair Lucey asked if the numbers from places like Wal-Mart will be reported to the State or will they be provided to the Health District.

Mr. Dick reported the demographic numbers available from the State is a total number for Washoe County, but a breakdown of specific data is not available.

Chair Delgado thanked everyone for the hard work and efforts on trying to raise the equity issue.

15. Board Comment.

Vice-Chair Lucey offered an apology for his attendance last month. Additionally, Vice-Chair asked for an update regarding the Health Officer's opinion and his response to the entities based on the concerns that were voiced by the entities. Vice-Chair also asked for a presentation on the COVID costs and funds that have been received in the first CARES funding along with the potential funding from the next couple months.

Councilman Dahir asked for a presentation regarding the roles on the upcoming potential of events as they unfold in the summer and the fall to ensure proactivity.

Chair Delgado agreed with Councilman Dahir and assured that the District Health Officer is working on that issues with the other jurisdictions.

Vice-Chair Lucey asked about returning the authority to local authority as a result to the relaxing of requirements from the Governor. He asked if a discussion and/or presentation can be had regarding that plan.

Chair Delgado informed conversations have been had regarding the said topic and an option to potentially have a Special Meeting to discuss this topic.

Councilman Dahir commented he is willing to meet more if it's necessary.

16. Public Comment.

Chair Delgado opened the public comment period.

Having no registered public comment, Chair Delgado closed the public comment period.

Adjournment.

Chair Delgado adjourned the meeting at 3:14 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.

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DD	<u> </u> <i>KD</i>

Staff Report
Board Meeting Date: March 25, 2021

DATE: March 4, 2021
TO: District Board of Health
FROM: Kim Graham, Fiscal Compliance Officer
775-328-2418, kgraham@washoecounty.us
SUBJECT: Retroactively accept Subaward Amendment #1 from the State of Nevada Department of Health and Human Services Division of Public & Behavioral Health, extending the award period from October 1, 2020 through June 30, 2021 to October 1, 2020 through June 30, 2022 and increasing the amount of the original award by \$89,029.00 to a new total of \$163,593.00 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795 and authorize the District Health officer to execute the Subaward Amendment #1 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 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. A copy of the Amendment 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

The District Health Officer signed the Notice of Subaward on November 5, 2020 for \$74,564.00 retroactive to October 1, 2020 through June 20, 2021 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795.

BACKGROUND

The Award supports the Immunization program mission to public health by reducing vaccine-preventable disease through immunization through collaboration and cooperation with community

partners. The scope of work includes planning and implementing COVID-19 mass-vaccination events with community partners that consider barriers to vaccine during the COVID-19 pandemic.

This Award provides funding for personnel, operating supplies, contractual, and indirect expenditures.

FISCAL IMPACT

Should the Board approve this Subaward, a request will be made to the Board of County Commissioners to amend the adopted FY21 budget, increasing it by \$78,787.00 (\$10,242.00 indirect expenses) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11795 -431100	Federal Grants	\$ 78,787.00
2002-IO-11795 -701412	Salary Adjustment	\$ 19,126.00
2002-IO-11795 -705360	Benefit Adjustment	\$ 215.00
2002-IO-11795 -710110	Contracted/Temp Svcs	\$ 25,336.00
2002-IO-11795 -710212	Software Subscription	\$ 34,110.00

RECOMMENDATION

Retroactively accept Subaward Amendment #1 from the State of Nevada Department of Health and Human Services Division of Public & Behavioral Health, extending the award period from October 1, 2020 through June 30, 2021 to October 1, 2020 through June 30, 2022 and increasing the amount of the original award by \$89,029.00 to a new total of \$163,593.00 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795 and authorize the District Health officer to execute the Subaward Amendment #1 and any future amendments.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively accept Subaward Amendment #1 from the State of Nevada Department of Health and Human Services Division of Public & Behavioral Health, extending the award period from October 1, 2020 through June 30, 2021 to October 1, 2020 through June 30, 2022 and increasing the amount of the original award by \$89,029.00 to a new total of \$163,593.00 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Order #11795 and authorize the District Health officer to execute the Subaward Amendment #1 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 25024-1**
 Budget Account: 3213
 Category: 22
 GL: 8516
 Job Number: 9326821C

SUBAWARD AMENDMENT #1

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 1001 E. 9 th St. Reno, NV 89512-2845
Subaward Period: 10/01/2020-06/30/2022	Amendment Effective Date: 10/01/2020

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: The purpose of this amendment is to plan and implement COVID-19 vaccination services with strike teams and mass vaccination events.

Required Changes: This language should correlate to the checkboxes above.

- Current Language:** Subgrant Period: 10/01/2020-06/30/2021. Total reimbursement through this subaward will not exceed \$74,564. See Section B, C and D of the original subaward.
- Amended Language:** Subgrant Period: 10/01/2020-06/30/2022. Total reimbursement through this subaward will not exceed \$163,593. See attached Section B, C and D **revised on 02/04/2021**

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$49,967.00	\$19,341.00	\$69,308.00
2. Travel	\$0.00	\$0.00	\$0.00
3. Operating	\$574.00	\$0.00	\$574.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Contractual/Consultant	\$15,445.00	\$59,446.00	\$74,891.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$0.00	\$0.00	\$0.00
TOTAL DIRECT COSTS	\$65,986.00	\$78,787.00	\$144,773.00
8. Indirect Costs	\$8,578.00	\$10,242.00	\$18,820.00
TOTAL APPROVED BUDGET	\$74,564.00	\$89,029.00	\$163,593.00

Incorporated Documents:

- Section C: Budget and Financial Reporting Requirements **revised on 02/04/2021** (if applicable)
- Section D: Request for Reimbursement **revised on 02/04/2021** (if applicable)
- Exhibit A: Original Notice of Subaward and all previous amendments

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

Name	Signature	Date
Kevin Dick District Health Officer		
Candice McDaniel, MS Bureau Chief, CFCW		
For Lisa Sherych Interim Administrator, DPBH		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
Exhibit A:
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 Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-02 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-02 from The Centers for Disease Control and Prevention (CDC).

Funding Sources: Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID-19 Funds **% Funds:**
100%

Applicant Name: Washoe County Health District

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$	49,967
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<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>I/H RN</u>	\$64,812.80	1.750%	53.000%	9	75.00%	\$26,214
<u>I/H CHA</u>	\$49,504.00	1.750%	7.000%	9	75.00%	\$2,644
<u>I/H OAI</u>	\$41,600.00	1.750%	23.000%	9	75.00%	\$7,302
<u>Overtime for WCHD staff at all levels</u>	\$0.00	0.000%	0.000%	9	75.00%	\$13,807

	Total Fringe Cost	\$622		Total Salary Cost:	\$49,345
	Total Budgeted FTE	0.83000			

Travel	Total:	\$0
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (575.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

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

Out-of-State Travel **\$0**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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Justification:
NO OUT OF STATE TRAVEL

In-State Travel **\$0**

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>
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Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff

	\$0.000	0		\$0.00
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Justification: No Travel costs

Operating **Total: \$574**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Printing	Client forms and education	573.60
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Justification: Operating Costs

Equipment **Total: \$0**

List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment	\$0.00
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Contractual **\$15,445**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor or Subrecipient: Temporary staffing

<u>Services</u>	Total \$15,445
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Period of Performance: October 01, 2020 - June 30, 2021

Scope of Work: Staff to complete required data entry into EHR system & WebIZ

Budget

Personnel	\$5,445.00
Travel	\$0.00
Total Budget	\$5,445.00

Method of Accountability:

Technology	EHR subscription fees/access for multiple staff	\$ 10,000.00
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Training **Total: \$0**

List all cost associated with Training, including justification of expenditures.

Describe training	\$0.00
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Other	Total:	\$0
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Justification:

TOTAL DIRECT CHARGES	\$	65,986
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Indirect Charges	Indirect Rate:	13.000%	\$8,578
Indirect Methodology: 13% indirect			

TOTAL BUDGET	Total:	\$74,564
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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED											
ENTER TOTAL REQUEST	\$74,564										\$74,564

EXPENSE CATEGORY

Personnel	\$49,967										\$49,967
Travel	\$0										\$0
Operating	\$574										\$574
Equipment	\$0										\$0
Contractual/Consultant	\$15,445										\$15,445
Training	\$0										\$0
Other Expenses	\$0										\$0
Indirect	\$8,578										\$8,578

TOTAL EXPENSE	\$74,564	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$74,564
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total Indirect Cost	\$8,578
---------------------	---------

Total Agency Budget	\$74,564
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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

**SECTION C
Budget and Financial Reporting Requirements
revised on 02/04/2021**

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 Division of Public and Behavioral Health through Grant Number 6 NH23IP922609-02-04 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NH23IP922609-02-04 from The Centers for Disease Control and Prevention (CDC).

Funding Sources: Nevada Immunization & Vaccine for Children Federal Grant (CDC) COVID-19 Funds **% Funds:** 100%

Subrecipient agrees to adhere to the following budget:

Applicant Name: Washoe County Health District

BUDGET NARRATIVE

Total Personnel Costs	including fringe	Total:	\$	69,308
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List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	<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>I/H RN</u>	\$64,812.80	1.750%	73.000%	21	100.00%	\$48,141
<u>I/H CHA</u>	\$49,504.00	1.750%	1.000%	21	100.00%	\$504
<u>Overtime for WCHD staff at all levels</u>	\$0.00	0.000%	0.000%	21	75.00%	\$20,663

	Total Fringe Cost	\$837		Total Salary Cost:	\$68,471
	Total Budgeted FTE	0.74000			

Travel **Total:** \$0

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (575.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel **\$0**

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

Cost # of Trips # of days # of Staff

Justification:
NO OUT OF STATE TRAVEL

In-State Travel

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0.00

Justification: No Travel costs

Operating	Total:	\$574
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List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Printing	Client forms and education	573.60
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Justification: Operating Costs

Equipment	Total:	\$0
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List Equipment purchase or lease costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

Describe equipment	\$0.00
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Contractual	Total:	\$74,891
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Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor or Subrecipient: Temporary staffing

<u>Services</u>	Total	\$74,891
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Period of Performance: October 01, 2020 - June 30, 2022

Scope of Work: Staff to complete required data entry into EHR system & WebIZ

Budget

Personnel	\$30,781.00
Travel	\$0.00
Total Budget	\$30,781.00

Method of Accountability:

<u>Technology</u>	EHR subscription fees/access for multiple staff	\$ 44,110.00
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Training	Total:	\$0
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List all cost associated with Training, including justification of expenditures.

Describe training	\$0.00
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Other	Total:	\$0
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Justification:

TOTAL DIRECT CHARGES			\$ 144,773
Indirect Charges	Indirect Rate:	13.000%	\$18,820
Indirect Methodology: 13% indirect			
TOTAL BUDGET			Total: \$163,593

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

Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED										
ENTER TOTAL REQUEST	\$163,593									\$163,593

EXPENSE CATEGORY

Personnel	\$69,308									\$69,308
Travel	\$0									\$0
Operating	\$574									\$574
Equipment	\$0									\$0
Contractual/Consultant	\$74,891									\$74,891
Training	\$0									\$0
Other Expenses	\$0									\$0
Indirect	\$18,820									\$18,820

TOTAL EXPENSE	\$163,593	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$163,593
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total Indirect Cost	\$18,820
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Total Agency Budget	\$163,593
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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

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

The Subrecipient agrees:

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

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed \$163,593.00;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
 - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- 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:

- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- 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 monthly, 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.

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

Agency Ref. #: **SG 25024**
 Budget Account: 3213
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 1001 E. 9 th St. Reno, NV 89512-2845
Subaward Period: 10/01/2020-06/30/2021	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400 Q

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	\$49,967.00	\$0.00	\$0.00	\$0.00	\$49,967.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$574.00	\$0.00	\$0.00	\$0.00	\$574.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$15,445.00	\$0.00	\$0.00	\$0.00	\$15,445.00	0.0%
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	\$8,578.00	\$0.00	\$0.00	\$0.00	\$8,578.00	0.0%
Total	\$74,564.00	\$0.00	\$0.00	\$0.00	\$74,564.00	0.0%

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

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____

Date

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION D
Request for Reimbursement
 revised on 02/04/2021

Agency Ref #: **SG 25024-1**
 Budget Account: 3213
 GL: 8516
 Draw #: _____

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: 1001 E. 9 th St. Reno, NV 89512-2845
Subaward Period: 10/01/2020-06/30/2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400 Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$69,308.00	\$0.00	\$0.00	\$0.00	\$69,308.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$574.00	\$0.00	\$0.00	\$0.00	\$574.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$74,891.00	\$0.00	\$0.00	\$0.00	\$74,891.00	0.0%
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	\$18,820.00	\$0.00	\$0.00	\$0.00	\$18,820.00	0.0%
Total	\$163,593.00	\$0.00	\$0.00	\$0.00	\$163,593.00	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 DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____ Date _____

Staff Report
Board Meeting Date: March 25, 2021

DATE: March 4, 2021

TO: District Board of Health

FROM: Francisco Vega, AQM Division Director
775-784-7211, fvega@washoecounty.us

SUBJECT: Acceptance of the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Air Quality Management Authority.

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year have furthered or assisted in implementing the Regional Plan. This report satisfies the annual report submittal requirement for the Air Quality Management Authority for Calendar Year 2020.

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 DBOH has accepted the AQMD portion of the Truckee Meadows Annual Report each year since 2013 and most recently on March 26, 2020.

BACKGROUND

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the 2019 Truckee Meadows Regional Plan. The reports for affected entities are required to be submitted to the Truckee Meadows Regional Planning Agency by April 1 of each year.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512
AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



The attached report summarizes the progress made in Calendar Year 2020 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2021. Additionally, the report includes projects or policies that are planned to begin in early 2021 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

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

RECOMMENDATION

Services Staff recommends that the Board accept the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Air Quality Management Authority.

POSSIBLE MOTION

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

“Move to accept the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Air Quality Management Authority.”

2020 Truckee Meadows Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2020)

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

Based on preliminary air monitoring data as of February 2021, the southern portion of Washoe County will be violating the 8-hour ozone and 24-hour PM_{2.5} NAAQS.

In an effort to address the concerns about the deterioration of the air quality in Washoe County, the District Board of Health and its regional partners, including Board of County Commissioners, City of Reno, City of Sparks, and Regional Transportation Commission, have committed to support the measures included in the Ozone Advance Program. Ozone Advance is a collaborative effort to encourage voluntary initiatives that improve air quality. Its five primary goals are to:

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

A successful Ozone Advance program will require a variety of strategies from ALL partners to meet federal air quality standards.

Population Growth (PG) Policies

PG 3 - Use of the Consensus Forecast for Planning: The Clean Air Act requires that the AQMD and Metropolitan Plan Organization (MPO) use consistent planning assumptions such as population, employment, travel demand, and vehicle miles traveled (VMT) when developing State Implementation Plans. These assumptions are also used to develop the Motor Vehicle Emissions Budgets and transportation conformity analyses in long and short-range transportation plans.

Regional Form (RF) Policies

RF 2 - Priority Hierarchy for Development in the Region: Through agency comment letters, participation on workgroups and committees, and presentations to workgroups and committees, the AQMD encouraged strategies to:

1. Reduce the motor vehicle impacts to air quality impacts, especially related to projects in Tier 2 and 3 Lands where transportation choices are limited to motor vehicles.
2. Reduce Urban Heat Island (UHI) impacts which directly affect ozone formation.

Public Facilities and Services (PF) Policies

PF 10 - Regional Transportation Plan (RTP) Requirements: The RTP, the Regional Transportation Improvement Plan, and any substantive amendment must conform to air quality State Implementation Plans to ensure attainment of federal air quality standards. Transportation conformity analyses are conducted for criteria pollutants and areas that are currently, or had previously been designated non-attainment for any NAAQS. For Washoe County, transportation conformity is required in Hydrographic Area 87 for CO and PM₁₀. These analyses were conducted through regularly scheduled inter-agency consultation meetings that included the AQMD, Regional Transportation Commission, Truckee Meadows Regional Planning Agency, Nevada Department of Transportation, Nevada Division of Environmental Protection, Federal Highway Administration, and EPA.

Natural Resources (NR) Policies

Through agency comment letters, participation on workgroups and committees, and presentations to workgroups and committees, the AQMD encouraged voluntary implementation of the following Regional Plan Natural Resources policies. These policies are strongly connected to the Ozone Advance program.

The AQMD actively participated in the City of Reno's Development Code update, especially Chapter 18.04, Article 2 (Sustainability). In addition to participating in the Technical Working Group, written and oral comments were submitted to the Planning Commission and City Council. These comments stressed the urgency of making voluntary revisions to today's business as usual growth. The Reno City Council's decision was to postpone adoption of Article 2 and solicit additional stakeholder input. This delay will also cause challenges for the region to meet the natural resources goals in existing plans such as Ozone Advance (2016), ReImagine Reno (2017), Reno's Sustainability & Climate Action Plan (2019), and the Nevada Climate Initiative (2020).

NR 1 - Natural Resources Plan: The Health District's Ozone Advance program encourages educating and empowering partners, such as TMRPA to make good long-term decisions to protect air resources. The Regional Planning Governing Board adopted Resolution No. 16-05 (RPGGB) in 2016 supporting Ozone Advance. Similar resolutions of support were also adopted by the Washoe County Health District, Board of County Commissioners, City of Reno, City of Sparks, and Regional Transportation Commission.

NR 2 - Resilient Region: AQMD was an active partner with the Nevada Climate Initiative and State Climate Strategy. Implementing strategies in the Ozone Advance program will be needed to meet the Initiative's goal of net-zero greenhouse gas emissions (GHG) by 2050.

NR 9 - Parks and Open Space Connectivity: The Health District's Ozone Advance program encourages connected parks and open spaces to serve as a backbone to an active transportation network. This policy is critical in Tier 2 and 3 Lands where transportation choices are limited to motor vehicles. Strategically planted trees can create cool islands and corridors [also directly supports NR 10].

NR 10 - Urban Heat Island: Higher temperatures increase ozone formation and increase energy use for comfort cooling of buildings and cars. The AQMD provided agency comments recommending parking lot shading requirements.

The AQMD recommends this policy be reviewed to clarify project applicability and conformance criteria during the Regional Plan conformance review process.

NR 11 - Air Quality: Every land use decision can positively or negatively impact air quality levels. The AQMD has encouraged local jurisdictions to incorporate voluntary Ozone Advance strategies in these land use decisions.

The AQMD recommends this policy be reviewed to clarify project applicability and conformance criteria during the Regional Plan conformance review process.

NR 14 - Sustainable Development: The Health District's Ozone Advance program supports and encourages incentives for sustainable development.

Regional Coordination (RC) Policies

Air quality is a regional issue. The AQMD encouraged solutions that should be implemented across the local jurisdictions. This was done through agency review and comment on development proposals, presentations to boards and commissions, and preparation of annual reports. While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions also have co-benefits for the environment, public health, and the economy.

Implementing the Regional Plan in 2021

Clean air has many moving parts. Following is a summary of challenges, opportunities, and obstacles facing the AQMD to implement the Regional Plan policies identified in this report.

National Level: The CAA requires the EPA to review each NAAQS on a regular basis. Their review includes the most recent science and health studies. As more evidence is compiled, EPA has strengthened air quality standards to protect public health. For example, the ozone NAAQS was strengthened in 1979, 1997, 2008, and 2015. If the ozone standard is to be revised, it will likely be strengthened.

New on-road and off-road vehicles are becoming cleaner but fleet turnover is slow, especially for medium and heavy-duty diesel equipment, locomotives, and aircraft.

State Level: The Nevada Climate Initiative has aggressive GHG emission reduction targets for 2025 (28 percent), 2030 (45 percent), and 2050 (net zero). Transportation and buildings account for the majority of GHG emissions. Supporting Ozone Advance means supporting the Nevada Climate Initiative.

Ever since the Legislature passed AB-2 (Classic Vehicles) in 2011, a small number of residents were illegally using this program to avoid smog checks in Washoe and Clark Counties. Over the course of ten years, the number of non “Classic Vehicles” and excess tailpipe emissions has increased substantially. Assemblyman Howard Watts (District 15) has introduced BDR 43-58 in the 2021 Legislative Session to close the loophole being used to avoid a smog check. The AQMD will support this bill as it progresses through the Legislature.

County Level: Approximately 70 percent of future residential units will be in Tier 2 and 3 Lands. Characteristics of Tier 2 and 3 Lands as compared to Washoe County averages are:

1. Fewer transportation choices, especially non-motor vehicle.
2. Higher per household number and length of trips.
3. Higher per household VMT.
4. Higher per household transportation costs.
5. Higher percentage of household income towards transportation.

Tier 2 and 3 Lands will continue to be automobile dependent and generate a disproportional amount of VMT and ozone precursor emissions. Policies and/or codes should be implemented to encourage acceleration of our region’s fleet mix to low or zero-tailpipe emission vehicles. The AQMD will also continue encouraging businesses to incorporate RTC’s Smart Trips program as a benefit to their employees.

Through agency comment letters, participation on workgroups and committees, and presentations to workgroups and committees, the AQMD will continue to provide local decision-makers the data needed to take informed actions to implement Ozone Advance policies in the Regional Plan. Actions today will prepare our region to successfully manage air quality impacts from the forecasted 63,000 new residents and 25,000 new dwelling units by 2040 in the automobile dependent Tier 2 and 3 Lands.

Summary: The Clean Air Act is a public law. NAAQS are federal standards that must be met. Ozone Advance guides planning agencies and industries through a variety of voluntary strategies to meet the NAAQS.

If our area is designated non-attainment for ozone, we will forfeit the flexibility we currently have with Ozone Advance. EPA will lay out a prescriptive plan and timeline to meet the NAAQS. The Clean Air Act prescribes more stringent requirements after each missed deadline. Strategies seen as aspirational today will likely become part of a federally enforceable State Implementation Plan. Economic development will be negatively impacted. Other areas will be viewed as more attractive to industries considering an expansion, relocation, or remaining in Washoe County.

Future growth will need to offset today's missed opportunities. The AQMD will continue to encourage voluntary Ozone Advance strategies through educating our local partners to make informed decisions that impact our region's air quality. As the Regional Planning Governing Board's Resolution 16-05 (RPGB) states, ". . . a successful Ozone Advance Program will require a collaborative effort by all of the TMRPA's partners."

Staff Report
Board Meeting Date: March 25, 2021

DATE: March 11, 2021
TO: District Board of Health
FROM: Wes Rubio, EHS Supervisor
775-328-2635, wrubio@washoecounty.us
SUBJECT: Acceptance of the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

SUMMARY

In accordance with the Nevada Revised Statutes 278.0286, the Division of Environmental Health Services of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County has completed the 2020 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The 2019 Annual Report was approved on March 26, 2020.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2019 as the current recycling and tonnage reports are not calculated until on or after April 1 for the previous year.

FISCAL IMPACT

There is no additional fiscal impact to the FY 20 budget should the Washoe County District Board of Health (Board) approve this annual report.

Subject: Acceptance of the 2020 Annual Report to the Truckee Meadows Regional Planning Agency

Date: March 25, 2021

Page 2 of 2

RECOMMENDATION

Environmental Health Services Staff recommends that the Board accept the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to accept the 2020 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.”

**2020 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION**
(Reporting Period: January 2019 – December 2019)

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

C. Public Services and Facilities

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

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

At the present rate of waste generation, the existing transfer stations are adequate. WCHD has been in discussions with Waste Management about the need for additional transfer stations and Waste Management is in the planning and design phase for a new transfer station in South Reno. The Stead Transfer Station continues to have capacity for the ongoing growth in the northern valleys.

The data below continues to demonstrate the growth in the region's economy. With the ongoing growth and limited recycling markets in the community the overall Washoe County recycling rate has been continually decreasing year over year. While the combination of C&D and MSW recycling has not increased and remained static. The data provided does not align with historical trends documented within the region and cannot be validated by WCHD.

2019 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 488,037.25 T

The amount of industrial and special waste generated: I & P = 298,592.00 T

The total amount of MSW generated in the county: 857,886.39 T

The total waste generated in the county: 1,500,540.88 T

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

The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 122,396.14 T

The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 304,719.39 T

The total recycled material collected: Recycled MSW + C&D = 452,837.56 T

MSW recycling rate = 14.26 %

MSW + C & D recycling rate = 30.18 %

Staff Report
Board Meeting Date: March 25, 2021

DATE: March 3, 2021
TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
775-328-2417, aheenan@washoecounty.us
SUBJECT: Approve a revision to the Employee Policy Manual Section 36 – Signatures – Contracts to reflect the change from requiring Board approval for cumulative purchases over \$100,000 per vendor to Board approval for contract purchases over \$100,000.

SUMMARY

Section 36 – Signatures – Contracts of the Employee Policy Manual currently reads: 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. The revision to the policy will change the word cumulative to contract.

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

October 24, 2019 the District Board of Health approved the current Washoe County Health District Employee Policy Manual.

BACKGROUND

The current policy requires Board approval from both the District Board of Health and the Board of County Commissioners for cumulative purchases over \$100,000 per vendor. To create better transparency and to remove unnecessary processes for departments the cumulative purchase has been changed to singular buy by the County Purchasing Department. Change in our policy will be in alignment with the policy set by the County Purchasing Department, which is also the Health District’s Purchasing Department.

The changes requested are highlighted below:

36 – SIGNATURES – CONTRACTS

DESCRIPTION:

The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a ~~cumulative~~ **contract** amount of \$100,000. Contracts amounts over \$100,000 must be approved by the District Board of Health and Board of County Commissioners. The term of such agreements may not exceed the period for which funds have been appropriated and are available. In the event of an emergency, the Health Officer may execute an interim agreement in excess of \$100,000 to ensure continuation of essential services, provided the agreement is brought before the Board of Health at its next regular meeting for ratification and extension of its term. (Approved by the District Board of Health 6/28/18 #6I)

Given that Grant Awards are contracts the District Health Officer is authorized to accept and execute sub-awards that don't exceed a ~~cumulative~~ **contract** amount of \$100,000.

The District Health Officer is not authorized to sign Interlocal or Cooperative Agreements. All Interlocal and Cooperative Agreements must be signed by the Chairman of the District Board of Health.

Employees are not authorized to sign contracts of any amount for any purpose on behalf of the Washoe County Health District. Contracts are defined in the Washoe County Health District Contracts Administrative Procedure.

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends the District Board of Health approve a revision to the Employee Policy Manual Section 36 – Signatures – Contracts to reflect the change from requiring Board approval for cumulative purchases over \$100,000 per vendor to Board approval for contract purchases over \$100,000.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a revision to the Employee Policy Manual Section 36 – Signatures – Contracts to reflect the change from requiring Board approval for cumulative purchases over \$100,000 per vendor to Board approval for contract purchases over \$100,000."

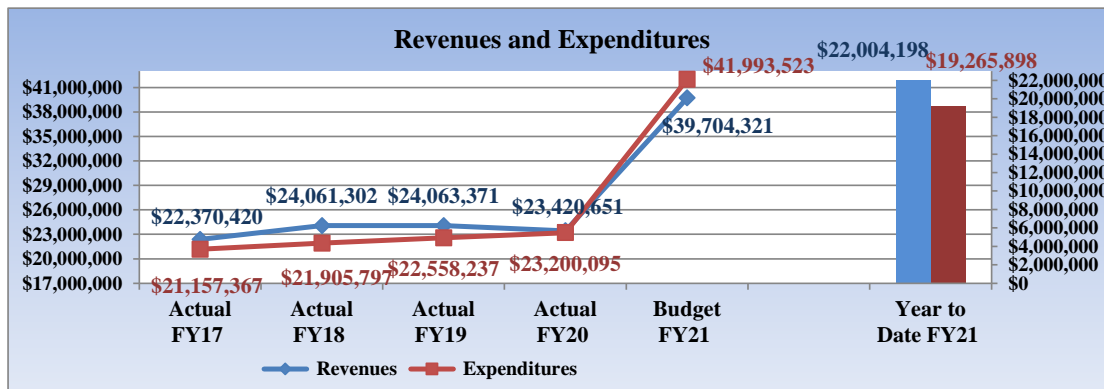
DD NA
DHO *KD*

Staff Report
Board Meeting Date: March 25, 2021

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

SUMMARY

The eighth month of FY21 ended with a cash balance of \$9,402,732. The total revenues of \$22,004,198 or 55.4% of budget are up 49.2% or \$7,259,626 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$19,265,898 or 45.9% of budget and are up \$4,246,249 or 28.3% 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.

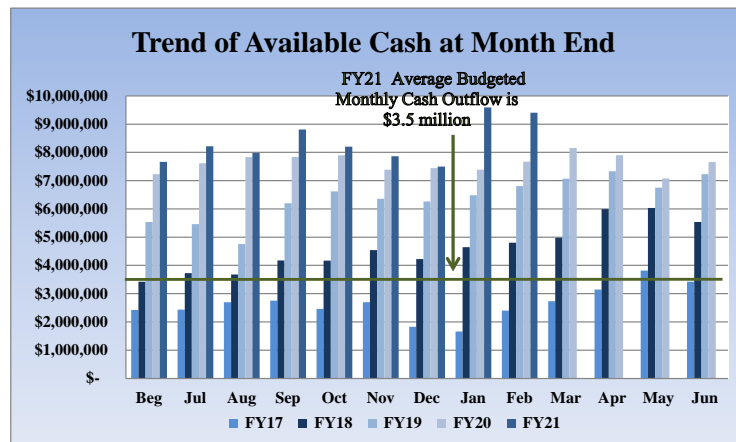
PREVIOUS ACTION

Fiscal Year 2021 Budget was adopted May 19, 2020.

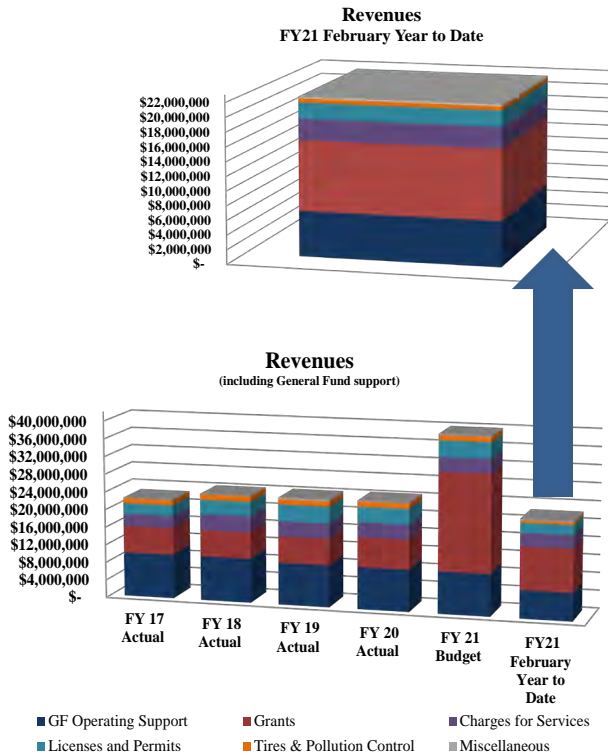
BACKGROUND

Review of Cash

The available cash at the end of February, FY21, was \$9,402,732 which is enough to cover approximately 2.7 months of expenditures. The cash balance is \$1,733,131 greater than FY20. The encumbrances and other liability portion of the cash totals \$5.9 million; the cash restricted as to use is approximately \$1.7 million; leaving a balance of \$1.8 million.

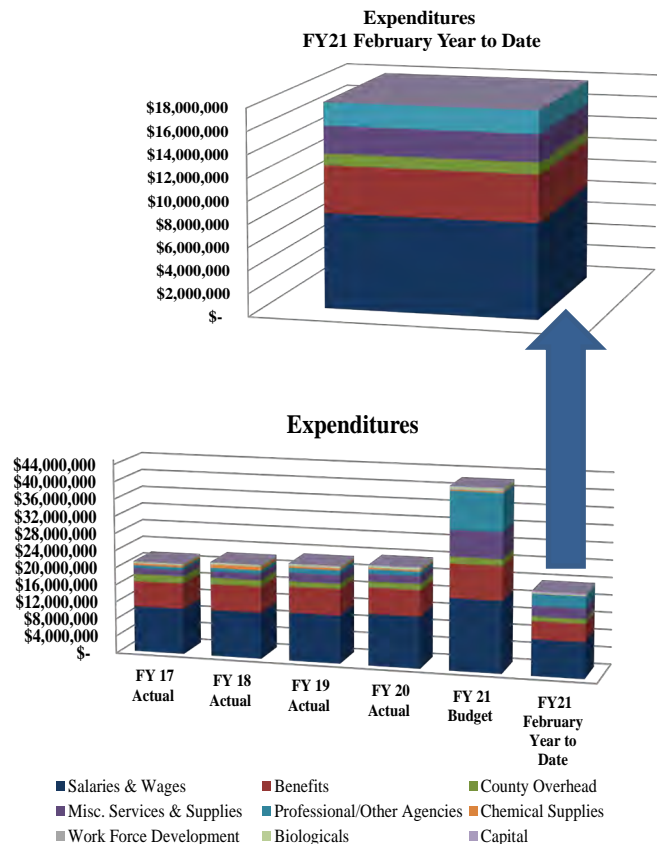


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$22,004,198 up \$7,259,626 or 49.2% compared to February FY20. The revenue categories up over FY20 were Federal and State grants of \$9,708,498 up \$6,792,058 or 232.9% due to the COVID-19 grants; charges for services of \$2,955,667 up \$599,758 or 25.5% with the largest increase of \$471,147 in dust plans and a \$79,020 increase in birth and death certificates of \$468,325; fines and forfeitures of \$61,500 from SB4 fines; and, miscellaneous revenues of \$135,483 up \$46,268 or 51.9% with \$45,000 coming from a contribution from the City of Reno for the relocation of the Reno4 Air Monitoring Station. The revenue categories down compared to FY20 were licenses and permits of \$2,211,503 down \$1,294 or 0.1%; tire and pollution control funding of \$586,974 down \$238,665 or 28.9%. The County General Fund support of \$6,344,571 is level at the FY20 funding.

The total year to date **expenditures** of \$19,265,898 were up \$4,246,249 or 28.3% compared to FY20. Salaries and benefits expenditures for the eight months of FY21 were \$12,526,542 up \$591,559 or 5.0% over the prior year and 51.0% of budget. The total services and supplies of \$6,394,045 were up \$3,368,964 or 111.4% compared to FY20 and 37.1% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$2,660,262 up \$2,267,953, mainly due to the increase of \$1,414,824 in lab testing and \$853,129 for professional and temp help for COVID-19; the biologicals of \$160,409 down \$31,501 or 16.4%; chemical supplies of \$59,540 down \$234,910 over FY20 due to sufficient inventory so the purchase of additional chemicals for the Mosquito Abatement program were not needed; and, County overhead charges of \$1,027,247 up \$93,386 or 10% over FY20. There has been \$345,311 in capital expenditures for FY21 due to the equipment needed for the COVID-19 response.



Review of Revenues and Expenditures by Division

ODHO has spent \$473,678 down \$333,510 or 41.3% 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 \$709,277 down \$101,010 or 12.5% compared to FY20 mainly due to a \$76,018 in salary savings from vacant positions and a \$23,000 reduction in building safety expenditures.

AQM revenues were \$2,675,868 up \$456,515 or 20.6% mainly due to an increase in dust plan revenue and a \$45,000 contribution from the City of Reno to help pay for the movement of the Reno4 Air Monitoring Station. The Division spent \$1,833,020 down \$158,121 or 7.9% mainly due to a \$78,615 reduction in salaries and benefits from vacant positions, decrease of \$14,907 in travel costs, and a reduction of \$59,585 in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

CCHS revenues were \$2,629,457 up \$344,238 or 15.1% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$4,983,201 down \$286,578 or 5.4% less than FY20 mainly due to a decrease of \$293,360 in salary savings from vacant positions; \$57,604 less in biologicals and outpatient supply costs; reduction of \$25,661 in travel expenditures; offset by an increase in computer software and equipment of \$65,150 for COVID response requirements and \$19,470 increase in advertising costs in the Chronic Disease program.

EHS revenues were \$3,306,100 up \$501,442 or 17.9% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding. Total expenditures were \$3,561,969 down \$824,847 or 18.8% mainly due to \$552,285 in savings from vacant positions and deployment of staff to the COVID-19 response; \$234,910 less than FY20 in chemical supplies for mosquito abatement due to sufficient inventory on hand; and, \$23,672 reduction in travel costs compared to FY20.

EPHP revenues were \$7,048,201 up \$5,957,430 or 546.2% due to additional grant funding. The division spent \$7,704,753 up \$5,950,314 or 339.2% over FY20 due to the cost of the COVID-19 response: with the largest COVID response increase of \$1,821,819 in salaries and benefits due to additional staff, overtime and standby costs; \$1,414,901 in lab testing; \$938,447 in vehicles, building rentals, barricades and waste removal for POST/POD activities; \$698,738 in personal protective equipment and other supplies; \$568,078 for computers, software and non-capital furniture and equipment; \$350,000 for advertising campaign; and \$158,331 for operating and office supplies for the response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2016/2017 through February 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 (audited)	February Year to Date	Adjusted Budget	February Year to Date	Percent of Budget	FY21 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	2,219,353	3,496,067	2,675,868	76.5%	20.6%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	2,285,219	4,897,095	2,629,457	53.7%	15.1%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	2,804,658	5,098,283	3,306,100	64.8%	17.9%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	1,090,771	16,696,019	7,048,201	42.2%	546.2%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	6,344,571	9,516,856	6,344,571	66.7%	0.0%
Total Revenues	\$ 22,370,420	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 14,744,572	\$ 39,704,321	\$ 22,004,198	55.4%	49.2%
Expenditures (all uses of funds)									
ODHO	904,268	826,325	1,336,494	1,153,186	807,188	2,021,598	473,678	23.4%	-41.3%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	810,287	1,351,707	709,277	52.5%	-12.5%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	1,991,141	3,913,776	1,833,020	46.8%	-7.9%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	5,269,779	9,183,261	4,983,201	54.3%	-5.4%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	4,386,816	7,966,129	3,561,969	44.7%	-18.8%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	1,754,439	17,557,052	7,704,753	43.9%	339.2%
Total Expenditures	\$ 21,157,367	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 15,019,649	\$ 41,993,523	\$ 19,265,898	45.9%	28.3%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(807,188)	(2,021,598)	(473,678)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(810,287)	(1,351,707)	(709,277)		
AQM	122,763	607,078	507,427	508,014	228,212	(417,710)	842,848		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(2,984,560)	(4,286,166)	(2,353,744)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(1,582,158)	(2,867,846)	(255,869)		
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(663,668)	(861,032)	(656,552)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	6,344,571	9,516,856	6,344,571		
Surplus (deficit)	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ (275,077)	\$ (2,289,203)	\$ 2,738,300		
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%		13.7%			

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

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for February, Fiscal Year 2021.

POSSIBLE MOTION

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

Period: 1 thru 8 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-	66,572-	60,804-	52	82,438-	72,667-	9,771-	88
422504 Pool Permits	305,703-	108,518-	197,185-	35	272,588-	84,280-	188,308-	31
422505 RV Permits	29,386-	25,392-	3,994-	86	32,198-	24,527-	7,671-	76
422507 Food Service Permits	1,636,378-	1,106,737-	529,641-	68	1,483,902-	1,033,478-	450,424-	70
422508 Wat Well Const Perm	91,018-	112,846-	21,829-	124	179,055-	73,974-	105,080-	41
422509 Water Company Permits	3,298-	9,258-	5,961-	281	66,145-	9,987-	56,157-	15
422510 Air Pollution Permits	709,437-	443,235-	266,202-	62	650,135-	496,294-	153,841-	76
422511 ISDS Permits	412,744-	274,137-	138,607-	66	263,853-	215,042-	48,811-	82
422513 Special Event Permits	194,950-	494	195,444-	0-	175,849-	123,184-	52,666-	70
422514 Initial Applic Fee	116,022-	65,302-	50,720-	56	88,434-	79,365-	9,069-	90
* Licenses and Permits	3,626,311-	2,211,503-	1,414,807-	61	3,294,595-	2,212,797-	1,081,798-	67
431100 Federal Grants	20,655,811-	9,051,402-	11,604,409-	44	6,502,886-	2,497,051-	4,005,835-	38
431105 Federal Grants - Indirect	508,832-	428,565-	80,267-	84	494,709-	290,279-	204,430-	59
432100 State Grants	673,512-	201,870-	471,642-	30	919,314-	116,435-	802,879-	13
432105 State Grants-Indirect	41,013-	26,662-	14,351-	65	2,525-	12,675-	10,150-	502
432310 Tire Fee NRS 444A.090	525,000-	263,432-	261,568-	50	486,000-	283,172-	202,828-	58
432311 Pol Ctrl 445B.830	628,105-	323,542-	304,563-	52	628,105-	542,467-	85,638-	86
* Intergovernmental	23,032,273-	10,295,472-	12,736,801-	45	9,033,539-	3,742,079-	5,291,460-	41
460160 Other General Government	96-	96-	96		10,000-	25-	25	
460162 Services to Other Agencies	10,000-		10,000-		10,000-	848-	9,152-	8
460173 Reimbursements - Reno	65,000-	46,892-	18,108-	72	64,040-	47,460-	16,580-	74
460500 Other Immunizations	156,000-	125,477-	30,523-	80	181,467-	124,927-	56,540-	69
460501 Medicaid Clinical Services					6,204-	1,336-	4,868-	22
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth and Death Certificates	589,467-	468,325-	121,142-	79	515,000-	389,305-	125,695-	76
460512 Duplication Service Fees	68,154-	83,338-	15,184	122	100,888-	122,452-	21,564	121
460513 Other Health Service Charges								
460514 Food Service Certification								
460516 Pgm Inc-3rd Prty Rec	223,000-	187,137-	35,863-	84	196,807-	178,878-	17,929-	91
460518 STD Fees	15,000-	25,398-	10,398	169	36,190-	21,775-	14,415-	60
460519 Outpatient Services								
460520 Eng Serv Health	295,255-	236,618-	58,636-	80	209,943-	218,751-	8,807	104
460521 Plan Review - Pools & Spas	2,588-	15,628-	13,040	604	6,212-	7,400-	1,187	119
460523 Plan Review - Food Services	99,442-	65,299-	34,142-	66	90,059-	70,934-	19,126-	79
460524 Family Planning	88,000-	65,884-	22,116-	75	51,700-	63,120-	11,420	122
460525 Plan Review - Vector	82,843-	77,868-	4,975-	94	76,465-	57,541-	18,924-	75
460526 Plan Review-Air Quality	118,045-	66,222-	51,822-	56	115,940-	58,721-	57,221-	51
460527 NQF-NQM	272,665-	228,322-	44,343-	84	263,732-	188,569-	75,163-	72
460528 NESHAP-NQM	249,213-	132,403-	116,810-	53	247,948-	143,701-	104,247-	58
460529 Assessments-NQM	120,422-	48,005-	72,417-	40	132,000-	58,360-	73,640-	44
460530 Inspector Registr-NQ	3,485-		3,485-		3,328-	963-	2,365-	29

Period: 1 thru 8 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%
705240 Insur Budgeted Incr	46,656	49,192	46,656	64	36,465	47,652	36,465	62
705320 Workmans Comp	77,146	7,347	27,954	64	77,087	6,899	29,435	69
705330 Unemploy Comp	11,501		4,154		9,982		3,083	0
705360 Benefit Adjustment	1,320,398		1,320,398		253,842		253,802	62
* Employee Benefits	7,883,020	4,129,526	3,753,494	52	6,584,370	4,084,678	2,499,692	17
710100 Professional Services	1,249,619	875,686	373,933	70	713,822	118,299	595,523	
710101 Lab Testing Services	2,100,000	1,415,101	684,899	67	277-	277-	37-	
710103 Radiology					37		37-	
710105 Medical Services	11,288	8,135	3,154	72	12,948	3,825	9,123	30
710108 MD Consultants	55,401	27,833	27,568	50	50,536	34,658	15,878	69
710110 Contracted/Temp Services	4,765,378	204,785	4,560,593	4	321,145	88,460	232,685	28
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	364,847	207,570	157,277	57	80,047	38,410	41,638	48
710201 Laundry Services	1,822	1,109	713	61	1,850	922	1,928	50
710203 Landscape Maint. Agreements								
710205 Repairs and Maintenance	10,307	10,072	235	98	13,450	6,306	7,144	47
710210 Software Maintenance	4,200	4,543	343-	108	11,151	7,796	3,355	70
710212 Software Subscription	149,400	119,519	29,881	80				
710215 Operating Contracts	1,624,558	67,181	1,557,377	4				
710300 Operating Supplies	1,072,626	685,324	387,302	64	391,389	106,589	284,801	27
710302 Small Tools & Allow	1,735	282	1,453	16	1,300	1,053	247	81
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	59,540	176,661	25	297,250	294,450	2,800	99
710325 Signs and Markers		1,082	1,082-					
710334 Copy Machine Expense	42,171	21,725	20,446	52	30,028	13,482	16,545	45
710335 Copy Machine-Copy Charges	8,925	7,687	1,238	86	9,965	5,646	4,320	57
710347 Medical Supplies								
710350 Office Supplies	106,019	84,425	21,594	80	83,521	23,326	60,196	28
710355 Books and Subscriptions	10,990	22,651	11,661-	206	6,940	6,408	532	92
710360 Postage	17,084	5,865	11,220	34	18,269	10,985	7,284	60
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Lube								
710400 Payments to Other Agencies	447,975	128,722	319,253	29	416,085	146,753	269,332	35
710412 Do Not Use								
710500 Other Expense	256,565	9,847	246,718	4	175,691	39,830	135,860	23
710502 Printing	35,729	52,174	16,445-	146	42,450	14,438	28,012	34
710503 Licenses & Permits	9,345	2,813	2,532	73	8,480	3,029	5,451	36
710504 Registration	1,900	6,226	4,326-	328	706	706	706-	
710505 Rental Equipment		21,878	21,878-		200	76	124	38
710506 Dept Insurance Deductible		300	300-		150	800	650-	533
710507 Network and Data Lines	12,260	5,954	6,306	49	12,730	11,283	1,447	89

Washoe County
Plan/Actual Rev-Exp 2-yr (FC)

Run by: AHEENAN
Run date: 03/08/2021 14:53:44
Report: 400/ZS16

Period: 1 thru 8 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%
710508 Telephone Land Lines	48,215	32,873	15,342	68	37,811	23,760	14,051	63
710509 Seminars and Meetings	69,440	13,742	55,698	20	80,259	35,247	45,012	44
710512 Auto Expense	13,998	2,154	11,844	15	13,303	4,074	9,229	31
710513 Property Losses						3,321	3,321-	
710514 Regulatory Assessments	25,000	17,743	7,257	71	25,000	11,696	13,304	47
710519 Cellular Phone	14,765	9,628	5,137	65	15,279	9,865	5,414	65
710529 Dues	21,755	15,267	6,488	70	25,080	14,608	10,472	58
710535 Credit Card Fees	60,890	22,016	38,874	36	67,640	40,775	26,865	60
710546 Advertising	158,674	43,137	115,537	27	233,981	44,639	189,342	19
710551 Cash Discounts Lost		124	124-					
710563 Recruitment		799	799-			978	978-	
710571 Safety Expense	68,000	22,671	45,329	33	86,611	57,261	29,350	66
710577 Uniforms & Special Clothing	7,800	41,327	33,527-	530	3,200	2,046	1,154	64
710585 Undesignated Budget	631,771		631,771		553,436		553,436	
710594 Insurance Premium	5,815	6,174	359-	106	5,815	5,605	210	96
710600 LT Lease-Office Space	83,722	48,637	35,085	58	70,532	47,888	22,644	68
710620 LT Lease-Equipment								
710701 Emergency Shelter Care								
710703 Biologicals	350,411	160,409	190,001	46	371,940	191,910	180,030	52
710713 Post Adoption Refer								
710714 Referral Services	9,040	1,356	7,684	15	5,876-	4,520	10,396-	77-
710721 Outpatient	65,216	49,897	15,319	77	90,480	75,961	14,519	84
710852 Investigation						882	882-	
710872 Food Purchases	7,710	5,425	2,286	70	22,910	2,902	20,008	13
711008 Combined Utilities	107,715	71,810	35,905	67	105,282	70,188	35,094	67
711010 Utilities								
711011 Waste Removal		1,001	1,001-		5,000		5,000	
711050 Propane		127	127-					
711100 ESD Asset Management	46,200	32,900	13,300	71	44,980	33,120	11,860	74
711113 Equip Srv Replace	58,410	38,822	19,588	66	58,429	31,729	26,700	54
711114 Equip Srv O & M	53,015	34,321	18,694	65	52,608	35,487	17,121	67
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	14,433	12,778	53	29,193	18,457	10,736	63
711119 Prop & Liab Billings	95,845	63,897	31,948	67	95,845	63,897	31,948	67
711210 Travel	212,562	1,113	211,448	1	198,584	81,088	117,496	41
711212 Meals and Lodging		608	15,392	4	15,827	5,017	10,810	32
711213 Travel-Non Nnty Pers	16,000	179	179-					
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,540,871	1,027,247	513,624	67	1,400,792	933,861	466,931	67
711410 Overhead - Administration								
711502 Build Imp nonCapital						598	598-	

Period: 1 thru 8 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%
711504 Equipment nonCapital	295,013	413,335	118,323-	140	115,441	95,007	20,434	82
711508 Computers nonCapital	195,943	45,468	150,475	23	56,517	13,703	42,814	24
711509 Comp Sftw nonCap	193,281	12,533	180,748	6	14,672	25,857	11,184-	176
* Services and Supplies	17,187,931	6,321,493	10,866,438	37	6,597,204	2,970,721	3,626,482	45
781001 Land Improvements Capital							12,383-	
781002 Build Imprv Capital	201,000	167,694	33,306	83	16,000	47,202	16,000	31
781004 Equipment Capital		177,616	177,616-		154,413		107,211	
781007 Vehicles Capital								
781009 Computer Software Capital								
* Capital Outlay	201,000	345,311	144,311-	172	25,000	59,585	25,000	30
** Expenses	41,928,984	19,193,345	22,735,639	46	195,413	14,965,289	135,828	56
621001 Transfer From General	9,516,856-	6,344,571-	3,172,285-	67	26,496,529	6,344,571-	11,531,240	67
* Transfers In	9,516,856-	6,344,571-	3,172,285-	67	9,516,856-	6,344,571-	3,172,285-	67
812230 TF to Regional Permt	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-	6,272,019-	3,175,348-	66	9,443,733-	6,290,210-	3,153,523-	67
*** Total	2,289,203	2,738,300-	5,027,503	120-	1,060,494	275,077	785,416	26

**Office of the District Health Officer
Board Meeting Date: March 25, 2021**

DATE: March 5, 2021

TO: District Board of Health

FROM: James English, Regional Operations Section Chief, COVID-19 Response and Vaccine Deployment
775-328-2610; jenglish@washoecounty.us
Heather Kerwin, Epidemiology Program Manager
775-326-6048; hkerwin@washoecounty.us

SUBJECT: Presentation of the Washoe County Health District's response to COVID-19 Pandemic March 2020-March 2021.

SUMMARY

Washoe County Health District (WCHD) has been responding to the presence of the virus SARS-CoV-2 and the corresponding disease it causes, commonly known as COVID-19 for over one year in our community. This response has required extensive staff and financial resources to effectively respond to the pandemic.

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. **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

At the January 28, 2021 District Board of Health meeting staff presented a presentation on the administration of the COVID-19 Vaccine.

On February 25, 2021, the Washoe County District Board of Health requested a presentation on the funding sources and use of such funds supporting the Washoe County Health District's response to COVID-19 and vaccine administration.

Date: March 25, 2021

Subject: COVID-19 Response and Vaccine Deployment Presentation

Page: 2 of 2

BACKGROUND

The WCHD has been responding to COVID-19 since February of 2020. The incident command system (ICS) for management of the response was implemented at this time and remains in place. This response has impacted the entire agency and continues to be a major focus of the WCHD's efforts. Our first reported case was on March 5, 2020. As of March 5, 2021, there have been 649 Washoe County residents who have died due to COVID-19 and over 43,000 cases reported.

During this period, the WCHD has expanded operations as a result of the pandemic response and with funding provided through local, state and federal grants of approximately \$12.7 million dollars to date. This includes increasing the size of the WCHD staff from 202 to 390 individuals while moving to a seven day a week operation. The WCHD has expanded in-person operations across buildings B, C and D while carefully optimizing funding to repurpose underutilized space within the County complex. This was achieved with the assistance of Washoe County.

During the past year, WCHD's response has shifted throughout the pandemic to address community demands and is now concentrating on vaccination deployment and disease investigations. Additionally, with the receipt of various funding sources, many staff used at the beginning of the pandemic response have been able to return to their normal assignments. WCHD reassigned staff have been replaced with temporary staffing agency staff, contractors, newly hired permanent WCHD staff, National Guard support, volunteers, and Washoe County personnel from other departments.

Comprehensive and continued planning and management of the funding received to date by the WCHD along with future anticipated funding has set the foundation for a continued effective and efficient response to COVID-19 and other variants of SARS-CoV-2. This level of planning and management has also ensured for rapid delivery of vaccine to our community as a whole over the next two years.

FISCAL IMPACT

This presentation has no fiscal impact to the FY2020-2021 budget associated with this presentation.



Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

FEBRUARY 2021



**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	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February					
March					
April					
May					
June					
Totals	29,800	\$41,396,009.20	\$1,389.27		

Current Allowable Average Bill: \$1,517.66

Year to Date: February 2021

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	6 Minutes 24 Seconds	89%	90%
Jan-21	6 Minutes 31 Seconds	88%	90%
Feb-21	6 Minutes 01 Seconds	90%	92%
Mar-21			
Apr-21			
May-21			
Jun-21			



Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 20 Seconds	89%	91%

Year to Date: February 2021

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	5:39	6:29	9:47
	P-2	6:18	6:28	9:30
Jan-21	P-1	5:45	6:35	9:35
	P-2	6:23	7:06	10:14
Feb-21	P-1	5:25	6:00	9:15
	P-2	5:52	6:26	9:09
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: February 2021

Priority	Reno	Sparks	Washoe County
P1	05:37	06:24	11:00
P2	06:15	07:00	09:27



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 02/01/2021 THRU 02/28/2021**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	2/1/21 11:54	2/1/21 12:00	1C36	0:10:39	0:06:24
Zone A	2/2/21 11:40	2/2/21 11:44	1C39	0:11:56	0:03:46
Zone A	2/3/21 11:21	2/3/21 11:27	1C34	0:17:12	0:05:41
Zone A	2/4/21 7:28	2/4/21 7:27	1C13	-0:01:11	0:00:49
Zone A	2/4/21 22:41	2/4/21 22:47	1C44	0:12:04	0:06:07
Zone A	2/7/21 18:56	2/7/21 19:00	1C19	0:19:23	0:04:14
Zone A	2/9/21 19:35	2/9/21 19:38	1C06	0:16:48	0:03:56
Zone A	2/10/21 21:29	2/10/21 21:28	1C18	-0:01:04	0:00:56
Zone A	2/12/21 20:50	2/12/21 20:54	1C04	0:09:07	0:04:07
Zone A	2/13/21 1:17	2/13/21 1:23	1C41	0:10:31	0:05:27
Zone A	2/16/21 11:18	2/16/21 11:25	1C38	0:28:09	0:07:45
Zone A	2/16/21 19:52	2/16/21 19:51	1C34	-0:00:46	0:00:11
Zone A	2/20/21 9:26	2/20/21 9:30	1C03	0:09:11	0:03:35
Zone A	2/27/21 22:16	2/27/21 22:23	1C36	0:11:16	0:07:18
Zone A	2/28/21 10:26	2/28/21 10:26	1C42	-0:00:09	-0:00:09

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

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
02/10/2021	Exemption Approved	Overload	Zone A	00:14:24
02/10/2021	Exemption Approved	Overload	Zone A	00:13:15
02/10/2021	Exemption Approved	Overload	Zone A	00:10:01
02/10/2021	Exemption Approved	Overload	Zone B	00:20:53
02/10/2021	Exemption Approved	Overload	Zone A	00:10:27



GROUND AMBULANCE OPERATIONS REPORT FEBRUARY 2021

1. Overall Statics

- a) Total number of system responses: 6,048
- b) Total number of responses in which no transports resulted: 2,185
- c) Total number of system transports (including transports to out of county):
3,863

2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 45.8%
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 6.4%
- e) Transfers: 18.4%
- f) Trauma – MVA: 5.6%
- g) Trauma – Non MVA: 17.4%
- h) Unknown: 4.4%

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: 1,001

Total number of above calls receiving QA Reviews: 231

Percentage of charts reviewed from the above transports: 23%



FEBRUARY 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	13	63
BLS (CPR)	75	318
Heartsaver (CPR)	47	207
ITLS/PHTLS	3	8
PALS	8	17

COMMUNITY OUTREACH FEBRUARY 2021

Point of Impact		
02/20/21	Checkpoint with Champion Chevrolet : 13 vehicles and 17 car seats check; 5 seats donated	2 staff; 6 volunteers
Cribs for Kids/Community		
02/03/21	Cribs for Kids Train-the-Trainer	2 attendees
02/04/21	Immunize Nevada Community Meeting	5 attendees
02/05/21	Child Death Review Washoe County	
02/11/21	Vision Zero Truckee Meadows Task Force Meeting	
02/16/21	Meet with Lt Shaw from Reno PD to distribute pedestrian safety media	
02/24/21	Meet with Greater Nevada Credit Union Greater Perks with REMSA	
02/25/21	Attended Nevada Strategic Highway Safety Plan meeting	
02/25/21	Attended Comprehensive Opioid Abuse Site-based Program (COAP) meeting	



REMSA

Reno, NV
Client 7299



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

EMS System Report

February 1, 2021 to February 28, 2021

Your Score

94.85

Number of Your Patients in this Report

150

Number of Patients in this Report

6,936

Number of Transport Services in All EMS DB

170





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **02/01/2021** and **02/28/2021**.

The overall mean score for the standard questions was **94.85**; this is a difference of **1.23** points from the overall EMS database score of **93.62**.

The current score of **94.85** is a change of **-2.91** points from last period's score of **97.76**. This was the **36th** highest overall score for all companies in the database.

You are ranked **7th** for comparably sized companies in the system.

84.93% of responses to standard questions had a rating of Very Good, the highest rating. **98.11%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

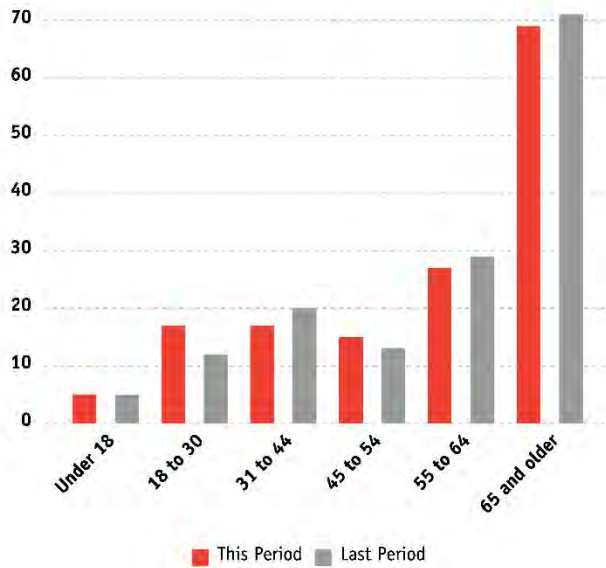




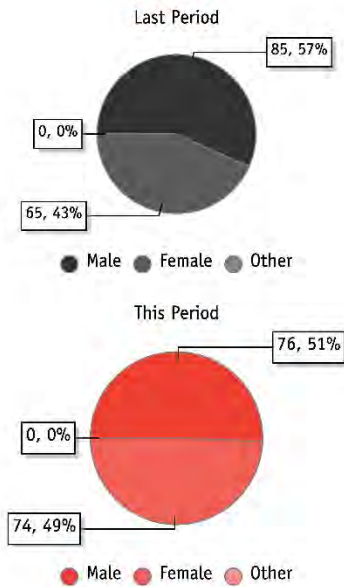
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	5	3	2	0	5	2	3	0
18 to 30	12	5	7	0	17	8	9	0
31 to 44	20	7	13	0	17	9	8	0
45 to 54	13	10	3	0	15	6	9	0
55 to 64	29	17	12	0	27	15	12	0
65 and older	71	43	28	0	69	36	33	0
Total	150	85	65	0	150	76	74	0

Age Ranges



Gender





REMSA
February 1, 2021 to February 28, 2021

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.

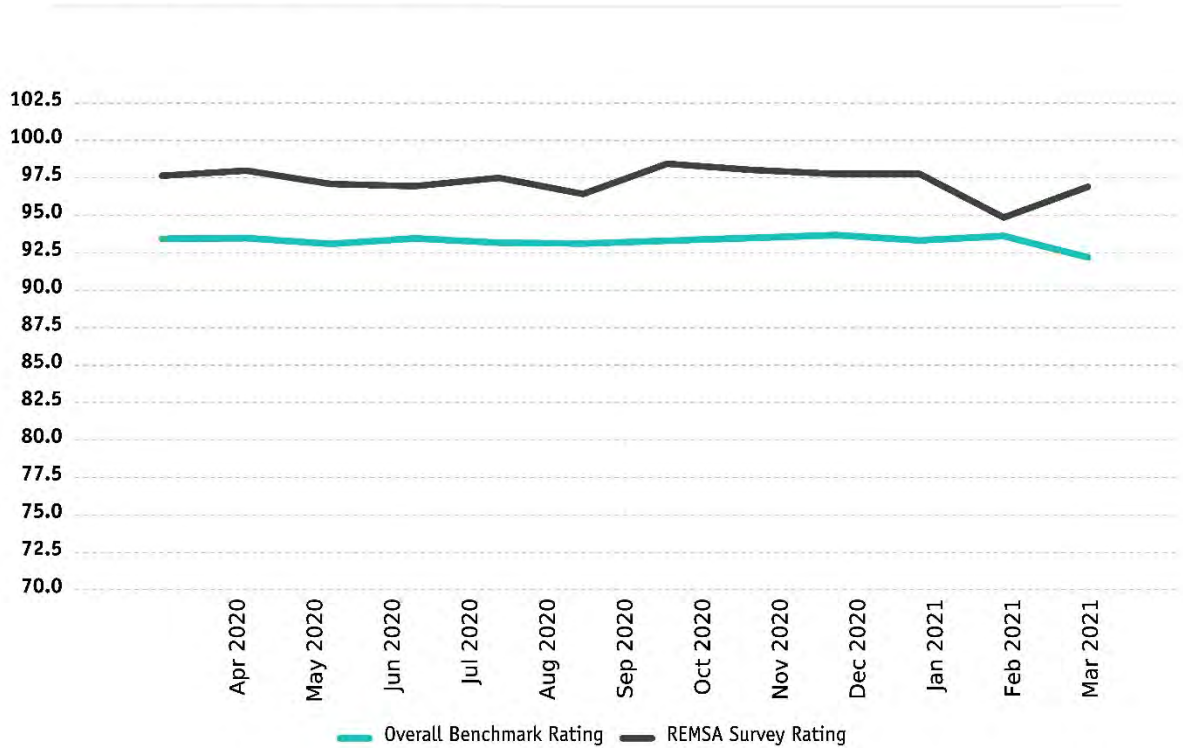
	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Helpfulness of the person you called for ambulance service	95.02	97.22	98.86	99.15	98.37	98.30	96.83	97.01	97.85	98.46	98.13	96.53
Extent to which you were told what to do until the ambulance arrived	95.85	97.22	98.86	99.15	98.91	98.30	96.79	96.88	97.83	98.45	98.13	96.26
Extent to which the ambulance arrived in a timely manner	96.80	96.35	96.66	96.43	95.26	95.80	94.26	97.68	98.04	96.53	97.96	95.11
Cleanliness of the ambulance	99.34	98.67	99.17	97.78	98.59	98.41	96.98	99.17	99.06	98.33	98.47	97.20
Skill of the person driving the ambulance	96.82	95.93	97.76	96.31	97.56	97.22	96.23	97.63	97.79	98.35	97.93	95.68
Care shown by the medics who arrived with the ambulance	96.67	98.67	98.17	97.17	97.32	98.32	96.80	99.00	97.51	97.83	97.64	94.83
Degree to which the medics took your problem seriously	96.98	99.00	98.33	97.99	97.32	98.32	96.73	99.50	98.33	97.32	97.64	95.00
Degree to which the medics listened to you and/or your family	94.43	98.28	97.73	96.98	96.50	97.60	96.36	99.31	97.99	96.96	97.29	94.05
Extent to which the medics kept you informed about your treatment	95.60	97.34	97.55	96.61	96.94	97.71	96.00	97.59	98.14	97.40	97.92	94.18
Extent to which medics included you in the treatment decisions (if	95.09	96.29	98.06	96.84	97.29	96.85	96.10	98.71	97.91	98.32	97.78	94.44
Degree to which the medics relieved your pain or discomfort	89.94	95.51	95.81	95.20	92.65	93.23	94.55	95.60	96.79	96.92	96.83	90.36
Medics' concern for your privacy	95.80	98.16	98.61	97.10	97.37	97.69	97.00	98.84	98.41	97.57	98.05	95.65
Extent to which medics cared for you as a person	96.43	98.31	98.67	97.15	97.28	98.65	97.49	98.94	98.33	97.97	96.96	95.27
Professionalism of the staff in our ambulance service billing office	100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00	100.00	100.00	100.00
Willingness of the staff in our billing office to address your needs	100.00	95.83	91.67	95.83	91.67	100.00		100.00	100.00	100.00	100.00	100.00
How well did our staff work together to care for you	97.07	98.67	98.78	97.24	97.77	98.48	97.31	99.12	98.49	98.00	97.83	95.21
Extent to which the services received were worth the fees charged	87.50	90.38	75.00	82.14	50.00	85.07	94.11	98.33	97.62	98.02	98.03	90.63
Overall rating of the care provided by our Emergency Medical Transportation	95.38	97.99	98.31	97.45	97.11	98.31	97.12	98.99	97.98	97.50	97.67	95.24
Likelihood of recommending this ambulance service to others	96.07	98.06	98.39	97.92	98.01	98.55	97.23	98.80	98.14	98.31	97.80	95.41
Your Master Score	95.90	97.64	97.98	97.09	96.94	97.50	96.42	98.44	98.03	97.76	97.76	94.85
Your Total Responses	151	150	150	150	150	150	150	150	150	150	150	150



REMSA
February 1, 2021 to February 28, 2021



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE FEBRUARY 2021 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	11/28/2020		"Very helpful"		
2	11/27/2020		"Everyone was great"		
3	11/27/2020		"Medics were excellent, very helpful"		
4	11/27/2020		"Medics were very friendly and communicative"		
5	11/27/2020		"Wonderful service"		
6	11/29/2020		"Great medics"		
7	11/29/2020		"Overall everything was done well."		
8	11/29/2020		"Medics were great, only thing that went wrong was losing her phone on the way into the ambulance"		
9	11/29/2020		"Medics are wonderful"		
10	11/29/2020		"Medics were great"		
11	11/27/2020		"Very punctual; got to the hospital very quickly"		
12	11/30/2020		"Medics are always awesome; jokingly mentioned how the ambulances need better shocks"		
13	11/30/2020		"Medics were very helpful"		
14	11/30/2020		"Very wonderful people"		
15	11/30/2020		"Everything went well; has ridden in other ambulances since then"		
16	12/09/2020		"The medics took the time to listen to her. They did not judge her. They had her		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			pain under control the entire time. The medics were very thorough."		
17	12/01/2020	"The ambulance was very quick to arrive."	"The medics were on point with treatment. They were very nice."		
18	12/01/2020	"The roads were rough and ride was bumpy."	"The REMSA medics were wonderful."		
19	12/01/2020	"The ride was very rough and the medics were nice, but did not seem to listen to her about what she thought was happening to herself."	"The medics got her out of the house and onto the gurney well and did a good job starting the IV."	"The medics need to pay more attention to what the patient says is wrong to them."	S. Selmi
20	12/01/2020	"Very satisfied with the service. He thought the bill was too high."	"The medics were very kind and cooperative."		
21	12/01/2020	"The operator asked a lot of questions. The ambulance came very quickly. Very professional medics. They knew what they were doing. We have the Silver Saver Membership. It is absolutely good to have it."	"The medics did a good job starting the IV. They gave him oxygen right away to relieve his discomfort."		
22	12/01/2020	"A ten star service. The medics are excellent people."	"The medics were there for her, for anything she needed."		
23	12/01/2020	"The medics knew what to do. They kept him warm. The medics went above and beyond the call of duty for him. They did a very good job and he appreciates REMSA."	"The medics did a good job helping him to get to the stretcher."		
24	12/01/2020		"The medics helped him well. They were nice."		
25	12/17/2020		"The medics understood him."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
26	12/02/2020		"The ambulance service got him to the hospital."	"Better IV placement. Patient stated he does not want it placed inside of his elbow. He also said the prices are too high, he has not called the billing office yet regarding his questions."	
27	12/02/2020	"Patient noted the medics went to the limit of pain relief that they are legally allowed. So even though he still had pain he is giving them a top rating."	"The ambulance arrived quickly and the driver made an effort to miss as many bumps as possible. That is very appreciated considering the pain level."	"Patient said he knows the ambulance can only carry a limited supply of pain medications on board. If it could be reconsidered to allow more for a patient like himself with a chronic condition."	S. Slemi
28	12/02/2020		"Patient stated she went on multiple rides in 2020 and the care was consistently good."		
29	12/02/2020	"Patient said he did not feel he was in a position to rate driving skill."	"Everything was done well, they completely did their job."	"Air shocks to make a smoother ride to the hospital."	
30	12/02/2020		"Patient said she witnessed good teamwork with the animal control officer and also teamwork amongst themselves. They also respected her wishes to not be wheeled into the ER, but rather walk instead. She said it was a very pleasant experience."		
31	12/02/2020		"Patient extends her thanks. She said		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			without the medics and ambulance service, she wouldn't have access to medical care and wouldn't be here anymore."		
32	12/02/2020		"Mother took the survey regarding her teen son. She said the medics were respectful and explained things thoroughly to her."	"Update the vehicles, the ambulance seemed old."	
33	12/02/2020		"Overall the service was good and the ambulance arrived on time."	"Pain medication was not given."	S. Slemi
34	12/02/2020		"Patient declined to leave any comments."		
35	12/02/2020			"Get there faster and have more help with you when you arrive."	
36	12/02/2020		"The ambulance arrived within moments."		
37	12/03/2020		"Overall everything was done well."		
38	12/03/2020		"Everything was done well."		
39	12/03/2020		"Patient stated the medics were very thorough and asked appropriate questions. They were also very patient with her. She is very thankful for the medics and their care and service."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
40	12/03/2020		"The medics were very careful with her, helping her up and down and making sure she was comfortable on the way to the hospital. Patient said she is very thankful for the gentle care and smooth driving."		
41	12/03/2020		"Patient stated everything was done well. The compassion and knowing what to ask were above the mark."		
42	12/04/2020		"The medics were overall very attentive."		
43	12/03/2020		"Medical POA took the survey. He stated it was a transfer to an appointment. The ambulance arrived timely and treated the patient carefully and with respect."		
44	12/03/2020		"The medical POA took the survey. He said the medics were like angels and treated the patient very well and also kept him informed. The kindness, caring and professionalism were amazing."		
45	12/03/2020		"The ambulance service was able to find her without getting lost."	"Give pain control."	S. Slemi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
46	12/03/2020		"The ambulance arrived quickly and everything was done well."		
47	12/03/2020		"Patient was kept informed every step of the way, he was kept warm and asked about his comfort level. The ambulance arrived quickly and the patient said the medics are a 10+ on the 1-5 scale. He is very grateful."		
48	12/03/2020		"Patient stated the medics acted with the utmost professionalism."		
49	12/03/2020			"Air ride shocks, a better ride for a person with a bad back."	
50	12/03/2020	"The medics relieved pain, as much as they could." "They did a great job, and they always do. The fees are certainly worth their effort."	"The medics moved the furniture out of the way, so his wife did not have to."		
51	12/03/2020	"The medics arrived very fast. The medics were very nice. She was impressed with the service given by the medics."	"The medics were very concerned about her. They were also very careful with her."		
52	12/18/2020	"Operator did a superb job. The ambulance came very quickly. The medics were good at getting her out of the vehicle with her injury. She would have never made it without the	"The medics were very personable and professional. They knew how to stabilize her broken bone."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		help of the REMSA medics."			
53	12/05/2020		"The medics told her to take deep breaths to calm her."		
54	12/05/2020		"The medics just did a great job."		
55	12/06/2020		"Medics and ambulance ride were great"		
56	12/06/2020		"Medics were able to control situation once on ambulance"	"Listen to the patient's needs when told that they can't do something/need help"	S. Slemi
57	12/06/2020		"Crew is absolutely stellar: extremely charismatic, respectful, professional, etc."	"Patient had one incident with REMSA where medics weren't concerned about them; felt like an inconvenience"	
58	12/06/2020		"Medics are wonderful"		
59	12/04/2020		"Great."		
60	12/06/2020			"Do your job; make patient priority"	S. Slemi



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
61	12/04/2020		"Medics were great"		
62	12/04/2020		"Everything was good"		
63	12/06/2020		"Medics are phenomenal; great ambulance service"		
64	12/06/2020	"Happy with REMSA"			
65	12/07/2020		"Medics were great"		
66	12/07/2020		"Rides are always fantastic and the staff is always caring"		
67	12/04/2020		"Medics were amazing, very caring people."	"Wished there was better communication between the hospital and the ambulance; medical bills will outrageous"	
68	12/04/2020		"Medics were awesome"		
69	12/04/2020			"Better communication between ambulance company and insurance company"	
70	12/04/2020	"No complaints"			
71	12/04/2020		"Very caring medics"		
72	12/07/2020		"Crew is absolutely stellar. Has had help from REMSA several"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			times, and the crew this time especially was extremely helpful and professional"		
73	12/04/2020		"Everything went great"		
74	12/07/2020	"Wonderful"			
75	12/07/2020		"Happy with the care I received"		
76	12/08/2020		"The medics took the situation very seriously, this medical situation was something the patient had never experienced before."		
77	12/08/2020		"Patient stated this was the first time she has ever called for an ambulance and they exceeded her expectations. She felt safe and secure with them attending to her."		
78	12/08/2020		"The medics were able to relieve her nausea."		
79	12/08/2020		"The driver was very careful and got him quickly to the hospital."		
80	12/08/2020		"Patient stated this was a transfer between facilities and it was very smooth."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
81	12/08/2020		"The medics asked appropriate questions and engaged the patient in conversation. The patient said he believes the medics did everything well and in a timely manner."		
82	12/08/2020			"Let the patient grab some clothes before you head out to the hospital. The patient had no underclothes or socks of her own while in the hospital."	
83	12/08/2020		"The medics had good personalities. They helped her keep her calm."		
84	12/08/2020	"The medics were very knowledgeable." "Very satisfied with the service."	"The medics were very friendly. They helped keep him calm by telling him a couple of good clean jokes."		
85	12/09/2020	"Very helpful operator. The medics worked very hard. The experience with REMSA was amazing."	"The medics helped her, and were able to explain everything to her, as they treated her."		
86	12/09/2020		"The medics were great"		
87	12/09/2020			"Take patient's problems seriously"	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
88	12/09/2020		"Experiences are always great with REMSA"		
89	12/09/2020		"The medics were very compassionate."		
90	12/10/2020		"Everything was a ten! The medics did a great job with everything that they did."		
91	12/10/2020	"The medics were very nice. They took her condition seriously and encouraged her to go to the hospital."	"The medics did well checking her out, and deciding she should go to the hospital. She and her mother felt that the medics were responsible for saving her life."		
92	12/10/2020		"The service was a transport only, and the medics did a good job. He would choose REMSA over any other ambulance service."		
93	12/10/2020	"One of the medics helped keep him calm by talking to him."	"The medics got him to the hospital quickly. They helped keep him comfortable."		
94	12/11/2020		"REMSA is always very respectful and helpful."		
95	12/11/2020		"Medics were very attentive; couldn't remember much besides the care she received."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
96	12/11/2020		"Everything was done well"		
97	12/11/2020		"Medics were very helpful and kind"		
98	12/11/2020		"Medics were great. Always appreciates REMSA's service."		
99	12/11/2020		"REMSA medics were very helpful and took the situation seriously."		
100	12/11/2020		"Driver was extremely courteous. Medics were amazing, and overall was a great ride."		
101	12/11/2020		"Medics were very caring"		
102	12/13/2020	"Nothing bad to say about my experience"			
103	12/13/2020	"Good"			
104	12/13/2020		"Everything was great, happy to have had their help"		
105	12/14/2020		"Always has a good experience with REMSA"		
106	12/14/2020		"Ride to the hospital was easy"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
107	12/14/2020	"Good"			
108	12/14/2020		"Very appreciative of the service that REMSA provides."		
109	12/12/2020		"Medics were extremely helpful; awesome people"		
110	12/14/2020		"Medics were great"		
111	12/14/2020	"Everything was done well"			
112	12/14/2020		"Patient stated the medics were very professional in appearance and demeanor. They quickly cared for him and then got underway to the hospital. Everyone wore masks."		
113	12/14/2020		"Patient stated he was very pleased overall and in particular that the medics really listened well."		
114	12/14/2020		"The ambulance arrived so quickly, it seemed like it was there in a heartbeat."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
115	12/14/2020		"Patient stated the medics were very attentive and made sure she was comfortable on the trip."		
116	12/14/2020		"Everything was done well."		
117	12/16/2020	"Father said that the operator was extremely helpful. The ambulance came within five minutes, and was extremely clean. Father said that the concern for safety and wellbeing of his child, was overwhelming. He also appreciated the overall professionalism of the medics."	"The medics paid great attention to detail."		
118	12/16/2020		"POA said that the medics assessed his pain, and where it may be coming from. They asked the right questions, and took things seriously."		
119	12/16/2020	"POA said that the medics seemed caring."	"The medics were kind enough to call the POA to discuss his care, while they were helping him."		
120	12/16/2020	"The medics handled him very gently."	"The medics showed a lot of compassion."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
121	12/15/2020		"POA said that the medics were good at calming her down. The medics were exceptional with everything they did."		
122	12/18/2020		"Medics are ride were great even though they weren't able to alleviate her symptoms much at all."		
123	12/18/2020		"Ambulance drivers were phenomenal"		
124	12/18/2020		"Medics were great"		
125	12/18/2020		"Medics were very helpful and considerate."		
126	12/17/2020		"Team worked well together to help patient."	"One medic had an issue reading the patient's ID"	
127	12/17/2020		"Everything went great; very caring medics"		
128	12/17/2020		"Drivers were absolutely amazing"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
129	12/17/2020		"Medics were great"		
130	12/20/2020		"Medical POA took the survey. POA is also a nurse and said from her perspective the medical care was very good."	"Arrive faster."	
131	12/20/2020		"Patient stated he was a bit out of it due to his medical situation, but that his wife raved about the care and concern that was shown for him. Also, the concern shown for her because she was upset. The medics kept his wife informed as well."		
132	12/20/2020		"The medics were very good interacting with her children so they did not get scared."	"Better IV placement. Medics were unable to get an IV started so she had to wait until she got to the hospital."	
133	12/20/2020		"It was a smooth transition into the hospital."		
134	12/20/2020	"Mother completed the survey regarding her minor daughter."	"The medics immediately administered needed oxygen."	"Give the parents a clearer picture of what is going on with their child."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
135	12/21/2020		"The medics were timely and when they arrived they did a good job of working around the family dogs."		
136	12/19/2020		"Medics were all equally great; made patient feel very comfortable and eased some stress with humor."		
137	12/19/2020		"Medics were awesome; great and helpful people."		
138	12/21/2020		"Medics were terrific; super great and amazing people."		
139	12/21/2020		"Everyone was very helpful; great experience."		
140	12/21/2020	"Everything was great"			
141	12/21/2020		"Medics were fantastic"		
142	12/22/2020		"Ride/medics were all perfect."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
143	12/22/2020	"Good"			
144	12/22/2020		"Everything was top-notch"		
145	12/22/2020		"Wonderful people; can always count on them when in need of help."		
146	12/22/2020		"Medics were great"		
147	12/24/2020	"She would give the medics a triple 5 for their care and compassion."	"The REMSA medics kept her warm by hurrying to get her up from the floor."		
148	12/24/2020	"He would give the medics a 6 for their care."	"A medic noticed that he was passing out and assisted him."	"He thinks they need more training on how to start IVs."	
149	12/19/2020		"The medics did well at taking care of her and getting her to the hospital quickly."		
150	12/19/2020		"Parent said that REMSA was prompt and able to treat him quickly."		

FOLLOW UP

#27 - After reviewing the chart, it appears that this was an ILS transport home without any mention of pain. I spoke with the billing office and they said he was transported three times in December and may be mixing it up with another transport. 3/5/21 1503, I left a message for the pt. I will have the paramedic complete an occurrence

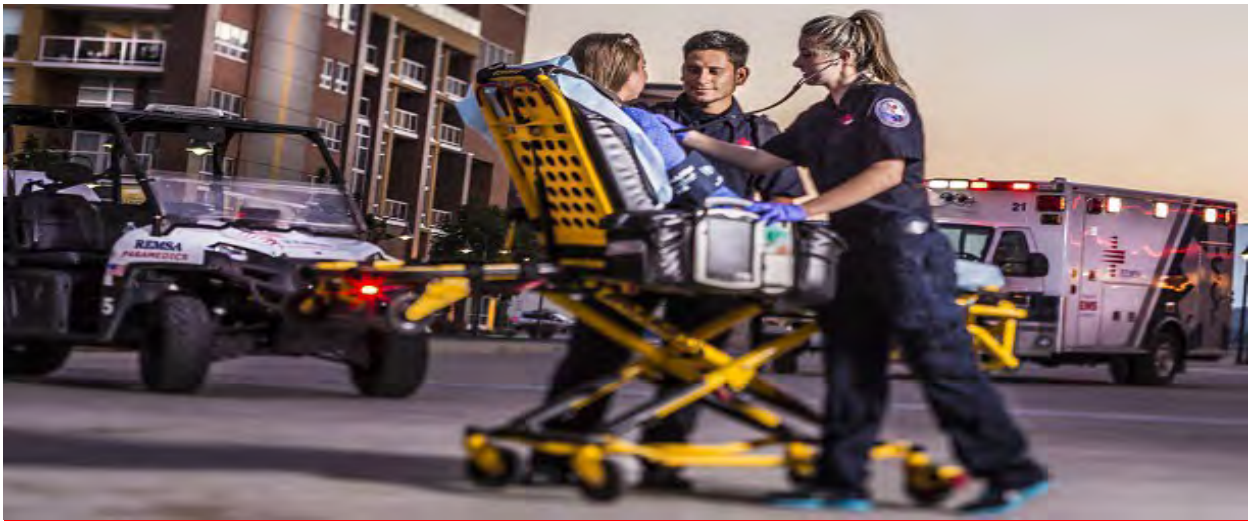


	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		report ASAP. Stacie 3/6/21 1835, no call back yet, will close for now. Stacie			
		#33 - 3/5/21 1428, called pt, "voice mailbox has not been set up yet". Supervisor/Paramedic administered Zofran 4mg and Morphine 4mg IV. No further, Stacie			
		#45 - 3/5/21 1403, left a message for pt. Stacie			
		#56 - 3/5/21 1342, message for pt. Emailed crew for occurrence report ASAP. Stacie 3/6/21 1832, no call back from pt, closed ticket out, will re-open and add to if needed. Stacie			
		#60 - 3/5/21, same complaint as 2/4/21, I was able to contact pt at 1210 who was very nice, she was upset as the crew was rude to her and would not take her to the VA so she was having to pay out additional expenses. She said the crew did not check her VS for 45 mins when she was not feeling well. I apologized for her bad experience with this crew, I asked her if she could come down and pick up a copy of her chart to help with the VA. The AEMT documented RVA diverted by the doctor on duty. Pt then told me she was not really worried about the bill. I told her the paramedic and I would be writing a report about this incident and if she had any future problems please contact a REMSA Supervisor ASAP so we can take care of any problems. She thanked me for calling her again. VS in the chart was started 2 mins after pt contact by automated cuff at 1548 and 1636. This AEMT is no longer employed at REMSA at this time, but I will have the paramedic complete an occurrence report. Stacie			



FEBRUARY 2021

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



ALMA MARIN: KTVN'S SOMEONE 2 KNOW
KTVN highlighted Alma Marin, REMSA's Public Education Coordinator, and her efforts in expanding CPR knowledge across the community.

REMSA Paramedics Deliver Baby Inside Ambulance in Snowstorm

Taya Rain Eagle will have an interesting story to tell when she gets older!

Thursday, February 11th 2021, 12:09 PM PST

REMSA DELIVERS BABY IN SNOWSTORM
REMSA Paramedics delivered a baby girl in the back of their ambulance, on the side of the road in a snowstorm. A healthy, happy mom and baby were then transported to the hospital for postpartum care.





PUBLIC & COMMUNITY RELATIONS



REMSA GRADUATES 13 PARAMEDIC STUDENTS - KTVN HIGHLIGHT

After beginning class in January 2020, these graduates worked through the COVID-19 pandemic to complete their training to become nationally registered paramedics.

REMSA ANNOUNCES GRAND ROUNDS

REMSA's Center for Prehospital Education recently announced Grand Rounds – an educational opportunity that takes a more in-depth look at topics relevant to out-of-hospital healthcare, presented by subject matter experts. Participants will expand their knowledge on topics ranging from clinical developments to provider health and wellness to healthcare finances. REMSA Grand Rounds is open to anyone; however, healthcare providers of all levels and from different settings will find the subject matter particularly relevant. Grand Rounds are convenient and affordable – all sessions are offered virtually via Zoom and are free for everyone.

REMSA Grand Rounds Presents Excited Delirium: An Out-of-Hospital Perspective

One of the hottest topics in emergency health care right now is Excited Delirium (ExD). This presentation will highlight past and current research, efforts to understand its clinical pathology, contemporary out-of-hospital therapies and interventions and the question: Does ExD truly exist?

- ▶ February 22, 2021 1800 - 1900
- ▶ Virtually, via Zoom
- ▶ FREE | Continuing Education Credits provided
- ▶ Register at remsahealth.com/Grand-Rounds



Presented by Adam Heinz, MBA, NRP, AEMD
Executive Director of Integrated Health





**REMSA 2020-21 Penalty Fund Reconciliation as of
January 31, 2021**

**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	13,538.25
December 2020	10,433.63
January 2021	12,828.33
February 2021	
March 2021	
April 2021	
May 2021	
June 2021	
Total Penalty Fund Dollars Accrued	\$81,921.88

2020-21 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
Fiscal Year 2020 Approved Carryover	7,993.52	Fiscal Year 2020 over- expenditure approved carryover	Jan 2021
CARES (Cardiac Registry to Enhance Survivability)	2,500.00	Annual Subscription Fee	Jan 2021
Community AEDs	7,466.25	5 Community AEDs Donated	Jan 2021

**Total Encumbered as
of 01/31/2021** **\$17,959.77**

**Penalty Fund Balance
at 01/31/2021** **\$63,962.11**



**REMSA INQUIRIES
FEBRUARY 2021**

No inquiries for February 2021.

Influenza

A Public Health Perspective

Heather Kerwin, MPH, CPH

Christabell Sotelo, MPH

Liliana E. Wilbert, MPH

March 2021

EPIDEMIOLOGY & SURVEILLANCE OF INFLUENZA

Influenza

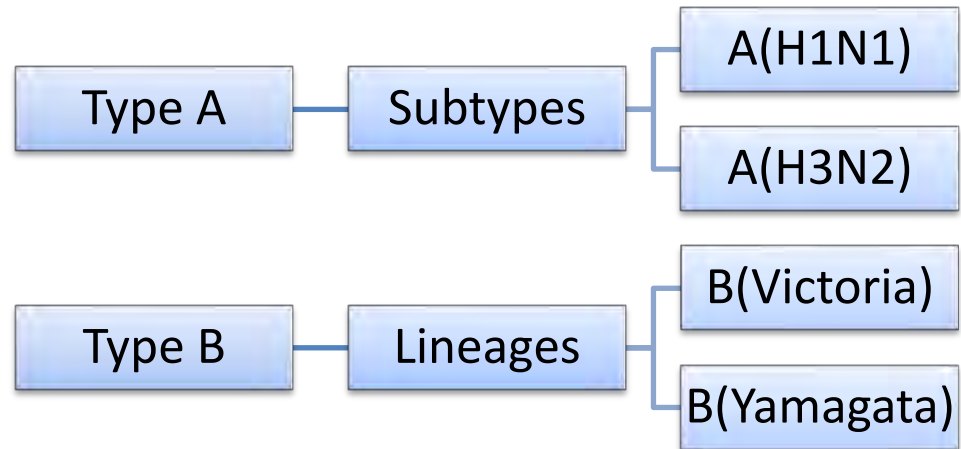


<https://phil.cdc.gov/Details.aspx?pid=10073>

- What: Respiratory illness caused by influenza viruses that infect the nose, throat, and lungs
- When: Follows a seasonal pattern
- Who: Anyone can get sick with the flu but some individuals are at a greater risk for serious complications

Types

- Influenza viruses A and B are associated with seasonal flu activity in people
- The emergence of new strains of influenza can lead to a flu pandemic
- Occasionally people can become infected with flu viruses that primarily circulate among animals (e.g., swine flu, avian flu)



Source: <https://www.cdc.gov/flu/about/viruses/types.htm>

Transmission

- Droplets made when people with flu cough, sneeze or talk
- Touching a surface that has flu virus on it and then touching their own eye, nose, or mouth
- Incubation period is typically 1-4 days
- People sick with flu are contagious 1 day prior to symptom onset through 1 week after symptom onset



<https://phil.cdc.gov/Details.aspx?pid=11162>

Clinical Signs & Symptoms

- Fever or feeling feverish
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue
- Vomiting*
- Diarrhea*



<https://phil.cdc.gov/Details.aspx?pid=21765>



Diagnosis and Treatment

- Several tests are available including rapid influenza diagnostic tests (RIDTs), PCR, culture, DFA/IFA
 - Serology generally not recommended
- Prescription antivirals are available to hospitalized patients and are often prescribed for persons at high-risk or very ill



National Burden

Preliminary 2019-2020 season estimates. Not final.

CDC estimates* that, from **October 1, 2019**, through **April 4, 2020**, there have been:

39,000,000 – 56,000,000
flu **illnesses**



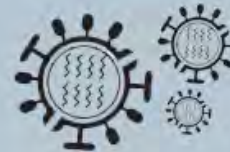
18,000,000 – 26,000,000
flu **medical visits**



410,000 – 740,000
flu **hospitalizations**



24,000 – 62,000
flu **deaths**



Source: <https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm>

Surveillance

- Each year CDC estimates the burden of influenza (flu) in the U.S.
- CDC uses modeling to estimate the number of flu-associated illnesses, medical visits, hospitalizations, and deaths that occur in the U.S. in a given season
- Cross-hemisphere influenza surveillance plays a role in upcoming seasonal predictions



Surveillance Programs

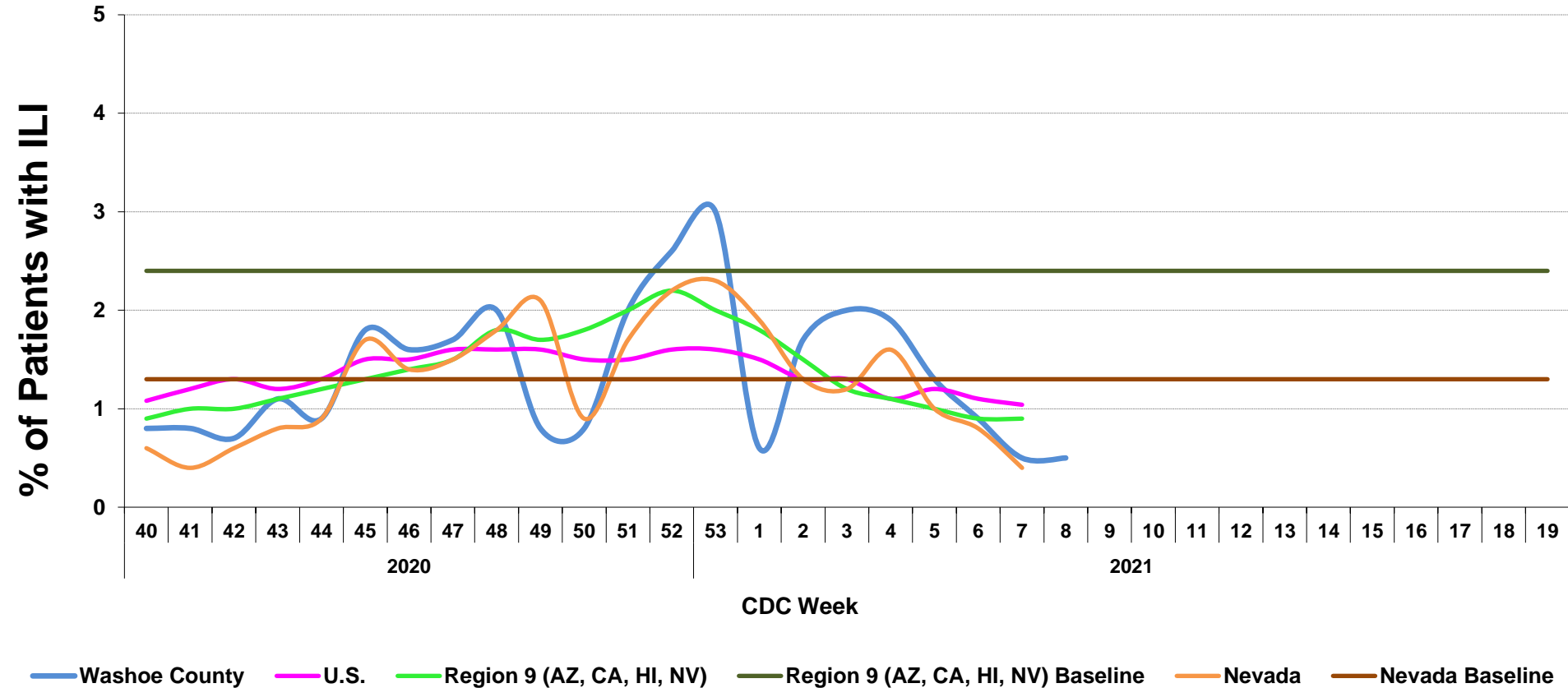
WCHD & CDC

- Virologic Surveillance
- Outpatient Influenza-like Illness Surveillance
- Hospitalization Surveillance
- Mortality Surveillance
- Syndromic Surveillance
- Respiratory Syncytial Virus Surveillance

CDC Only

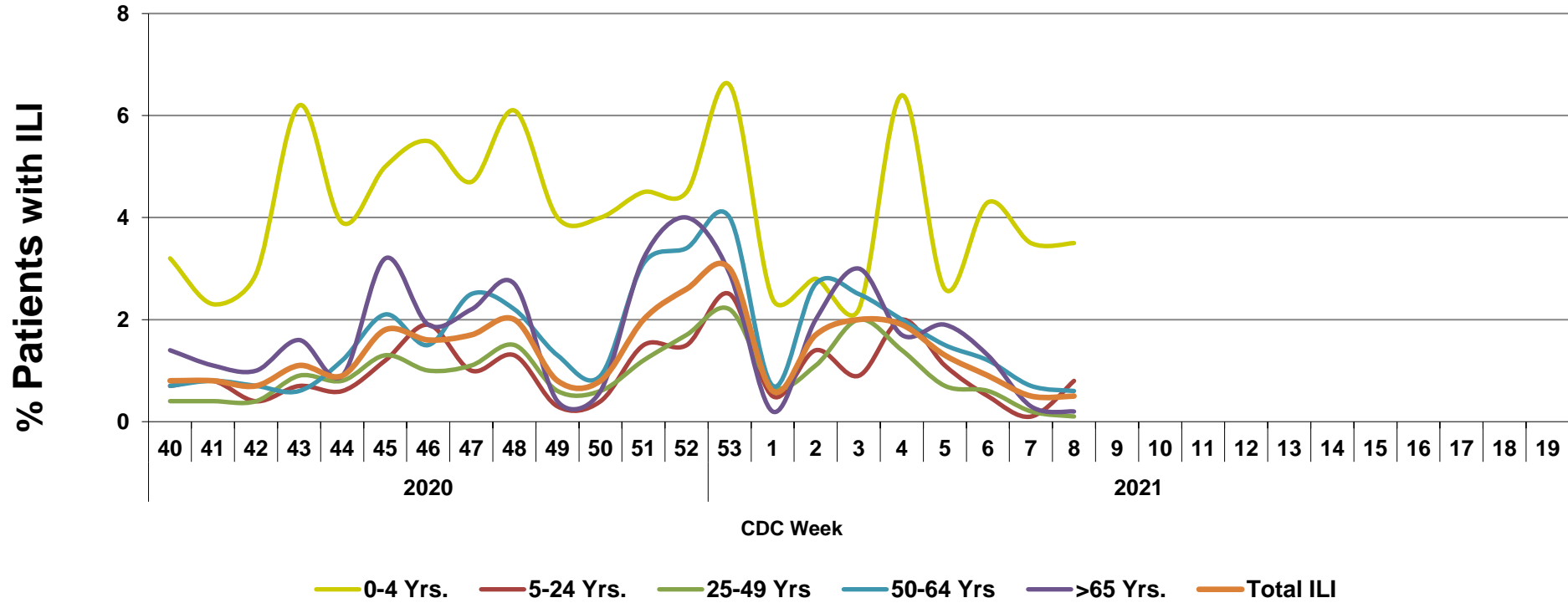
- Geographic Spread of Influenza
- Flu Forecasting

ILI Comparison by Location

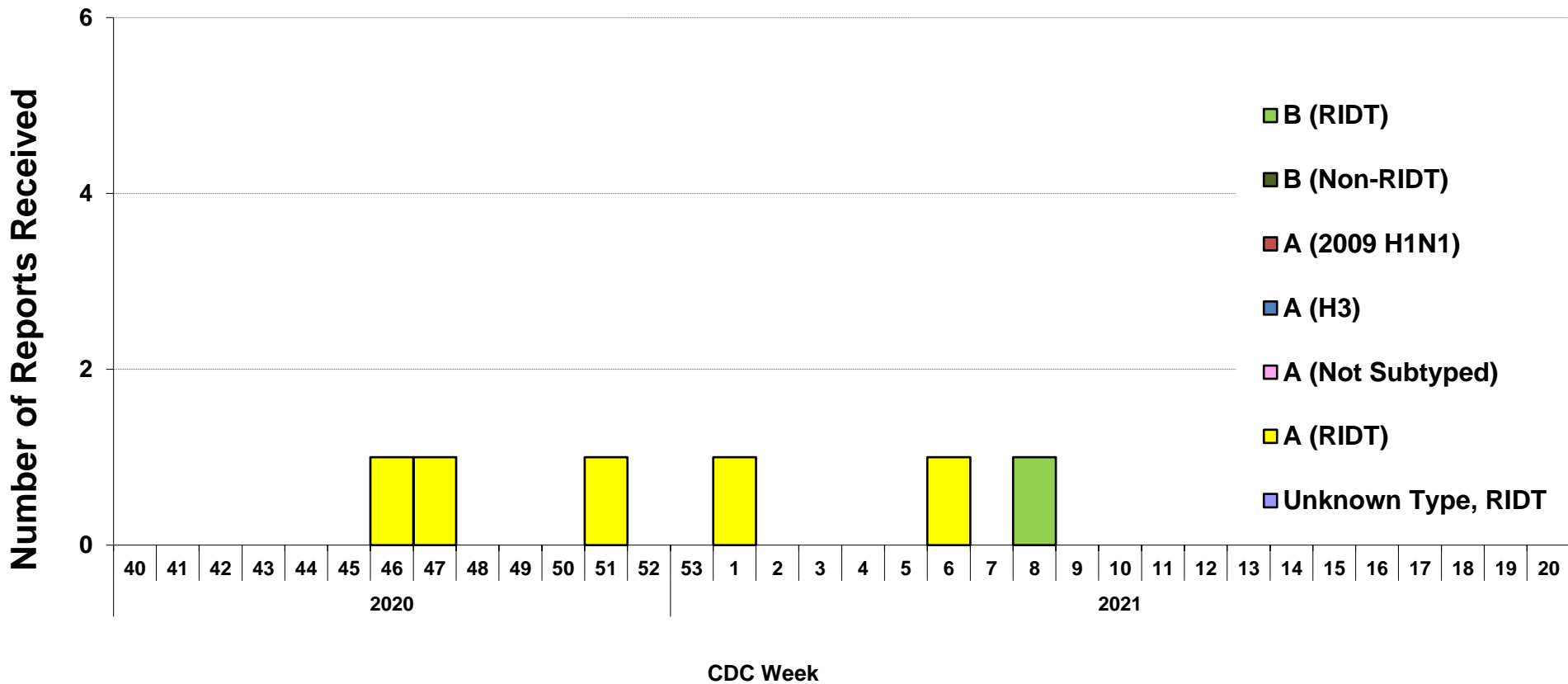


— Washoe County — U.S. — Region 9 (AZ, CA, HI, NV) — Region 9 (AZ, CA, HI, NV) Baseline — Nevada — Nevada Baseline

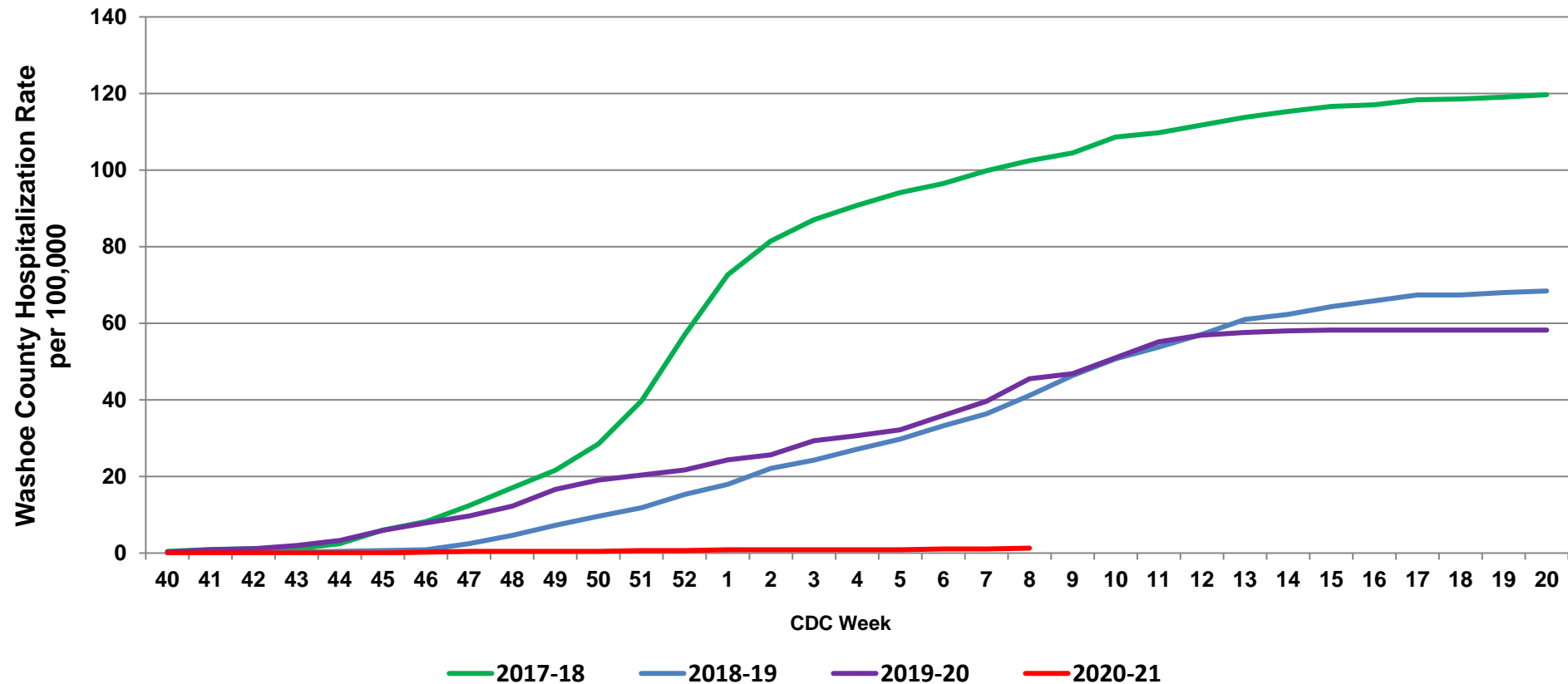
ILI by Age Group Washoe County



Influenza Virologic Surveillance Washoe County

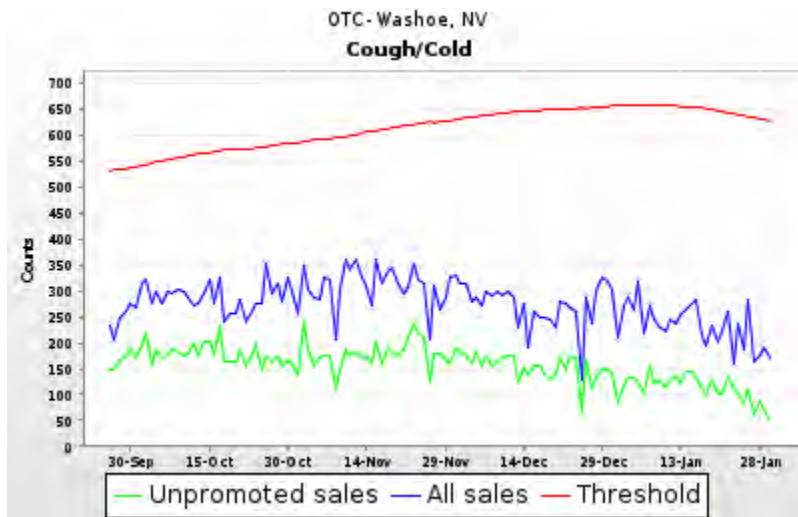


Hospitalization Surveillance Washoe County

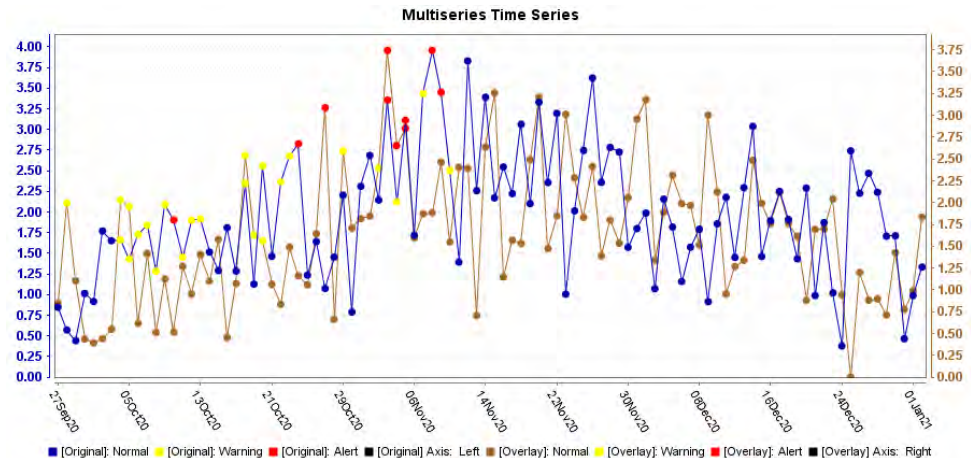


Syndromic Surveillance Washoe County

OTC Sales



ESSENCE



INFLUENZA PREVENTION & PREDICTION

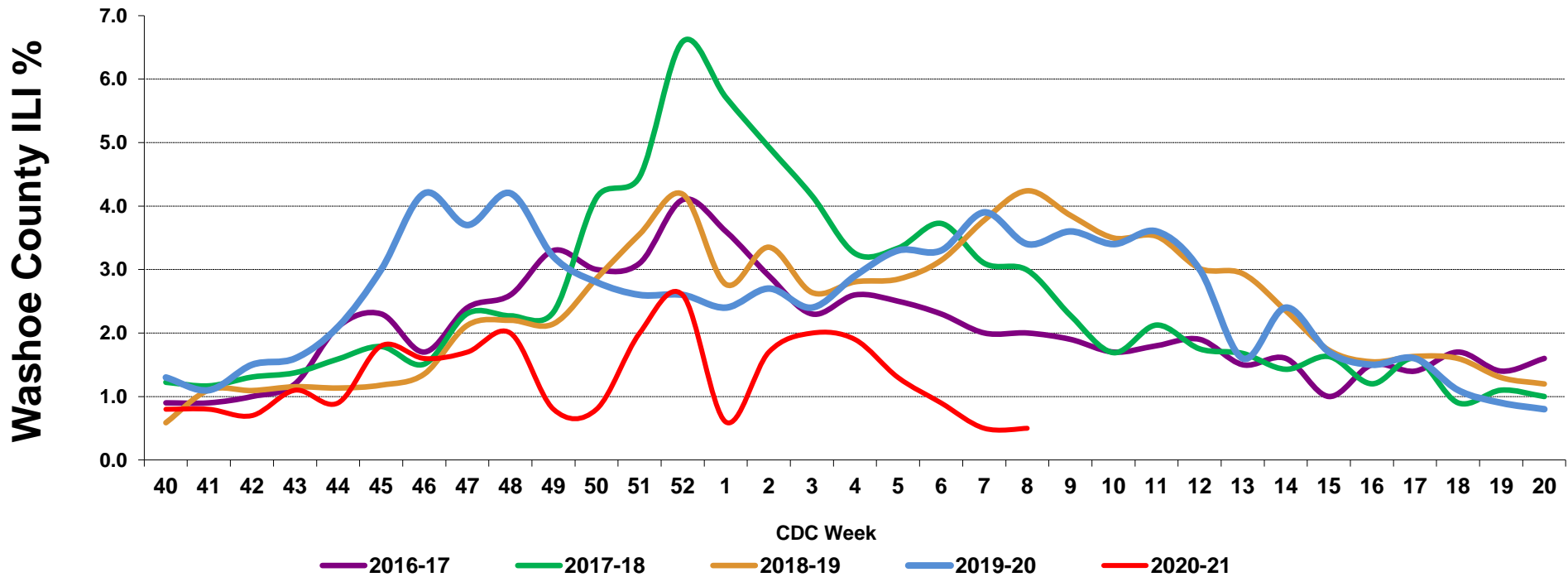
Vaccine Effectiveness

- Vaccine effectiveness (VE) varies from year to year but overall reduces the risk of flu illness by between 40% and 60%
- In general, current flu vaccines tend to work better against influenza B and influenza A(H1N1) viruses than influenza A(H3N2) viruses
- VE for all ages for the 2019-2020 season:
 - Overall VE against influenza A and B virus infection was 39%
 - Highest VE was among age groups of 9-17 and 50-64 at 40%
 - VE against influenza A(H1N1)pdm09 viruses was 30%
 - Highest VE was in the 50-64 age group at 40%
 - VE against influenza B/Victoria viruses was 45%

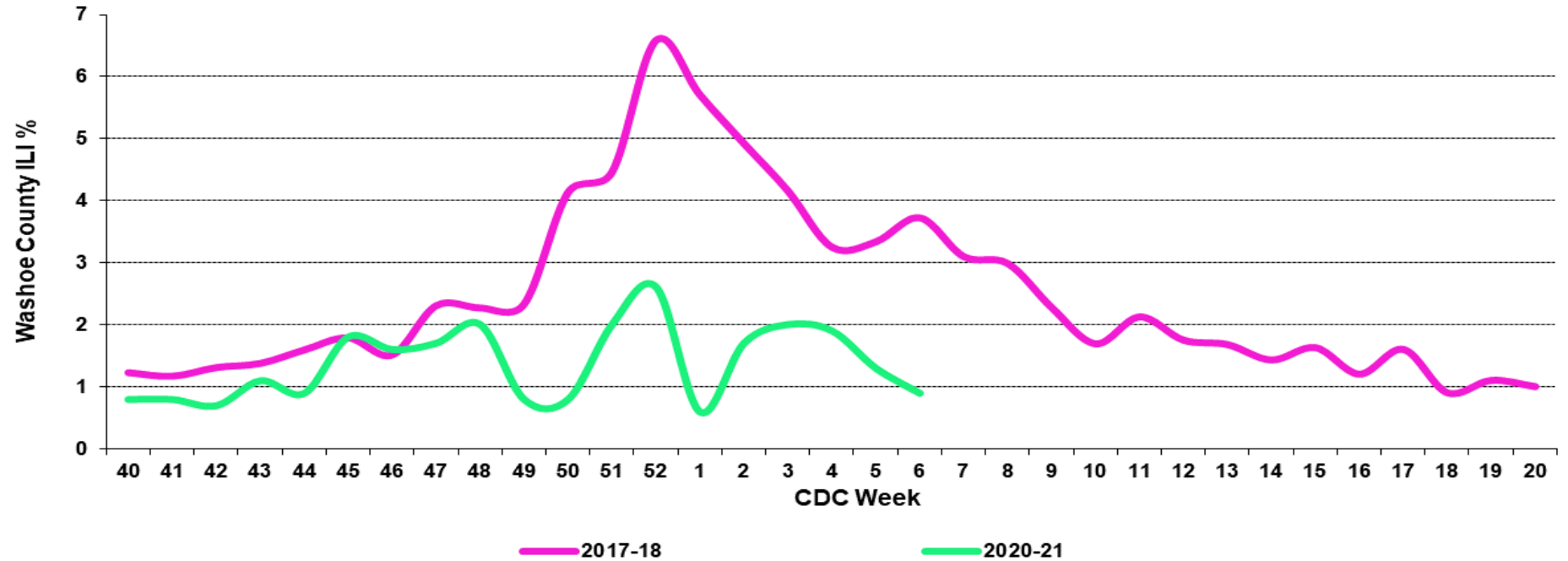


ILI Surveillance: 2016-21 Seasons

Washoe County



ILI Seasonal Severity Washoe County



Predicting Influenza

- Utilization of southern hemisphere
- 2020-2021 is not as easily predictable
 - Differences in how patients interact with providers
 - Testing algorithms due to COVID-19
 - Implementation of non-pharmaceutical interventions
 - Possible viral interference

Predicting Influenza

- Challenges for the 2021-2022 influenza season
 - Insufficient viral data for current season
 - Baselines will be difficult to calculate
 - Vaccine selection decision may be delayed



Questions?

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Washoe County Health District Influenza Surveillance Program

<https://www.washoecounty.us/health/programs-and-services/ephp/statistics-surveillance-reports/influenza-surveillance/index.php>



Staff Report
Board Meeting Date: March 25, 2021

DATE: March 12, 2021
TO: District Board of Health
FROM: Rayona LaVoie, Health Educator II
775-328-2404, rlavoie@washoecounty.us
SUBJECT: Presentation and possible acceptance of the 2020 Community Health Improvement Plan Annual Report.

SUMMARY

The 2020 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan from January 1st, 2020 to December 31st, 2020.

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.

PREVIOUS ACTION

- The 2021 CHIP was presented to the board and accepted on November 19, 2020
- The 2017, 2018 and 2019 CHIP annual reports have been presented to the board and accepted
- The second version of CHIP (2018-2020) was presented to the board and accepted on September 26, 2019
- The current CHIP (2018-2020) was presented to the board and accepted on June 28, 2018.
- The previous CHIP (2016-2018) was presented to the board and accepted on January 28, 2016.

Subject: ODHO District Health Officer Report

Date: February 19,2019

Page 2 of 2

BACKGROUND

The 2020 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan from January 1st, 2020 to December 31st, 2020. The Annual Report provides a progress review of the activities and collaborative efforts completed by the Washoe County Health District, CHIP workgroups, and community partners and agencies in 2020. The 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. Successes were seen across all three priorities due to the community wide engagement and collaborative work. The successes demonstrate the evolution and progress accomplished by CHIP workgroups and community partners.

FISCAL IMPACT

Should the Board accept the 2020 Community Health Improvement Plan Annual Report, there will be no fiscal impact to the adopted FY21 budget.

RECOMMENDATION

Staff recommends the DBOH review and accept the 2020 Community Health Improvement Plan Annual Report as presented.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2020 Community Health Improvement Plan Annual Report as presented."

WASHOE
COUNTY
HEALTH
DISTRICT

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2020

Community Health Improvement Plan
ANNUAL REPORT



2020 Community Health Improvement Plan Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank our community partners for dedicating their time and expertise to the CHIP committees.

Access to Health Care Network	Reno Area Alliance for the Homeless
ACTIONN	Reno Housing Authority
Boys and Girls Club of Truckee Meadows	Reno Initiative for Shelter and Equality
Catholic Charities of Northern Nevada	Reno Police Department
Children's Cabinet	Reno + Sparks Chamber of Commerce
City of Reno	Renown Health
City of Sparks	Restart Reno
Communities in Schools, Western Nevada	Safe Embrace
Community Foundation of Northern Nevada	Salvation Army
Community Health Alliance	Social Entrepreneurs, Inc.
Community Services Agency	The Eddy House
Food Bank of Northern Nevada	The Life Change Center
Health Plan of Nevada	Truckee Meadows Healthy Communities
High Sierra AHEC	Truckee Meadows Regional Planning Authority
Immunize Nevada	United Health Care
JTNN	University of Nevada, Reno Cooperative Extension
Liberty Dental Plan	University of Nevada, Reno School of Community Health Sciences
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion	Urban Roots
Nevada Division of Public and Behavioral Health, Community Services	Volunteers of America Northern Nevada
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention	Washoe County Courts Division
Nevada Division of Public and Behavioral Health, Primary Care Office	Washoe County Chronic Disease Coalition
Nevada Interagency Council on Homelessness	Washoe County Health District
Northern Nevada HOPES	Washoe County Regional Behavioral Health Board
Nevada on the Move	Washoe County Human Services Agency
Nevada Primary Care Association	Washoe County School District
	Washoe County Sheriff's Office

**WASHOE COUNTY
HEALTH DISTRICT**
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1001 East Ninth Street
Reno, NV 89512
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www.washoecounty.us/health

Letter from the District Health Officer



Dear Partners, Residents, Community Leaders, and Colleagues,

The 2020 CHIP Annual Report showcases the accomplishments achieved with our partners to improve the health of our community in Washoe County.

In March 2020, the COVID-19 public health emergency began to affect our residents as well as so many others across the United States and the rest of the world. As the economic crises spawned from the shutdown to slow the spread of the disease, we found ourselves on the frontlines with our partners taking the opportunity to accelerate equitable efforts to protect the health of our community while working to improve the quality of life for all. I've been so inspired this year by how, even in the most challenging of times, dedicated partners in Washoe County have been able to provide the care and support our families need.

This annual report highlights how that collaborative approach is effectively addressing challenging community health issues including, housing and homelessness, mental health, substance use, physical activity, and nutrition. As we continue to work together to address the struggles of many of our residents, we must now continue to address the immediate impact of a global pandemic that touches us all.

We all have struggled, stretched ourselves, and found new strength this year. COVID-19 revealed what we already knew about health inequities in Washoe County, and it has taught us that if we all work together, we can manage these seemingly huge challenges. The successes we've had in facing COVID-19 are a testament to what we can do.

The Washoe County Health District recognizes and appreciate that these successes would not have been possible without the action and accountability of partners. We look forward to continuing the journey with you to improve the physical, mental and social well-being of everyone in our community.

Kevin Dick
Washoe County District Health Officer

Letter from the Board of Health Chair



Dear Washoe County Community,

We are pleased to share with you the 2020 Community Health Improvement Plan Annual Report. The annual report highlights the accomplishments of our partners with respect to planning and delivering high quality initiatives to improve the health of residents in Washoe County.

This past year has been a year like none before it. From a global pandemic to continued efforts to solve mental health, housing and homelessness and physical activity and nutrition, I am very proud of how community partners across non-profits, hospital systems, schools, frontline organizations, and many more has adapted and weathered the coronavirus pandemic—in fact I believe it has been our finest hour.

Our community came together in remarkable ways and worked unconditionally to implement critical changes to programs and services so we could handle surges in COVID-19 cases while protecting the health and safety of all residents and those on the frontlines of this battle. We've seen extraordinary efforts to improve health by increasing access to mental health services through telehealth, collaborating with partners to find emergency solutions to protect our vulnerable populations who are unsheltered, and ensuring families have access to nutritious foods through home delivery programs.

I am honored to be newly appointed as Chairman of the District Board of Health. While the challenges of a global pandemic are immense, I have been awed by the resilience of the heroic people who work throughout Washoe County, as well as the loyal support of this community. In good times and those that challenge us, I look forward to serving our community to improve the quality of life for residents in Washoe County.

Oscar Delgado, MSW, MUP
Chair, Washoe County District Board of Health

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Introduction

The 2020 Community Health Improvement Plan (CHIP) Annual Report is a progress review of the strategies implemented this year. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking, collecting data, and preparing the annual report. We are excited to share an update on the initiatives that have been accomplished by working together to positively impact the community's health.

A community health improvement process looks at the whole of the community, analyzing how a network of organizations providing various programs and services, some focused at diverse sectors of a community, contribute to community health improvement. As part of the ongoing process of community health improvement, a community health needs assessment (CHNA) is conducted through the evaluation of primary (information gathered from first-hand sources) and secondary (county, state and national statistics) health data. Following the CHNA, Truckee Meadows Healthy Communities (TMHC), a cross-sectorial coalition representing stakeholders in Washoe County, selected three focus areas that were most critical to improving our community's health:

	Priority	Goal
1	Housing and Homelessness	<ol style="list-style-type: none">1. To stabilize and improve housing security for people spending more than 30% of their income on housing.2. To stabilize and improve housing security for people spending more than 50% of their income on housing.
2	Behavioral Health	<ol style="list-style-type: none">1. To stabilize and improve housing security for the severely mentally ill (SMI).2. Assess and address current status and need for behavioral health services in Washoe County.3. Reduce depression and suicidal behaviors in adolescents and seniors age 65+.
3	Nutrition and Physical Activity	<ol style="list-style-type: none">1. To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework

The CHIP was then developed by committees made up of community partners, to give structure to addressing the selected focus areas. Community engagement is key to the CHIP process so that the resulting plan reflects not only the shared commitment to focus areas, but also considers the full community's assets, strengths, resources and needs for bringing about positive change. In order to maximize health impact and gain widespread support for improvement, the CHIP shares action plans, goals, and objectives, and strategies that can be used to reach identified targets. The committees

report their progress related to the identified strategies quarterly which allows WCHD to report data outcomes.

How to Read this Report

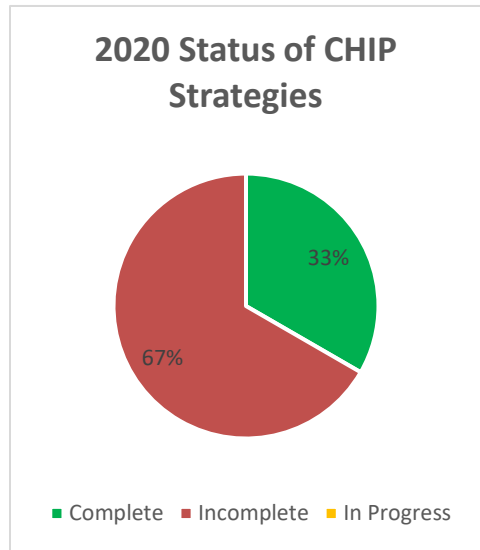
The CHIP strategies are presented in the following tables, with notations of activities performed and information reported by community partners from January 1, 2020 to December 31, 2020.

A color-coding system to indicate the completion status of each strategy within the three focus areas was created. The number of completed tactics in a strategy was divided by the total number of tactics in that strategy, to yield a percentage indicator of completion. A score of 70 to 100 percent complete was given a green indicator. A score of 50 to 69 percent complete was given a yellow indicator. A score of below 50 percent completion was given a red indicator.

	A score of 70 to 100 percent indicates significant progress, in that the measurement has met or surpassed the target objective.
	A score of 50 to 69 percent indicates ongoing activities or progress toward the target objective.
	A score of below 49 percent indicates little to no progress has been made toward the target objective.
	Items accomplished in 2018 and 2019. These items were not included in the 2020 percent complete score.
	Items not yet due for completion

Housing and Homelessness

Washoe County has faced a critical housing crisis that brought community partners together to create the Regional Affordable Housing Strategy. This strategy underscores long-term housing solutions that are accessible and affordable. In the 2019 EPIC report, an economic impact document shared by Economic Development Authority of Western Nevada (EDAWN), census data, projecting population growth, along with housing supply data, indicates a disproportionate ratio signifying a substantial shortage of affordable housing. In the report, data also show that the population in Northern Nevada is projected to increase by 8.6 percent while households are projected to grow by 8.8 percent during the 2019-2023 Study Period.¹ The cost of housing is outpacing the increase in wages. More than half of American households are spending more than 30% of their income on housing, including 79% of low-income Nevada renters. These trends make it difficult for residents to afford necessities such as housing, food, clothing, transportation, and medical care, causing residents to be more vulnerable to displacement.



To worsen the situation, the impact of COVID-19 made the housing crisis more evident and visible. As cases began to increase, community partners quickly redirected their efforts to find short term solutions to protect Washoe County’s unsheltered population by securing a larger temporary shelter to maintain social distancing guidelines. Furthermore, an emergency directive establishing a moratorium on all evictions and foreclosures in Nevada to provide relief to those experiencing financial hardship was implemented in early March of 2020. Six months into the pandemic, the unemployment rate increased almost 5% in Washoe County, causing economic hardship among homeowners, renters, and landlords.² Data collected in the Pulse Survey conducted in January 2021 indicated nearly 20% of residents in Nevada are past due on their rent and over 40% had difficulty paying for usual expenses including food, rent or mortgage, or medical expenses.³ The housing hardships were alarming prior to the pandemic and have been exacerbated by the economic crisis faced by many individuals and families, further highlighting the need to implement measures that improve economic and social well-being.

¹ EDAWN.(2019).Retrieved from: <https://www.edawn.org/epic-report/>

² U.S. Bureau of Labor Statistics. (2020). Retrieved from: https://www.bls.gov/eag/eag.nv_reno_msa.htm

³ Center on Budget and Policy Priorities. (2021). Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

Focus Area #1

Goal 1: To stabilize and improve housing security for people spending more than 50% of their income on housing.

Objective 1.4 – By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability	Identify or establish organization to lead implementation	Organization identified/established	Truckee Meadows Healthy Communities	The Truckee Meadows Regional Strategy for Housing Affordability was adopted region wide. Truckee Meadows Regional Planning Agency continues to monitor housing data to provide information in the region about potential affordable and attainable housing units. However, no organization has been identified to lead implementation of the strategy that has been developed.
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed		SB 12 was introduced and heard during the legislative session. If passed, the bill would require certain notices before the termination of a restriction relating to the affordability of certain housing. Further work is needed to support effective implementation of activities outlined in the Truckee Meadows Regional Strategy for Housing Affordability.

Goal 2: To stabilize and improve housing security for people spending more than 50% of their income on housing.

Objective 2.1: By September 1, 2020 identify and support alternative funding models for housing severely mentally ill (SMI).

Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
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	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	Washoe County Human Services, RAAH, ACTIONN	RAAH Advocacy Policy document reflects the options for funding and outlines the priorities at both the state and local level. Also see Guinn center housing matrix.
		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)		See Guinn center housing matrix.
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds		Main options outlined in RAAH policy priorities do not require match funding other than the 1915(i) which would require state funds.
			A memorandum of understating to provide match funds if needed		
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information		JD Klippenstein main point of contact, WCHD Government Affairs Liaison will also be main point of contact for legislative efforts identified.

Objective: 2.2: By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.

Status	Strategy	Tactic	Performance Measure	Lead Organizations	Progress narrative
	Support implementation of objectives/ strategies outlined in the HUD Youth Demonstration grant.	Identify a timeline to implement grant objectives	Document reflecting implementation timeline	Owner: Eddy House, RAAH Youth Subcommittee	Complete and Youth Homelessness Roadmap has detailed steps.
		Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training, agency communication and service delivery that include best practices for homeless youth.	Meetings conducted to determine lead agencies that specifically serve homeless youth.		RAAH youth committee active and meeting monthly to implement Youth Homelessness Roadmap.
		Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth.	Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth		The Eddy House was selected to lead the Youth Youth Homeless Demonstration Project (YHDP) however they were not funded for the HUD grant. Subsequently, the YHDP consisting of organizations focused on reducing youth homelessness did not create the document reflecting training best practices. As a result, the WCHD provided funding to the Eddy House to support the implementation of strategies included in the Youth Homelessness Roadmap. In 2020, the Eddy House served almost 500 transition aged youth. Further, 21 individuals were transitioned into stable housing.

Complete/Obsolete

Objective 1.1- By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Meetings convened stakeholders to discuss housing needs in the region

Objective 1.2- By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of Regional Strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	Meetings convened stakeholders to discuss housing needs in the region

Objective 1.3 – By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of regional strategy complete	Project Director, Truckee Meadows Healthy Communities, TMPRA	All three phases have been completed; the roadmap is scheduled for release in early 2019
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan	Nevada Interagency Council on Homelessness	From the 2017 interim housing committee recommendations, a BDR was submitted for the 1915(i) expansion to the state Medicaid plan.

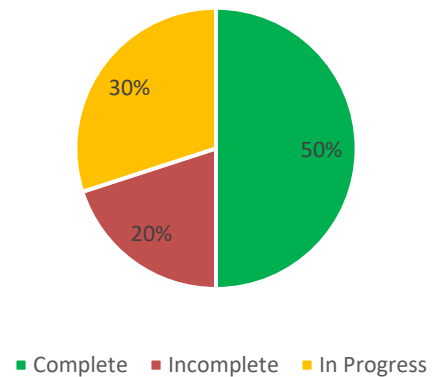
	include homeless people who are severely mentally ill.	Identify steps for implementation of revised state plan.	Action plan for implementation activities.		State is working with SEI to implement bill.
	Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided.	Each agency will list their case managers, and identify their duties and responsibilities	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute	Washoe County Human Services Division, Housing Specialist	Complete, but further work is needed. This may be address if an CHIP MPH intern is hired for summer 2019.
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened; best practices shared		Complete and ongoing
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.	Washoe County Human Services	(9.12.18) Complete, results have been shared with the broader case management community.
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	Anne Cory Supporter: UNR MPH Intern	Complete, results have been shared. Need to identify staff (MPH intern) who may be able to implement all steps but training and sharing of resources are occurring at WCHSA community case manager meeting.

		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.	Anne Cory Supporter: UNR MPH Intern	
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities of existing case managers at the CAC.	Owner: Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America	Complete and working well at family shelter. One meeting has been conducted with City of Reno to explore potential expansion to City of Reno.

Behavioral Health

The growing attention around behavioral health has exposed mental illness as one of the leading causes of disability in the United States. Behavioral health is a general term used to refer to both mental health and substance use.⁴ Mental illnesses are one aspect of behavioral health and are among the most common health conditions in the United States. Almost 50 percent of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14.⁵ Whereas there is no single cause for mental illness, early adverse life experiences is one major factor that can influence developing a mental illness.

2020 Status of CHIP Strategies



According to the 2020 Washoe County Behavioral Health Profile, compiled by the Washoe Regional Behavioral Health Policy Board, over the past two years the percentage of middle school students in our community experiencing adverse childhood experiences has increased. Specifically, middle school students who lived with either someone suffering from a substance use problem or who was mentally ill increased from 18.5 percent (2017) to 27.7 percent (2019). There is further concern that the COVID-19 pandemic has impacted behavioral health, especially for youth during school closures and hybrid learning in which access to supportive services provided by the school may have been limited.

Our community is still assessing the impact that the COVID-19 pandemic had on the behavioral health in Washoe County. However, we know that local behavioral healthcare providers and community organizations adapted quickly and found new ways to provide behavioral health services. For instance, the Washoe County School District adopted and began implementing procedures to increase suicide screening among 7th grade students. Furthermore, the implementation of Certified Community Behavioral Health Clinics (CCBHCs) gained traction as they began expanding services and improving the way mental health, substance abuse and primary care services are delivered.

⁴ SAMSA-Behavioral Health Integration. (2021) Retrieved from: <https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf>.

² Mental Health America. (2021). Retrieved from: <https://www.mhanational.org/mentalhealthfacts>

³ Edwards, D. (2020). Washoe County Behavioral Health Profile.

Focus Area #2

Goal 1: To stabilize and improve housing security for the severely mentally ill (SMI).

Objective 2: By April 1, 2020 identify best practices for incorporating community case management for people experiencing homelessness.**

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Support implementation of the GoodGrid case management software system	Implement Good Grid with Phase I pilot partners	Phase I pilot agencies have all fully implemented the GoodGrid case management software system for all homeless individuals and families	Owner: Washoe County Human Services Division, HSA Coordinator	GoodGrid was implemented to collaborate more effectively with community service providers across Washoe County. The tool has the ability to streamline the workflow among providers by coordinating planning efforts for individuals experiencing a need for resources and services. Good Grid has proved to be a useful tool for those providing case management. 3 partners went live with the system December 2, 2019.
		Implement Good Grid with Phase II pilot partners	Phase II pilot agencies have all fully implemented the GoodGrid case management software system for all chronically homeless clients		The Homeless Management Information System (HMIS) continues to be beneficial for partners who are utilizing the information technology system to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Further work is needed among services providers to continue the coordination of efforts between the two systems and further expansion of partners utilizing GoodGrid is needed to better meet the needs of individuals on a community wide-level. 7/10 partners are using the system but to varying degrees.

Objective 3: By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and dissemination information on the number of certified PRSS in Washoe County	Develop a one page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	<u>Owner:</u> Foundation for Recovery	Foundations for Recovery hired a full-time Peer Recovery Support Specialist. Fact sheet completed on the certification process, materials were also developed by UNR MPH intern based on the results of the PRSS survey.
		Determine number of currently certified PRSS being utilized by Behavioral Health providers to include Substance Use treatment facilities, CCBHCs and FQHCs	Conduct an annual survey of the number of certified PRSS in Washoe County		Survey was distributed to behavioral health providers In Northern Nevada. About 100 responses were collected and over 50% currently utilize Peer Recovery Support Specialists (PRSS). The Nevada Peer Recovery Support Specialist Survey indicated the top three training topics selected were Integration of Peers into Service Delivery Model, Scope of Work, and Supervision of Peers.
	Implement trainings for providers on PRSS	Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted	<u>Owner:</u> Foundation for Recovery	Trainings were provided to enhance understanding of peer recovery and support. Foundations for Recovery hosted an online Global Peer Support Day which included 4 hours of trainings, as well as, an online 5 day Recovery Coaching on Harm Reduction Pathway.

Goal 2: Assess and address current status and need for Behavioral Health services in Washoe County.

Objective 2: By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Publish Washoe county Behavioral Health Data profile	Collect needed information and oversee UNR MPH intern in the revision of the data profile from the previous year.	Needed data collected and evaluated, report complied and reviewed	<u>Owner:</u> Washoe County Health District, UNR MPH Intern	Key findings reflecting the behavioral health needs in Washoe County were compiled in the 2020 Washoe County Behavioral Health Data profile.
		Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		The Washoe Regional Behavioral Health Coordinator intends to provide a presentation to partners in 2021.

Objective 3: By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	The data available does not provide the level of information needed to determine shortage designations.
		Determine optimal format of information sharing, ie, one-page handout	Informational materials are developed		A survey conducted by the State every 3 years collects basic information about practicing physicians however the committee identified further opportunities to structure the survey differently to gather important information about provider availability, total number of FTEs, percentage of Medicaid and use of sliding scale fee.

		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts		Further work is needed as current data does not exist.
		Conduct a year over year comparison on number of providers	Analysis conducted and findings disseminated		Further work is needed as current data does not exist.
		Gather information available on the number of Behavioral Health employers who offer/participate in student loan repayment programs	Information collected and distributed to appropriate contacts		Further work is needed as current data does not exist.
	By Feb 1, 2020 assess the viability of utilizing Medicaid claim data to determine provider availability/accessibility	Determine what data would need to be collected and submit a corresponding data request to NV DHHS DPBH	Data request formulated and submitted	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	Data needed was identified however it was determined by DHHS that they could not provide the type of information needed.
		Analysis data to determine if Medicaid claims data is sufficient to determine if sufficient providers exist to meet the current/projected need	Data analysis complete and findings shared		Further work is needed as current data does not exist.

Objective 4: By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate basic information on current status of Behavioral Health Board modernization	Contact Behavioral Health Boards and gather information on degree of modernization, current wait times for license to be processed	Document reflecting information gathered	Owner: NV Primary Care Association, Nevada DHHS Primary Care Office Washoe County Health District	Previously completed analysis of the 4 BH licensure boards (MFT/CPC, LCSW, LDAC and Psychologist) was distributed.
		Identify potential opportunities to revise policies that would allow for expedited licensure as well as past attempts at modernization	Document outlining policies and potential revisions and historical efforts		An analysis of the information collected was discussed among the committee. Potential opportunities to modernize the Behavioral Health Board include structure of the Board and license fees. Further work is needed to identify policies and potential revisions and historical efforts.

Objective 5: By Feb 1, 2020 expand training and education to providers on SBIRT

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate basic information on current status of SBIRT usage	Mapping settings/populations where SBIRT is used in Washoe County	Document reflecting information gathered	Owner: CASAT Supporter: HOPES, WCHD, Renown, Children's Cabinet, Washoe County Public Defender's Office, Washoe	CCA SBIRT workgroup developed a survey, SBIRT Practices, to identify which practices are currently being implemented in Washoe County to screen for substance misuse among clientele and /or patients. An electronic survey link was distributed via email to working group members' professional listservs and contacts. A total of 262 participants responded to the survey.

		Identify target agencies/organizations to provide SBIRT awareness and training	Document outlining target organizations to provide SBIRT training to	County Department of Alternative Sentencing	A one-page SBIRT informational flyer was developed to use in the community when presenting on SBIRT. The flyer includes a definition, primary goal and stats related to use of SBIRT as well as demonstrates the flow and process of SBIRT. Information was presented at Criminal Justice Advisory Committee Meeting,. Washoe County Substance Use Task Force Meeting, University of Nevada, Reno Academic Course (CAS 354: Assessment and Diagnosis).
			2 online trainings provided		2 online training were provided. The four-hour training modules provide participants the opportunity to gain awareness around epidemiological trends and data regarding the percentage of the US population participating in risky alcohol and other drug use, and medical conditions associated with risky drinking and drug use. The coursework has been approved for 4 continuing education (CE) credits by the Nevada State Board of Nursing, the State of Nevada Board of Examiners for Social Workers, the National Association of Alcohol and Drug Abuse Counselors, International Certification & Reciprocity Consortium and the National Board for Certified Counselors.
		Promote SBIRT expansion through completion of live, online SBIRT implementation class and self-paced SBIRT class	1 face to face training provided		1 training provided. Brief Introductory Training and Initial Site Visit. This 2-hour introductory workshop focused on providing an overview of the rationale, evidence base, and structure of SBIRT. During this initial visit, Adopt SBIRT staff and the SBIRT consultant also met with the Oversight Committee and other relevant staff to discuss implementation plans.

Goal 3: Reduce depression and suicidal behaviors in adolescents

Objective 1- By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement Signs of Suicide education and screening program for all 7th grade students in Washoe County	Approval of District administrative regulation for implementation of Signs of Suicide education and screening for all 7th grade students	Approved Administrative regulation	<u>Owners:</u> Washoe County School District, Children’s Cabinet	Administrative approval obtained.
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming		Funding was secured for future implementation of the SOS program.
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for consent for screening		SOS screening permission slip was included in the enrollment packet to increase consent for screening.
	Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students.	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	<u>Owners:</u> Washoe County School District <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children’s Cabinet	Information has been gathered from a variety of sources on current barriers including mental health providers, community non-profits and WCSD on barriers.
		Work with stakeholders to identify ways to overcome barriers			Main barrier identified was the source of reimbursement for the mental health provider. Need to find a funding source for the mental health services to able to easily provide services to students without having to sort out insurance, billing, etc

Objective 2: By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative.	Identify funding source	Funding for year one of implementation identified	Owners: Renown Institutes, TMHC, NNBHLC,	Funding sources identified
		Assemble working groups, determine governance structure and leadership	Working group identified		Workgroups assembled and met regularly to discuss project and activities
		Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members		The Hello Project implemented three initiatives in 2020. It starts with Hello, a virtual gathering featuring local experts who offer input on all things that affect seniors is held every Tuesday. About 15-25 people attend weekly sessions. The Card program continues to be implemented and handwritten notes of kindness have been sent to elders in our community. The Resource Guide/Newsletter was refreshed and distributed at Food Bank locations and the Senior Center/Meals on Wheels. Lastly, the Heartown campaign was implemented in July and engaged seniors by creating their own hearts for display in Artown's Gallery.

COMPLETE/OBSOLETE

Objectives 1.1- By September 1, 2018 identify and support alternative funding models for housing SMI.

	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing	Washoe County Human Services, RAAH, ACTIONN	See housing section
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		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (ie, State Medicaid Administrator approval/letter of support, legislative action needed, etc)		See housing section
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds		See housing section
			A memorandum of understanding to provide match funds needed		See housing section
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information		See housing section
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.	Nevada Interagency Council on Homelessness	See housing section
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.		See housing section

Objectives 1.2- By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.	Owner: Washoe County Human Services Division, Housing Specialist Supporter: WCHD MPH Intern	See housing section
	Compile and share best practices examples from other communities.	Conduct internet research.		Anne Cory Supporter: UNR MPH Intern	See housing section
		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.		See housing section

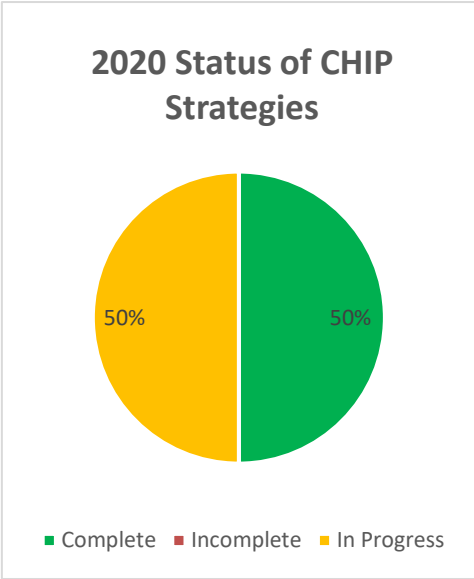
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities existing case managers at the CAC. No families on the wait list at the CAC.	Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America	Complete and working well at family shelter
Objective 2.1- By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.					
Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected	Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association	Information collected and document was distributed
		Determine optimal format of information sharing, ie, one page handout,	Informational materials are developed		
		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts		Scheduled to be completed before the start of the legislative session.
	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated	Shelia Leslie, Washoe County Regional Health Board Supporter:	Behavioral health data profile completed and distributed

		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed	WCHD MPH Intern	
	Explore opportunities to increase efficiency of Behavioral Health Licensure boards in order to expedite licensure	Identify means of modernization of licensure boards and resources needed for modernization	Document reflecting opportunities for modernization corresponding resources needed	NV Primary Care Association, Washoe County Health District	Further work is needed to implement the strategies listed
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions		

Nutrition and Physical Activity

3

To prevent the spread of COVID-19, restrictions implemented included the closure of physical offices, schools, and parks, and the cancellation of sports leagues and activity centers. These efforts were enacted to increase social distancing measures to further limit contact, interaction, and disease spread between individuals. These guidelines have largely remained in place for the majority of 2020 and have directed individuals to leave home only for essential needs. As a result, the burden of the pandemic dramatically changed the lifestyle of many families which has manifested into increased stress, physical inactivity, and weight gain among children and adults.



In 2015 in Washoe County, 27% of youth were physically active for 60 or more Minutes on 7 or more days and 32.5% of adults met Aerobic and Strength guidelines. These rates have likely worsened due to fitness center closures and challenges presented by COVID-19. In 2019, 54% of adolescents ate a serving or more of fruit and only 12% of adolescents ate a serving or more of vegetables during the week leading up to the survey being conducted.⁶ Sadly, social distancing measures contributed to unintentional consequences that reduced students' access to meals for those who qualify for free and reduced lunch. The promotion of distance learning led to schools closing in Winter of 2020 leaving families to choose from only 6 school sites around Washoe County to pick up their students' meals.

Insufficient levels of physical activity and decreased consumption of nutritious foods continues to be a major concern in Washoe County as health behavior patterns in adolescents are likely to persist into adulthood and can lead to increased risk for serious health conditions including, overweight, and obesity, diabetes, and other chronic diseases. As we move forward, community partners engaged in the 2021 Community Health Improvement Plan remain committed to finding ways to provide information through streaming platforms and deliver services remotely. The 5-2-1-0 Healthy Washoe framework will continue to be utilized to increase healthy behaviors.

⁶ Truckee Meadows Tomorrow. Retrieved from: <https://www.nevadatomorrow.org/indicators/index/dashboard?alias=alldata>

Focus Area #3

Goal 1: To increase physical activity and improve nitration among adults and youth using the 5210 Let’s Go framework.

Objectives 1.1 – By December 2020, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 program in Reno/Sparks.	Recruit a minimum of 5 youth organizations to implement 5210! program	Number of organizations implementing 5210. Number of youth impacted by 5210	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	WCSD selected five pilot schools to begin implementing program in 2020.
		Recruit 1 health care provider to implement 5210 program	Number of health care providers implementing 5210 Number of families impacted by 5210		Renown Ambulatory Clinic and NN HOPES are implementing the program. Other clinics are interested but lack of personnel is a barrier in receiving program training and technical assistance
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with	Number of organizations reached		The Reno + Sparks Chamber continues to be a champion and has hosted 5210 focus groups. Organizations interested in implementing the 5210 Health Washoe program were invited to a kickoff on 1/15. A community wide kickoff event was delayed as a result of COVID-19 guidelines.

		information about Let's Go 5210			
		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	Number of organizations implementing 5210. Number of employees impacted by 5210		Three businesses from the Chamber were selected to pilot the program. In addition, 24 departments within Washoe County completed onboarding and their department action plans for the organization's official kickoff in March of 2020. Due to COVID-19 the launch was delayed.
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	Number of organizations reached with education and TA about 5210 components		The Washoe County Health District and Washoe County Human Resources partnered together to provide technical assistance and a series of 3 trainings to prepare Washoe County departments for program implementation. The 5210 Health Washoe committee provided technical assistance to teach organizations about successful implementation strategies, organizational buy-in, and goal setting.

Objective 1.2: By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Develop a toolkit for implementing healthy vending and concessions in Washoe County.	Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Number of BEN locations successfully implementing the Nutrition Standards Policy	WCHD supporters: Renown Health	Vending Committee received product list for vendors including Tahoe Vending and Accent Food Services.

		Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions		Two surveys were conducted to gather information about the types of wellness initiatives employees wanted to see change at their workplace. Providing healthier options through vending and concessions was one of the top initiatives identified in the 5210 Washoe County Employee survey and the Community 5210 Healthy Washoe survey
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions. Vending and Concessions committee completed a site visit with one organization to provide technical assistance
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	Number of toolkits and informational documents developed		Committee developed toolkit.
	Identify strategies to increase healthy vending and concessions in Washoe County.	Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed	Renown Health and WCHD	A healthy vending and concessions committee was formed and met once a month.
		Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	Plan developed		Partnered with Renown to provide "mini grants" to organizations interested in starting healthy vending/concessions. Once organization was selected to receive funds to improve options provided during concessions.

Objectives 1.3– By December 2020, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores.	Secure/apply for monies to support FHF efforts	Funds secured	FHF sub-committee Supporters: FBNN, WCHD, Renown Health, Community Health Alliance, High Sierra AHEC	Washoe County Health District and community partners provided funds and other resources to support Family Health Festival events in 2020.
		Coordinate three FHF/year with at least 100 attendees at each event	Number of FHF		Three events were hosted in 2020. The event in May was cancelled due to COVID-19 guidelines. March: Boys and Girls Club Donald L Carano Youth & Teen Facility August: Hug High School October: Stead Airport. The events were well attended and serving about 400-500 households.
COMPLETE/OBSOLETE					
	Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established	Community Health Alliance Supporter: PA/N CHIP Committee	Advisory Board established and had targeted discussions regarding additional personnel to expand program and WCSD representation.
		Determine branding of local 5210 efforts	Local brand approved by advisory board		5210 Healthy Washoe website was created. Organizations can now register through the registration page.
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	Number of marketing strategies identified		completed.

		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed		Workgroup will utilize Let's Go's survey tools. Surveys will be sent to pilot sites in the Spring of 2020.
	Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	Number of learning opportunities planned	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	Completed. Dr. Steven Shane and Sierra worked with Let's Go! HQ in Maine to plan a 3-day training in November.
		Offer at least one Let's Go 5210 learning opportunity for the community to increase knowledge and understanding of the Let's Go 5210 program	Number of 5210 learning opportunities offered and number of health care practices educated		Completed. Dr. Tory Rogers from Let's Go Maine provided training which covered structure of Let's Go! team, program implementation and Let's Go! evaluation system.
	Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified	Community Health Alliance (CHA) ,Supporters: WCHD, Advisory Board	Committee continues to track program needs and technical assistance provided to pilot sites. Program successes are required to demonstrate value of program to potential funders
Objective 1.4- By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.					

Status	Strategy	Tactic	Performance Measure	Lead Organization	Progress narrative
	Increase knowledge of healthy behaviors among populations at greatest risk.	Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	Number of assessments completed	FHF sub-committee Supporters: FBNN, WCHD, Renown Health	During triage at the FHF's, participants are asked about physical activity and nutrition. If an individual expresses inability to exercise daily or access fruits and vegetables, a handout of resources is provided, and they are encouraged to visit the physical activity and nutrition services
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	Number of assessments completed		Individuals completed FHF exit interview

Conclusion

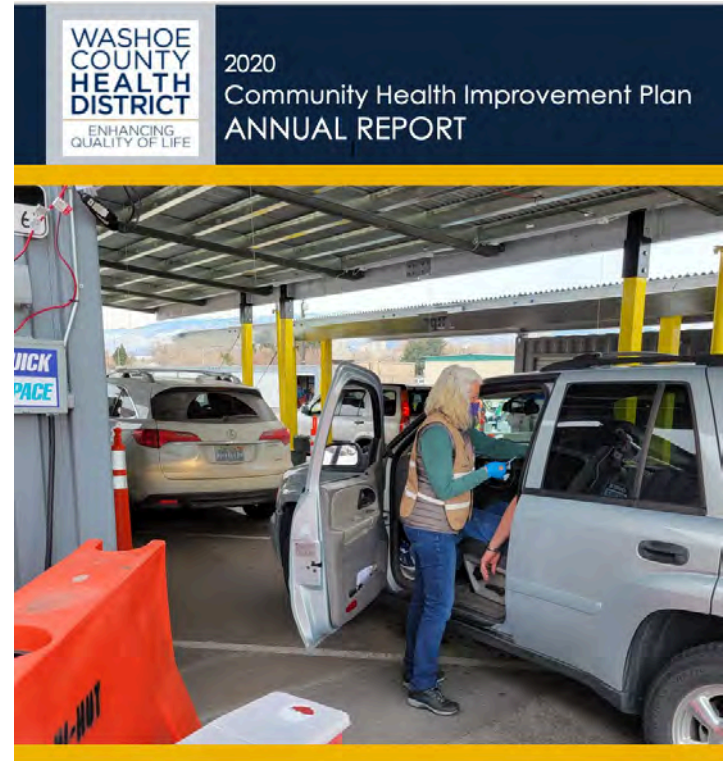
The 2020 annual report celebrates the progress and collaborative efforts between the Washoe County Health District and community partners. The CHIP will continue to give us future direction by providing a framework to improve the three focus areas—1) Housing and Homelessness 2) Behavioral Health and 3) Physical Activity and Nutrition. Progress of CHIP strategies will be evaluated on an ongoing basis to identify areas for possible improvement or revision. The CHIP will also continue to change and evolve over time as new information and insight emerge. By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Washoe County.

2020 Community Health Improvement Plan Annual Report

Rayona LaVoie, Health Educator
March 25, 2021

2020 CHIP Annual Report

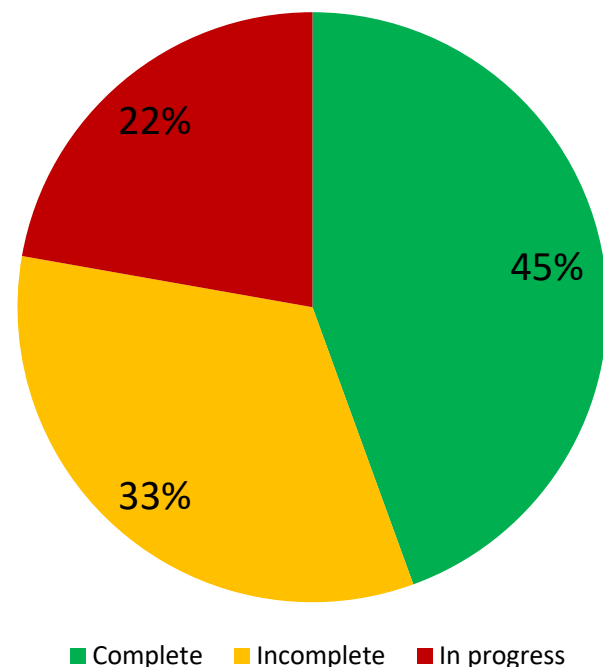
- Details progress made in 2020
- Achievements over the year
- Goals moving forward



2020 CHIP Annual Report

- 2018-2020 CHIP Focus Areas
 1. Housing and Homelessness
 2. Behavioral Health
 3. Physical Activity and Nutrition
- Objectives, strategies and tactics correspond with each focus area

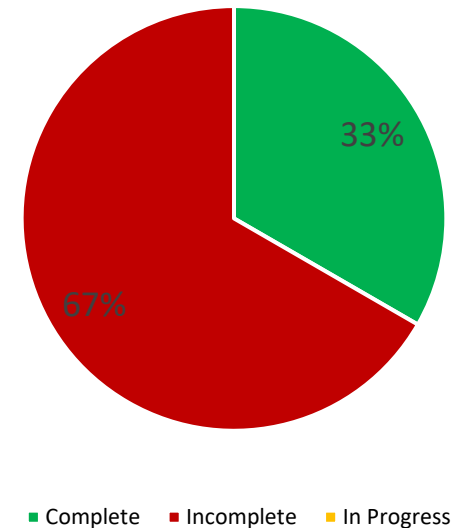
2020 Status of CHIP Strategies



2020 CHIP Annual Report

- Housing and Homelessness
 - 1 out of 3 strategies were met or progress was made
 - The Regional Strategy for Housing Affordability was adopted region wide
 - Identification of a lead organization is recommended to implement the Strategy that has been developed
 - WCHD provided funds to support transitional aged youth served by the Eddy House.
 - 475 youth served in 2020
 - 43% reported increase in employment status
 - 18 individuals transitioned into stable housing

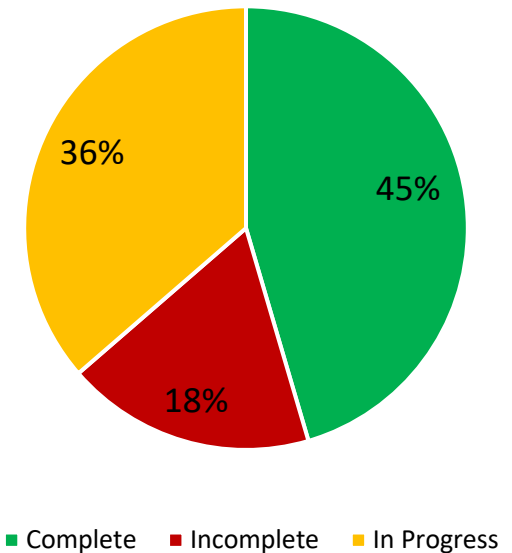
2020 Status of Housing and Homelessness CHIP Strategies



2020 CHIP Annual Report

- Behavioral Health
 - 9 out of 11 strategies were met or progress was made
 - Good Grid was implemented by Phase 2 pilot partners
 - Signs of Suicide permission slip was included in WCSD 7th grade student enrollment packets
 - The Hello project was expanded to serve isolated seniors throughout Washoe County
 - 15-25 seniors consistently attend “It Starts with HELLO”

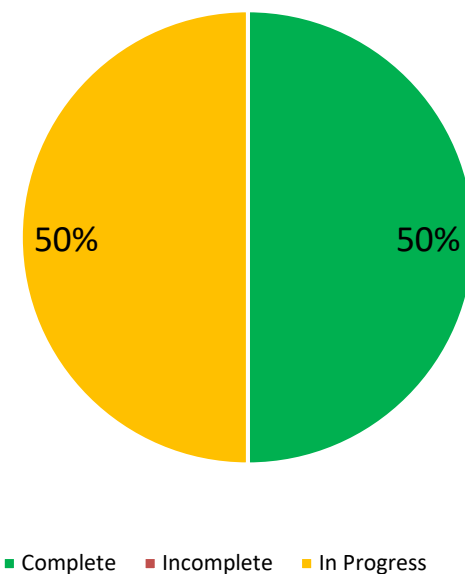
2020 Status of Behavioral Health CHIP Strategies



2020 CHIP Annual Report

- Physical Activity and Nutrition
 - 4 out of 4 strategies were met or progress was made
 - Washoe County departments serving as pilot sites launched the 5210 Healthy Washoe program
 - NNHOPES expanded the program to their employees
 - 3 Family Health Festivals were held
 - Transitioned to a drive-thru model
 - Mobile Harvest and Immunizations are the top two services needed by attendees

2020 Status of Physical Activity and Nutrition CHIP Strategies



Looking ahead in 2021

- Implement the strategies and tactics outlined in the 2021 CHIP
- Continue to meet with our CHIP committees quarterly

Thank you to our
community partners

Questions?

**Air Quality Management
Division Director Staff Report
Board Meeting Date: March 25, 2021**

DATE: March 25, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update, Monitoring and Planning, Permitting and Compliance

1. Program Update

a. Classic Vehicle Legislation

Washoe County has been at or exceeded the science and health-based air quality standard for ozone (0.070 ppm) since 2014. The largest contributor of ozone precursor emissions continues to be the transportation sector. These emissions have been further impacted by vehicles that currently qualify as a classic vehicle and bypass annual smog checks required in Clark and Washoe counties.

Certain members of Nevada’s state legislature have laid out their plans to close so-called loopholes in the state law dictating what constitutes a classic car. Specifically, Assemblyman Howard Watts, D-Las Vegas, is proposing legislation to close the loophole, restricting the special plates to vehicles more typically considered classics. “Basically, more and more vehicle (owners)



have realized they can drive these vehicles with a classic plate, they don’t have to get a smog check, and there’s no real enforcement,” Watts said.

While it is still in the bill draft request phase of the process if the legislation is passed it would significantly reduce ozone precursor emissions and help the air quality in underserved communities where these vehicles are typically located.

Rudy Zamora, program director for Chispa Nevada, a Latino-focused arm of the League of Conservation Voters, said the legislation would benefit communities of color, which often bear the brunt of pollution.

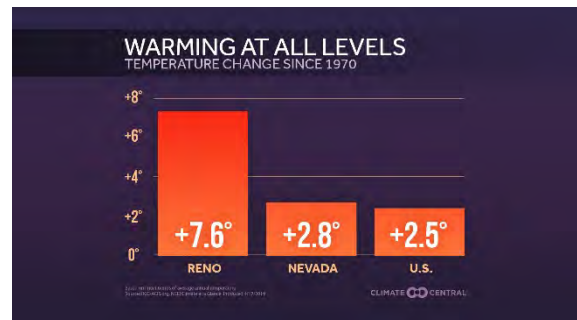
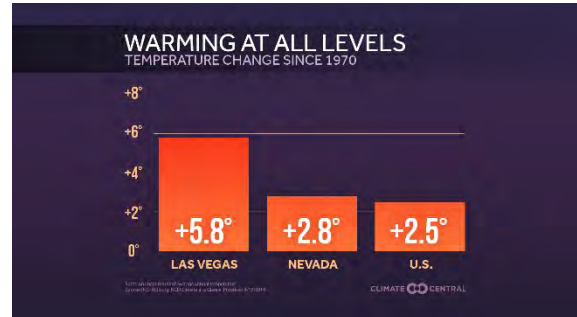
“Communities of color are disproportionately affected because we are the ones that are closer to the sources of pollution - we're closer to the highways,” he said.

Full Article Available Here: <https://lasvegassun.com/news/2021/feb/12/nevada-could-close-classic-car-loophole-pollution/>

b. Clark County Goes All-In on Sustainability; Adopts Climate Action Plan

Clark County is going All-In on its response to the impacts of climate change. At its regular meeting on February 16, 2021, the Clark County Board of Commissioners approved the Clark County Sustainability and Climate Action Plan under the new initiative: All-In Clark County. With this newly adopted plan, the County aims to promote sustainable practices and climate action in its operations so it can continue to thrive in the face of climate change.

In a letter from Commissioner Marilyn Kirkpatrick, she states that “The impacts of climate change are very real, and they are upon us. As of the writing of this plan (December 2020), 100% of our state’s population is experiencing drought and Las Vegas is the fastest warming city in the country. Clark County has worked hard to build resilience into our social, economic, and environmental systems, but to achieve long-term success, we need to do more. It’s a long road ahead of us to ensure Clark County thrives in the face of these challenges brought on by climate change, and All-In Clark County is the next step to us getting there.”



From the charts above, the data shows that the temperature in Reno has increased 7.6°F, which is more than the 5.8°F that Las Vegas has increased over the same period.

Press Release:

https://www.clarkcountynv.gov/government/departments/environment_and_sustainability/public_communications/20210216climatechange.php

Clark County Sustainability and Climate Action Plan:

<https://clark.legistar.com/View.ashx?M=F&ID=9169941&GUID=29442FC5-7D5A-4C47-9992-2AA48523BF24>

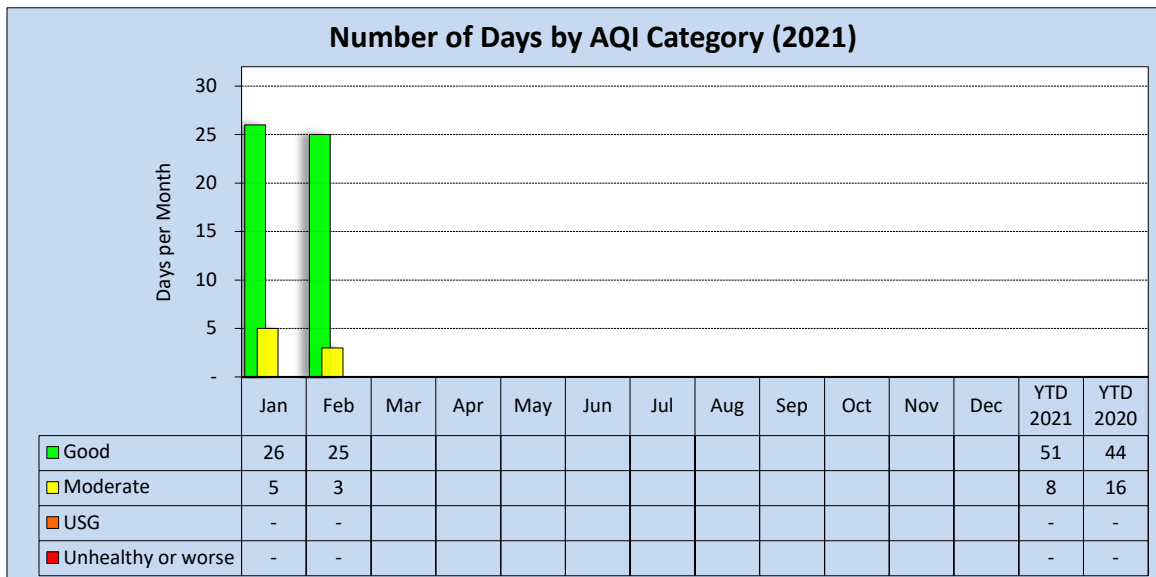
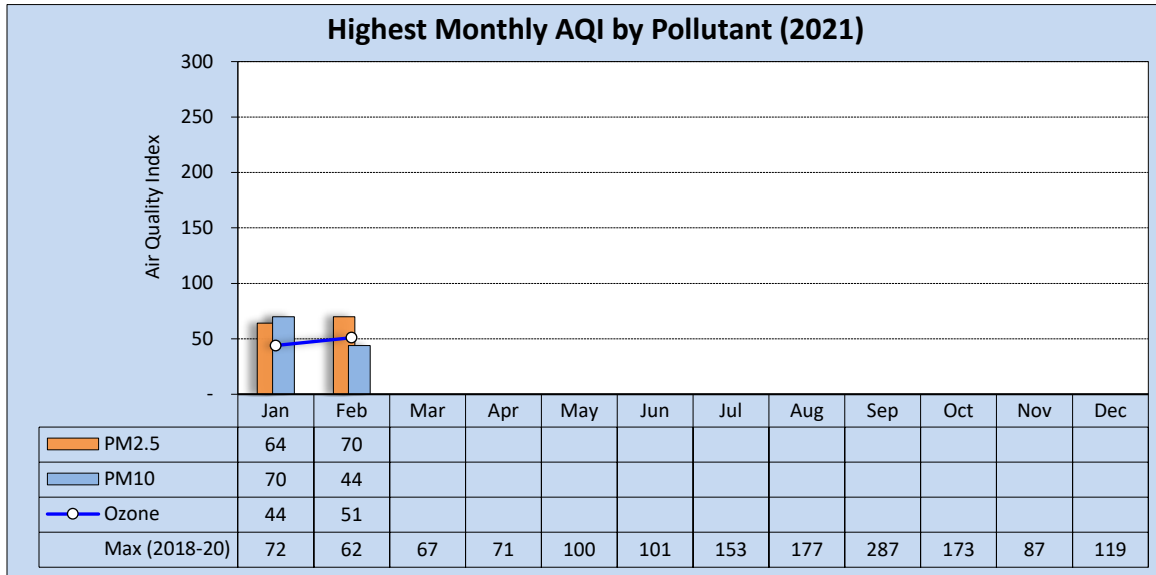
The Fastest-Warming Cities Report:

<https://www.climatecentral.org/news/report-american-warming-us-heats-up-earth-day>

Francisco Vega, P.E., MBA
Division Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top 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 bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These 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.

3. Program Reports

a. Monitoring and Planning

February Air Quality and Burn Code: There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during February. 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)	0.055 ppm	02/04	Incline	---
PM _{2.5} (24-hour)	20 µg/m ³	02/07	Sparks	Yellow Burn Code Issued
PM ₁₀ (24-hour)	49 µg/m ³	02/07	Sparks	---

In February, the AQMD issued 27 Green, 1 Yellow, and 0 Red Burn Codes.

2020-2021 Burn Code Season:

The most recent season is summarized in the calendar to the right. The Yellow Burn Code issued on February 7 was the only non-Green Code issued in the past three (3) seasons. Favorable weather and three decades of implementing our local woodstove program are the two (2) primary reasons for cleaner, wintertime air pollution levels.

Burn Code and air quality data will be compiled in the Air Quality Trends report which is scheduled to be accepted at the June DBOH meeting.

November 2020						
Su	Mo	Tu	We	Th	Fr	Sa
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 2020						
Su	Mo	Tu	We	Th	Fr	Sa
		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		

January 2021						
Su	Mo	Tu	We	Th	Fr	Sa
					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 2021						
Su	Mo	Tu	We	Th	Fr	Sa
	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						

Daniel K. Inouye
 Supervisor, Monitoring and Planning

b. Permitting and Compliance

February

Staff reviewed twenty-six (26) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In February 2021, Staff conducted twenty-seven (27) stationary source inspections; fourteen (14) gasoline station inspections; and six (6) initial compliance inspections. Staff was also assigned twelve (12) new asbestos abatement projects, overseeing the removal of approximately twenty-six thousand nine hundred thirty-nine (26,939) square feet and zero (0) linear feet of asbestos-containing materials. Staff received two (2) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were twenty-two (22) new construction/dust projects comprised of an additional one thousand two hundred forty-nine (1,249) acres. Staff documented thirty (30) construction site inspections. During the month enforcement staff also responded to nineteen (19) complaints.

Type of Permit	2021		2020	
	February	YTD	February	Annual Total*
Renewal of Existing Air Permits	101	185	99	1,088
New Authorities to Construct	3	6	2	60
Dust Control Permits	22 (1,249 acres)	39 (1,421 acres)	13 (193 acres)	238 (3,708 acres)
Wood Stove (WS) Certificates	24	55	38	418
WS Dealers Affidavit of Sale	3 (2 replacements)	15 (11 replacements)	9 (8 replacements)	108 (65 replacements)
WS Notice of Exemptions	576 (4 stoves removed)	1,154 (12 stoves removed)	507 (1 stove removed)	8,740 (58 stoves removed)
Asbestos Assessments	51	105	48	648
Asbestos Demo and Removal (NESHAP)	14	29	11	242

*Totals have been adjusted to reflect the addition of February 2020.

COMPLAINTS	2021		2020	
	February	YTD	February	Annual Total
Asbestos	0	0	0	10
Diesel Idling	0	1	0	3
Dust	5	8	5	141
Nuisance Odor	14	21	2	36
Permit to Operate	0	2	1	4
Burn Code	0	0	3	0
General	0	0	0	0
TOTAL	19	32	11	194
NOV's	February	YTD	February	Annual Total
Warnings	0	26	0	5
Notice of Violation	0	1	0	3
TOTAL	0	27	0	8

Joshua C. Restori,
 Supervisor, Permitting & Compliance

DD LL

DHO

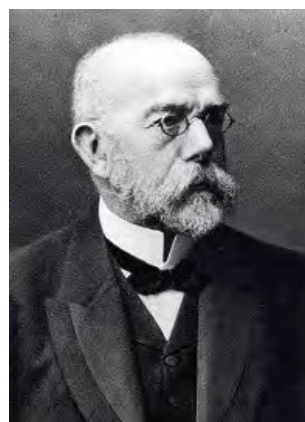
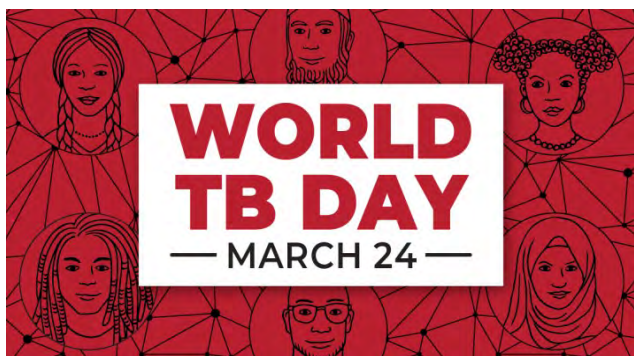
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**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: March 25, 2021**

DATE: March 05, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – 2021 World TB Day; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children, COVID-19 Testing, COVID-19 Vaccination.

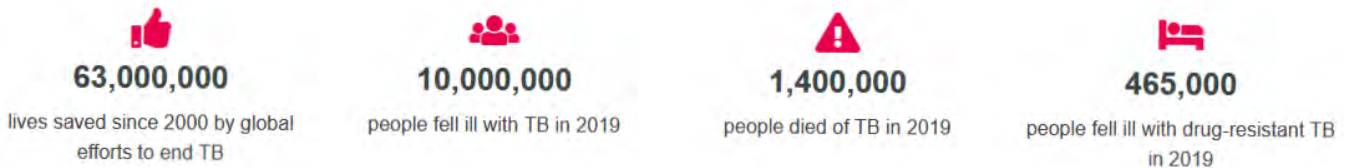
1. Divisional Update –

a. 2021 World TB Day - Washoe County Tuberculosis and Control Program Report



One hundred and thirty-nine years ago on March 24, 1882, Dr. Robert Koch announced his discovery of the TB bacillus, the cause of tuberculosis. March 24th is a day to remember the devastation TB causes in the world, and the work that is being done to eliminate this deadly disease.

Tuberculosis is a global pandemic. Someone dies of TB approximately every 22 seconds.



The Stop TB Partnership has selected, “The Clock is Ticking” as the 2021 theme addressing the global TB pandemic. This theme conveys the sense that the world is running out of time to act on the commitments by global leaders to end TB.

The largest recent single commitment to end TB came on September 26, 2018 as the United Nations General Assembly submitted a political declaration on the fight against tuberculosis.

“We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York on 26 September 2018, with a dedicated focus for the first time on the global tuberculosis epidemic, reaffirm our commitment to ending the tuberculosis epidemic globally by 2030.....”

They proceeded to identify 53 objectives for meeting this goal. Unfortunately, a novel coronavirus hit the world in 2019 and the focus certainly shifted. The WCHD TB Program became the epicenter in our community attempting to address this new virus. This began with testing and has evolved an entire social change. Mask wearing, social distancing, and improved hygiene have become the norms. Thankfully the Health District and others are now able to give newly produced vaccines. Active TB during this time was somewhat contained with the many precautions society was taking. The WCHD

TB Program saw very few cases of transmitted TB outside of a person's primary home setting. The program also saw a decrease in active TB cases since the start of the COVID pandemic. We believe it is likely some individuals lost to COVID also had undiagnosed TB disease, Latent TB Infection or other related co-morbidities. As we move forward to address the COVID pandemic, and continue to care for those with TB, we must remember that every single day 4,000 people die, and 27,000 people become ill with TB.

Presently TB mainly occurs in developing countries, which is the primary reason for continuing high morbidity and mortality rates. In poorer nations living conditions and health care situations make it more likely to become infected with, and more difficult to treat, TB disease. As multi-drug (MDR) and extensively drug resistant (XDR) TB rises, all of us will need to take TB more seriously.

The WCHD TB Program understands the importance of diagnosing and treating TB. Our primary mandate is to assure appropriate treatment of all active TB cases. The program coordinates care for these cases from diagnosis through the last dose of medicine. By overseeing the care of these cases, the program also ensures thorough contact investigations are completed.

Since almost all active Tuberculosis arises from latent Tuberculosis, the program also works hard to assess, diagnosis, and treat latent TB infection (LTBI). Most treatment by WCHD for LTBI is in the high-risk populations which includes immigrants, individuals with immune system disorders or chronic health conditions, those taking certain medicines, and individuals recently infected with TB. The WCHD TB program encourages, supports, and coordinates latent TB treatment in low risk patients through primary care providers. With additional support from the WCHD TB Program primary providers also treat some high-risk TB patients. The WCHD TB program provides treatment for low risk patients who are uninsured or unable to obtain treatment through a primary care provider. The program also provides support for treatment through local hospitals, health care agencies, and community clinicians. Because treatment for latent tuberculosis is almost always optional, many patients decline treatment and many primary care providers do not encourage treatment. These barriers remain primary reasons for non-treatment of latent TB infection; barriers that must be removed to better support the theme "the clock is ticking". Program efforts to increase local capacity in meeting campaign goals for treatment of LTBI include education for community providers in the treatment of LTBI. Education includes direct correspondence, epi-news, cohort reviews and continuing education programs. Many providers consult with the WCHD TB program in treating private patients. These efforts are always acknowledged and encouraged by WCHD TB program. All providers in Washoe County are encouraged to seek support from the TB program for the diagnosis and treatment of Tuberculosis.

The WCHD TB program continues to spread the Motto "Think TB", as active disease can still be overlooked and latent infection continues to go untreated. The WCHD TB program works with patients to address their needs through strong program support and education. This has helped to

decrease the stigma patients can feel as they face this disease. Continued education is needed as stigma persists in the larger community.

Many people think TB no longer exists, and others believe that TB is only found in those of lesser socioeconomic status, those who are not clean, or the homeless. The WCHD TB Program routinely communicates the message that, “no one chooses this infection, and that appropriate treatment provides a cure”. As we continue to send these types of messages and to educate the public, the barriers to eliminating this disease are decreasing. Washoe County’s TB Prevention and Control Program is truly working hard to make Tuberculosis elimination a reality in Washoe County. The WCHD TB Program utilizes a set of objective targets from the National Tuberculosis Indicators Project (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB. The NTIP objectives were created as a monitoring system for tracking progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

HOW IS THE WCHD TB PROGRAM DOING?

Let’s take a look at Washoe County when compared with the National Tuberculosis Indicators Project (NTIP), looking at program objectives & performance targets for 2020.

Goals for Reducing TB incidence

Goal	2020 Target	National 2019	Nevada 2019	WCHD 2018	WCHD 2019
Reduce the incidence of TB disease.	1.4 cases/100,000	2.7 cases/100,000	1.7 cases/100,000	2.0 cases/100,000	1.7 cases/100,000
Decrease the incidence of TB disease among U.S. born persons.	0.4 cases/100,000	0.9 cases/100,000	23% (12/52)	22%(2/9)	12.5%(1/8)
Decrease the incidence of TB disease among foreign born persons.	11.1 cases/100,000	14.2 cases/100,000	77% (40/52)	78% (7/9)	88%(7/8)
Decrease the incidence of TB disease among U.S. born non-Hispanic blacks or African Americans.	1.5 cases/100,000	2.5 cases/100,000	1.5 cases/100,000	0% (0/9)	0%(0/8)
Decrease the incidence of TB disease among children younger than 5 years of age.	0.3 cases/100,000	1.1 cases/100,000	0.0 cases/100,000	1 Case	No Cases

TB Case Management Goals

Goal	2020 Target	WCHD 2018	WCHD 2019
Increase the proportion of TB patients who have a HIV test result reported.	98%	100%	100%
For TB patients with positive AFB sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	97%	100% (3/3)	100% (5/5)
For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4 drug regimen .	97%	100% (9/9)	100% (5/5)
For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported .	98%	100% (5/5) <small>1 case sputum NAAT+ / No growth in Culture</small>	100% (5/5)
For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation.	73%	100% (2/3) <small>One delayed conversion</small>	80% (4/5) <small>One death (initiation phase)</small>
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated , increase the proportion who complete treatment within 12 months .	95%	100% 9/9	80% 4/5 <small>One death</small>
<ul style="list-style-type: none"> • Death in 2019. 93 y.o. male. Died soon after diagnosis. Unable to tolerate TB meds. 			

Contact Investigations-Index Case Goals

Sputum Smear Positive (5)

- Index interviewed w/in 1 day = 3/5
- Transmission sites assessed w/in 3 days = 5/5
- Contacts initial interview w/in 3 days = 5/5
- High priority contacts tested w/in 7 days = 5/5
 - **One index interview was delayed. Family was interviewed w/in 1 day.**
 - **Unable to interview 93-year-old male that died. Family was interviewed and tested.**

Sputum Smear Negative (1)

- Index interviewed w/in 3 days = 0/1
- Transmission sites assessed w/in 5 days = 0/1

- Contacts initial interview w/in 3 days = 0/1
- High priority contacts tested w/in 7 days - N/A

No high priority contacts. 3 low risk contacts tested negative.

➤ **This patient was critically ill, and all interviews/assessment were delayed.**

CDC. [Guidelines for the investigation of contacts of persons with infectious tuberculosis. Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR 2005; Vol. 54/ RR-15; Appendix B](#)

Contact Investigations-Contact Goals

Goal	2020 Target	WCHD 2017	WCHD 2018	WCHD 2019
For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited	100 %	100% (3/3)	100% (3/3)	100% 5/5
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	93%	95% (42/44)*	51% (104/203) <small>Large shelter investigation, yielded few evaluations.</small>	84% 336/399 <small>One very large investigation included many low-risk contacts.</small>
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	91%	100% (10/10)	67% (2/3) <small>One lost to f/u.</small>	85% (23/27)*
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	81%	90% (9/10)**	100% (2/2)	87% (20/23)**
<ul style="list-style-type: none"> • * Two refused 2nd tests • ** 1 non-adherent-lost to f/u • * One treatment deferred(Pregnancy). Three treatment refusals. • ** One death. Two treatment intolerant. 				

Laboratory Reporting

Goal	2020 Target	WCHD 2017	WCHD 2018	WCHD 2019
For TB patients w/positive culture result, increase the proportion who have a M.tbc genotyping result reported.	100%	100%	100%	100%
For TB patients w/positive culture results, increase the proportion who have initial drug susceptibility results reported.	100%	100%	100%	100%
For TB patients w/cultures of respiratory specimens identified w/M.tbc , increase the proportion reported by the lab w/in 25 days from the date the specimen was collected.	78%	100%	100%	100%
For TB patients w/respiratory specimens positive for M.tbc by NAAT , increase the proportion reported by the laboratory w/in 6 days from the date the specimen was collected.	92%	100%	100%	100%

Examination of Immigrants

Goal	2020 Target	WCHD 2016	WCHD 2017	WCHD 2018	WCHD 2019
For immigrants w/abnormal chest x-rays read overseas as consistent w/TB, increase the proportion who initiate a medical examination w/in 30 days of notification.	84%	92% (24/26)	78% (35/45) (Incorrect demo's-poor pt. response)	100% (53/53)	23% (9/39) Difficulty getting patient in for 1 st appt. w/in 30 days. All 39 did complete initial evaluation
For immigrants w/abnormal CXR read overseas as consistent w/TB, increase the proportion who complete a medical examination w/in 90 days of notification.	76%	92% (24/26)	93% (42/45) All 45 completed eval. (3>90days)	94% (50/53) 2 completed >90 days, 1 LTFU	72% (28/39) 38/39 did eventually complete evaluation. One refusal to complete evaluation.
For immigrants with abnormal CXR... diagnosed w/ LTBI or have radiographic findings consistent w/prior pulmonary TB... increase the proportion who start tx.	93%	90% (9/10)	67% (10/15)	76% (16/21)LTBI	64% (7/11)
For immigrants w/ abnormal CXR... who have started tx, increase the proportion who complete treatment.	83%	89% (8/9)	100% (10/10)	88% (14/16)	100% 7/7
Reasons for not starting tx		Moved=1	Moved=3 LTFU=1 prior tx=1	Moved=3 LTFU=2	Moved=1 Ref Tx=1 LTFU=2
Reason for not completing tx		Non-adherent =1		LTFU=2	

Challenges

- Delayed initiation/evaluation of new immigrants.
- Coordinating contact evaluations through occupational health centers.
- Time for outreach visits to private providers/shelters/community clinics/etc. **(Phone support provided; more on-site visits needed).**

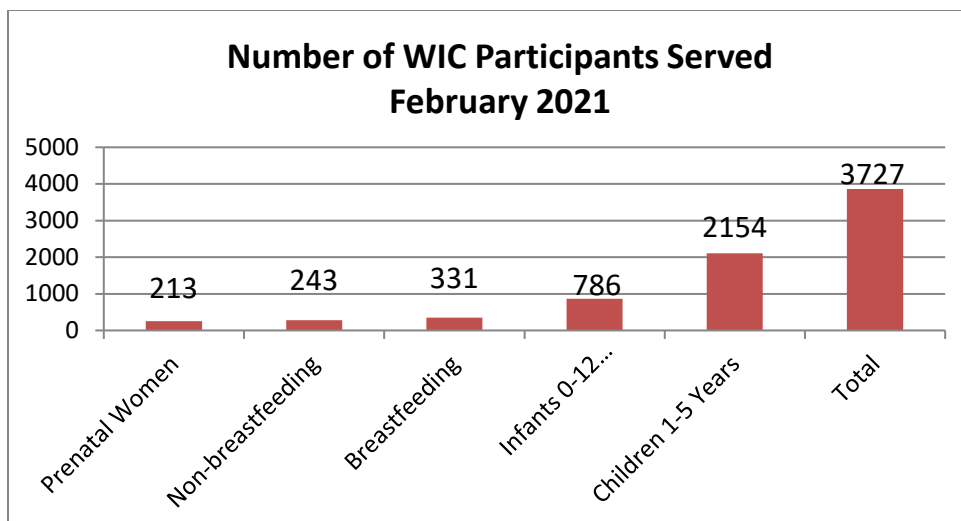
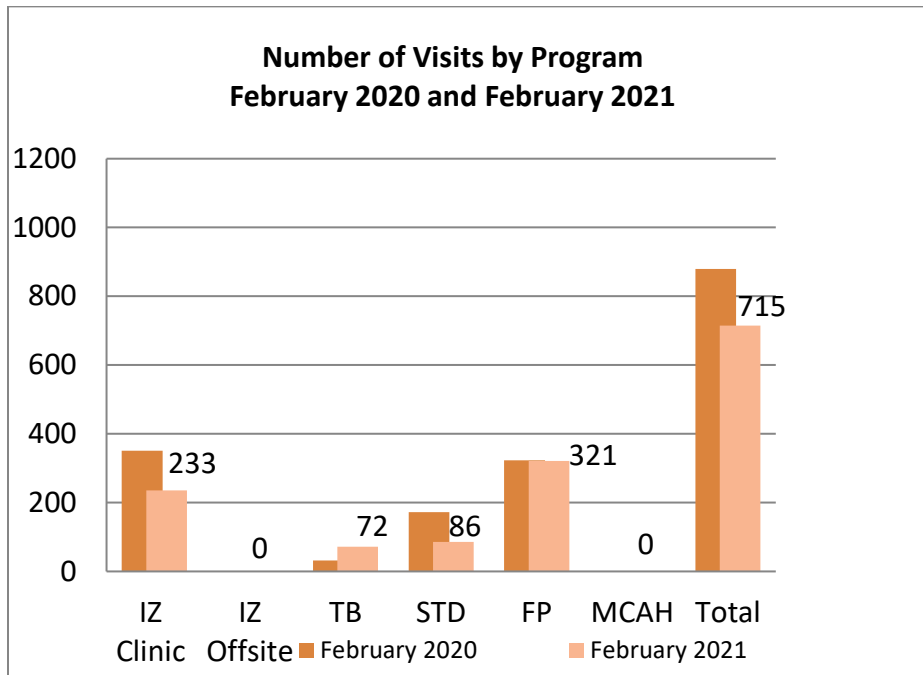
Successes

- Overall positive immigration outcomes for completed evaluation and LTBI treatment.
- Overall high success rate for case initiation, direct observation treatment (DOT), and completion of treatment (COT).
- HIV testing consistently obtained for clients with TB disease.
- Relationships: Excellent communication with hospital infection control programs. (Saint Mary's, Renown, NNMC, and VAMC) as well as Davita.

- Collaboration w/primary providers has increased. Many more LTBI cases are being treated by their own physicians. WCHD TB Program continues to provide support, education, protocols, and forms.
- Increased follow-up by primary care physicians regarding high risk LTBI patients.
- Excellent reporting by Nevada State Public Health Laboratory.
- TB skin testing (TST) in-service for NN HOPES. Skin testing, reading, treatment and referral.

Respectfully submitted by Cory Sobrio, RN WCHD TB Program Coordinator

2. 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.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – The sexual health team participated in the annual STD clinical Update hosted by UNR School of Medicine's AIDs Education Training Center. The update focused on the epidemiology of chlamydia, gonorrhea and syphilis with emphasis on the CDCs updated gonorrhea treatment guideline.

Primary and secondary syphilis as well as gonorrhea cases continue to be reported in high numbers; consistently 2-3 times the average of cases considered as the norm in the community.

- b. **Immunizations** – Immunization Program staff are continuing to support COVID-19 vaccine activities which includes implementing Point of Dispensing (POD) events 6 days a week, training of dispensers and vaccine assistants, as well as redistributing COVID-19 vaccine to community providers on a weekly basis. Additionally, nursing staff are conducting phone calls to every client who had a reaction after receiving their COVID vaccine at the POD and had an incident report completed by medical staff. Immunization nursing staff trained 10 USDA Veterinarians from FEMA as vaccinators; they have been deployed to the WCHD for a month. Recently trained FEMA EMT's were redeployed somewhere else after only 2 weeks at the Health District. Immunization clerical staff continue to oversee and train staff for COVID-19 vaccine data entry as well as staffing the onsite immunization clinic.

The WCHD Immunization Program continues to provide childhood and adult immunizations at the onsite immunization clinic serving 233 community members and administering 711 doses of vaccine for the month of February.

Immunization Program staff will be attending the Nevada Health Conference hosted by Immunize Nevada on March 8th and 9th online via zoom.

- c. **Tuberculosis Prevention and Control Program** – TB Program staff are following two active cases, one of which is a pulmonary case. The pulmonary case has responded remarkably well to care and is scheduled to complete treatment this month. The extrapulmonary case continues treatment with no improvement; further referrals for evaluation are in progress. Staff continue to work with a complicated presumptive extrapulmonary case in conjunction with out of state specialists. Two new cases are being evaluated for probable Latent TB infection (LTBI) diagnosis and treatment. Because new TB cases have been low so far this year, staff are taking the found time to update protocols and work on required reports to the State. One staff member is heavily involved in the COVID vaccine response. Staff will be participating in an all TB program meeting on March 4, 2021 as coordinated by the State to discuss TB related issues/concerns, World TB day and other program related topics.

- d. **Reproductive and Sexual Health Services** –The Family Planning staff are currently preparing for OPA Title X Virtual Review. Stacy Hardie, former Family Planning Supervisor is assisting with this process. Staff are still unable to offer services at the Washoe County Sheriff's Office due to COVID-19 restrictions. Staff hope to return in March. Staff held the annual Information & Education Committee meeting on January 27, 2021 with stakeholders and I &E reviewers. Staff attended National Family Planning Reproductive Health Association Member call on February 3, outlining coming changes in legislation. Staff continue to educate and administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older through a grant funded by the State of Nevada. Staff provided 38 vaccines to clients in the month of February.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff provided testimony as subject matter experts related to SB2 and the importance of height and weight data collection of Washoe County School District students. Staff presented to Washoe County School District nurses about student weight data and youth vaping. Staff also presented to members of the Nevada Chapter of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) about smoke free indoor air. The Wolf Pack Coaches Challenge (program to increase physical activity and nutrition) is in its fifth year and kicked off in February at multiple elementary schools. Staff is working with three UNR School of Medicine students who have volunteers to participate in e-cigarette prevention efforts
- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff completed the FIMR multiyear Executive Summary report, this is currently under review by management. Northern Nevada Maternal Child Health Coalition, (NNMCHC) and Pregnancy Infant Loss Support of the Sierra, PILSOS have been focusing on 'building better birth stories.' Staff continue to attend Washoe County Child Death Review and provide information on fetal infant deaths in our communities. Maternal Child Health continue to follow lead cases in children and newborn screenings upon request.
- g. **Women, Infants and Children (WIC)** -- The Nevada WIC Buddy Program is a service Nevada is piloting as part of the WIC Breastfeeding Support grant through USDA. The Buddy Program seeks to pair WIC moms with other WIC moms who are at a similar place on their breastfeeding journey. The intent is to have WIC moms to connect and provide each other with emotional support to continue breastfeeding through two-way texting services. Participants can sign up through the Nevada WIC Program's web-based portal at <http://www.nvwicbuddy.com>. Upon enrollment in the Buddy Program, participants receive messages encouraging them to contact their WIC clinic if they have breastfeeding questions or need support. WCHD- WIC program is one of 5 pilot agencies in Nevada to promote this program where pregnant and breastfeeding participants may sign up to participate.

- h. **COVID-19 Testing** – 1,704 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in February. Current testing schedule is Monday, Wednesday, and Friday. The 22 Intermittent Hourly Registered Nurses and 9 Intermittent Hourly Community Health Aides have transitioned to assisting at the COVID 19 vaccine PODs.

- i. **COVID-19 Vaccination** – There were 35 COVID vaccination clinics February (16 first dose and 19 second dose clinics). Approximately 26,097 individuals were vaccinated in February.

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: March 25, 2021**

DATE: March 5, 2021
TO: District Board of Health
FROM: Erin Dixon, Division Director
775-328-2644; edixon@washoecounty.us

Program Updates – SB-4 Inspections and COVID Response

- The second round of inspections for SB-4 compliance are underway. A total of eight have been conducted and all 17 are expected to be completed by the end of March. To date, one appeal meeting was requested, held, and the appeal completed. One facility met all the minimum requirements and no violations were documented.
- As the COVID response meets the one-year milestone Environmental Health Services is reviewing and recognizing the work that staff completed in the past year. EHS staff were involved in all roles except the actual testing and vaccinating. Examples of the roles included assisting in the establishment of the call center, logistics of the testing sites including design, implementation and multiple moves, establishment of the testing software, and providing direct client services at the call center, disease investigation, and contact tracing. The few staff, at one point as low as 4 staff, that were not providing a direct role in the COVID response were taking on multiple roles in EHS to keep the basic functions of the division going and to ensure public health needs were being met.

Staff continue to assist in the COVID response including Regional Operations Chief/Health Branch Director, vaccine scheduling coordination, data entry, and lab runs. The EHS team is proud of the contribution they have made and continue to make for the community.

Consumer Protection

Food/Food Safety

- The Food Safety Program was able to complete field standardization training for two field staff.
- The Food Safety Program is working as a mentor for Randolph County Public Health in North Carolina on Standard 9/Program Assessment of the Retail Food Safety Standards. The mentorship is part of a National Association of County and City Health Officials (NACCHO) grant and the team continues to meet deliverables for the grant including holding meetings and scheduling a virtual site visit.
- Epidemiology (EPI) – Weekly team meetings with the Communicable Disease (CD) group have been reinstated as well as the monthly meeting held between EHS/PHP and CCHS. One ill food handler was excluded from four separate food facilities where they are employed. A foodborne illness investigation was performed at a food establishment after EHS received two referrals for Campylobacter and one foodborne illness complaint who all mentioned eating at the facility.

Multiple critical violations were observed that could contribute to foodborne illness; therefore, EHS was able to charge a foodborne illness investigation fee.

Epidemiology	JAN 2021	FEB 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	14	130
Foodborne Disease Interviews	4	5	9	66
Foodborne Disease Investigations	0	1	1	7
CD Referrals Reviewed	13	13	26	82
Product Recalls Reviewed	13	19	32	61
Child Care/School Outbreaks Monitored	1	1	2	64

- Temp Foods/Special Events – Events for 250 people or less will be allowed again starting on March 15. The team is reviewing plans for large events and fixed seating venues. Staff have been meeting to configure a plan for what COVID plans and enforcement will look like after May for local jurisdictions.

Commercial Plans

- A total of 73 plan reviews were conducted during the month of February.
- A total of 33 construction inspections were performed during the month, which is in line with monthly averages over the past year.
- 28 pre-development reviews were conducted during the month, which is also in line with recent monthly averages. Commercial Plans staff participated in a monthly presentation to all EHS inspection staff, this time on the topic of Backflow Protection.

Community Development	JAN 2021	FEB 2021	2021 YTD	2020
Development Reviews	40	28	68	357
Commercial Plans Received	85	73	158	1,05
Commercial Plan Inspections	21	33	54	396
Water Projects Received	1	4	5	64
Lots/Units Approved for Construction	251	233	484	1,68

Permitted Facilities

- Child Care – Staff attended the quarterly meeting with Human Services Agency Head Start program via Zoom on February 23. During this meeting it was noted that their plans to add food to curriculum, which would require regulatory oversight by EHS, have been postponed. Additionally, staff from EHS will meet with the Childcare Advisory Board on March 10. The Board discusses multiple topics, including changing environmental regulations and includes a standing member from EHS.
- Recreational Vehicle/Mobile Home Park – Affidavits for Backflow Prevention for the RV/MHP permitted facilities continue to be collected. EHS staff are trying to obtain information on backflow prevention devices installed on each of these facilities, specifically at the incoming water source and also types of backflow control for each unit occupying a space. Many of these facilities lack this information or do not have a backflow device installed at the water source. Backflow device installation at the incoming water source is now being required by EHS on all change of ownerships if a proper backflow device is not already installed.
- Public Accommodations – The new regulations for Public Accommodations go before the State Board of Health for approval on March 5, 2021. EHS staff will be meeting on the new Field Guide and inspection process on March 11 and a new inspection form will be developed. The new regulations will require Standard Operating Procedures for handling of biohazardous waste,

employee training and cleaning and sanitizing. Permittees will be required to submit the SOPs to the Health District within 30 days of notice.

- Public Bathing – Letters are being mailed this month to pool operators reminding them of requirements for opening pools for the 2021 season. The inspection request portal will open on March 29th and run through mid-summer. Operators are required to have an inspection prior to opening rather than the self-opening that was allowed in 2020. Additionally, EHS staff continue to draft revised regulations consistent with the Model Aquatic Health Code provided by the Centers for Disease Control.
- Training – One of the new EHS Trainees completed field training and evaluations in Permitted Facilities in February and is now training in the Foods Program. The other new EHS Trainee has now transitioned into Permitted Facilities training from the Foods Training Program and is starting in Childcare inspections. All training for both Trainees is scheduled to be completed by the end of May.

Environmental Protection

Land Development

- Septic plan numbers are 23% higher than February 2020. Well permits dropped slightly, with current permits at 11 compared to 14 in February 2020.
- Inspections slots associated with septic and well plan reviews and construction activity remain full each day.
- Between plans reviews and inspection numbers the workload level for the team members remains steady as one team member was reassigned to the COVID Vaccine response.
- Two special projects were finalized in February: The Well Plan Review Standard Operating Procedure and the electronic stamps for plan review. Over the course of 2020, electronic plans transitioned to essentially 100% of all new plans and there was no way to easily place needed stamps and conditions on them. Staff were previously creating stamp documents manually and then scanning them and attaching them. The electronic stamps will allow for a more efficient plan review process. Utilization will begin in March.
- Staff are continuing to work on a standard comments document, developing a field troubleshooting guide and a Well Inspection Standard Operating Procedure.

Land Development	JAN 2021	FEB 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	154	705
Residential Septic/Well Inspections	109	99	208	1,075
Well Permits	13	11	24	131

Safe Drinking Water (SDW)

- Water project reviews and the Interlocal Agreement audit functions are continuing as agreed. All 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)

- The website has been significantly revised with improvements to navigation, resource locations, and a live web map for mosquito surveillance and treatments.

https://www.washoecounty.us/health/programs-and-services/environmental-health/vector-borne-diseases/program_services.php#services

- Staff have been developing a comprehensive plan for notifying the public of aerial treatment dates and locations.
- Potential aerial treatment landing sites are being explored with our partner agencies.
- Staff have been reviewing several new products for mosquito control to include in the program to improve results, reduce costs, and reduce the potential of chemical resistance of mosquito populations.

Vector	JAN 2021	FEB 2021	2021 YTD	2020
Total Service Requests	1	0	1	14
Mosquito Pools Tested	0	0	0	26
Mosquito Surveys and Treatments	0	0	0	13

Waste Management (WM)

- A letter was mailed to all waste management permit holders requesting input from industry on the 2021 Solid Waste Management Plan.
- The Solid Waste Management Plan must be revised every 5 years and submitted to NDEP for review and approval. Soliciting input from our current permit holders is the first step in looking at revisions, modifications, and changes to the current plan.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	2021 YTD	2020
Child Care	5	8	13	142
Food/Exempt Food	354	496	850	4,264
Schools/Institutions	9	25	34	199
Tattoo/Permanent Make-Up (IBD)	5	7	12	112
Temporary IBD Events	0	0	0	1
Liquid Waste Trucks	5	4	9	110
Mobile Home/RV Parks	6	8	14	202
Public Accommodations	17	19	36	130
Aquatic Facilities/Pools/Spas	4	19	23	408
RV Dump Station	2	1	3	17
Underground Storage Tanks	0	0	0	10
Waste Management	11	6	17	211
Temporary Foods/Special Events	0	0	0	48
Complaints	47	40	87	911
TOTAL	465	633	1,098	6,765
EHS Public Record Requests	337	382	719	3,249

DD <u>ND</u>
DHO _____ <u>KD</u> _____

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: March 25, 2021**

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Division Director
775-328-2443, ndiao@washoecounty.us

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

Communicable Disease (CD)

SARS-CoV-2 (COVID-19)

By end of February, Washoe County Health District’s Epidemiology Program and COVID Unit received reports of nearly 43,000 cumulative cases of COVID-19. November case counts were the highest on record to date, contributing to more than one-quarter (27%) of cumulative cases reported during the course of a year.

At this time, 99% of the cases reported in the past 14 days have been investigated, a continued improvement from the previous update to the Board.

Month Reported	# COVID-19 Cases Reported	Avg # Cases per Day	% of Cumulative Cases
March	142	5	0.3%
April	766	26	2%
May	659	21	2%
June	1,231	41	3%
July	2,374	77	6%
August	2,106	68	5%
September	2,304	77	5%
October	4,043	130	9%
November	11,548	385	27%
December	10,457	337	24%
January	5,648	182	13%
February	1,649	59	4%
Total	42,927	-	-

Figure 1 below provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County on a weekly basis since its first appearance.

Fig 1: Total number of confirmed COVID-19 cases by Week Reported in Washoe County, 2020-2021

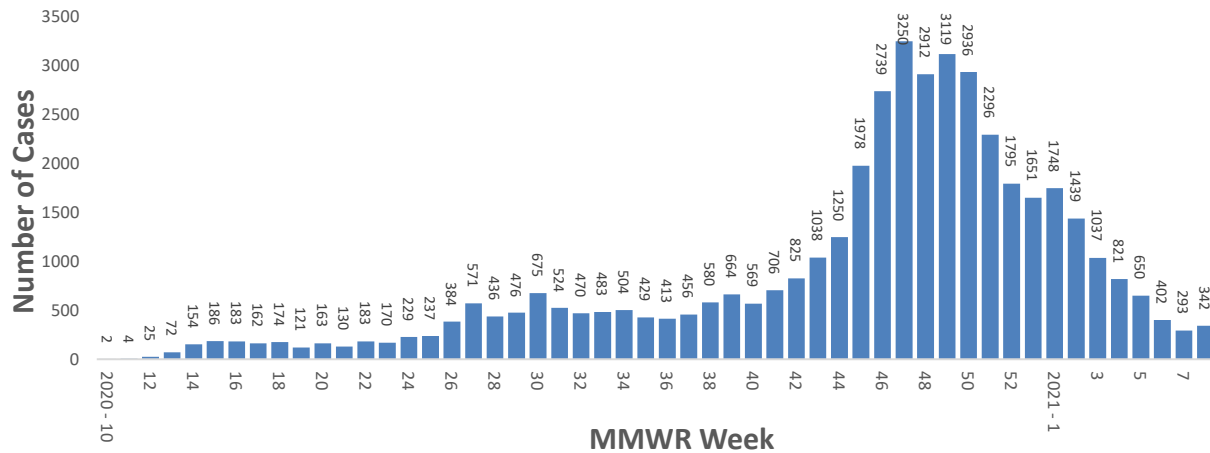


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the first week in January to end of February. The case rates continued to decline until February 21-27th, when case rates per 100,000 increased from 56.47 during week 7 to 72.36 per 100,000 population during week 8. The low and substantial thresholds per 100,000 population are based on the CDC's indicators of community transmission.¹

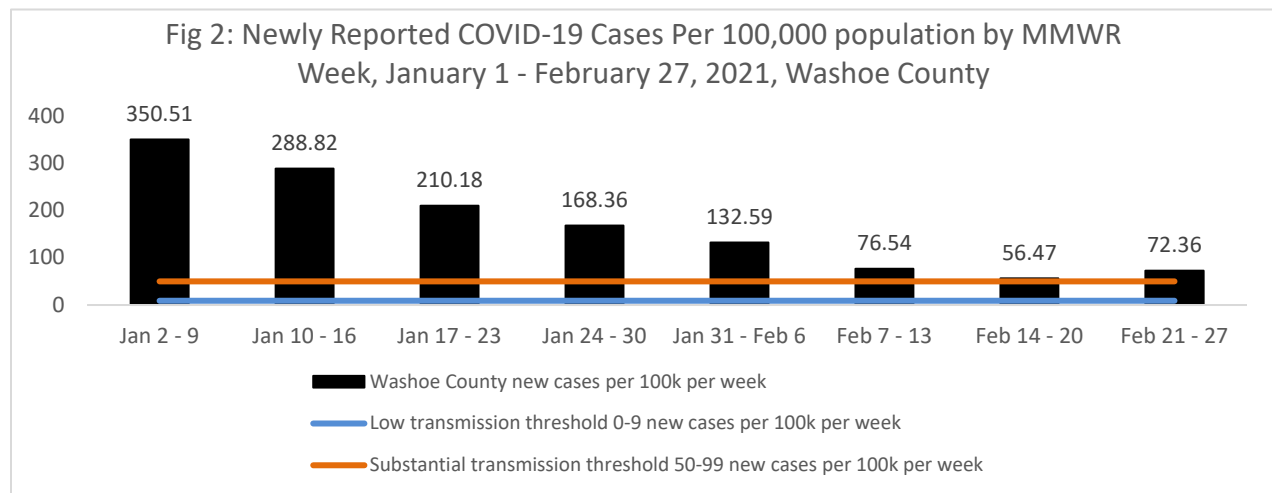
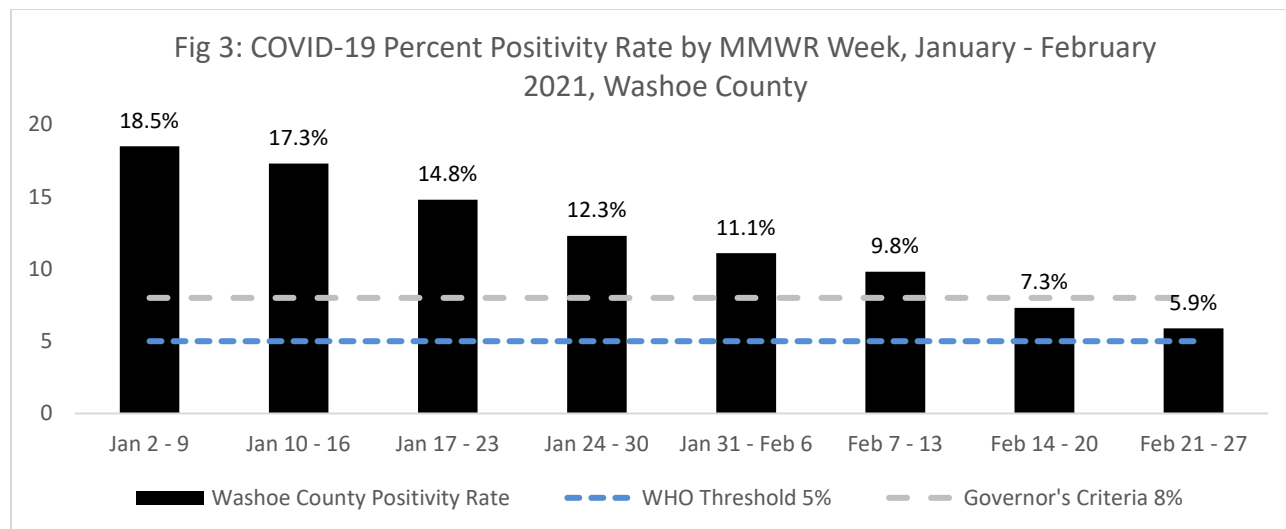


Figure 3 illustrates the percent positivity by week. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated on a daily basis by the Nevada Department of Health and Human Services and the weekly trends are provided in context with the Governor's COVID-19 Task Force threshold of 8% and the World Health Organizations' threshold of 5%. The percent positivity has continued to decline over the past 8 weeks.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>



A Pediatric Task Force was created August of 2020 to triage the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force is composed of 17 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.

The County has since asked approximately 50 County staff to be stood up to conduct disease investigation and contact tracing for Washoe County School District. These individuals were currently being trained by the Epidemiology Program and COVID disease investigation staff and guided by Pediatric Technical Advisors who are expert pediatric task force members. This helps to ensure steps in the process are being followed in accordance with protocol.

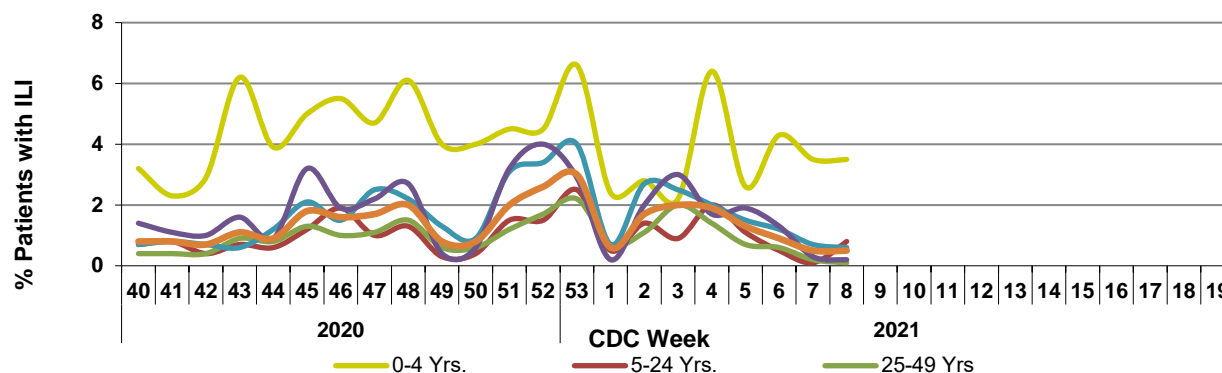
The Epidemiology Program Manager and Disease Investigator Team Leads meet weekly with the Washoe County School District's Student Health Services staff and School District leadership to update processes.

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 physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners have joined this call to provide weekly updates. ON average there are 65 persons who attend this virtual meeting each week.

Outbreaks – There have been two reported outbreaks since February, both were gastrointestinal (GI) outbreaks. One outbreak is in a school setting, the other is in a state-licensed long-term care facility (LTCF). The outbreak at the LTCF is confirmed to be norovirus GII.

Seasonal Influenza Surveillance - Influenza surveillance season officially started the week of September 27, 2020. Washoe County continues to experience low levels of Influenza-like Illness (ILI) activity, however as of week 8 (2021 calendar week), ILI activity has dropped to below Nevada and Regional baseline. To date there have been six (6) hospitalizations and one influenza associated death. Previous Board report stated there were nine (9) hospitalizations, however Epidemiology staff identified a misreport from one of the hospitals and reconciled the records.

Figure 1. ILI Activity to Date Reported by Sentinel Providers by Age Group, Washoe County Influenza Surveillance, 2020-2021



General Communicable Diseases – During the month of February, 231 positive labs for reportable conditions were investigated by the Epidemiology team, this is an increase of nearly 100 reports compared to January (n=122). Of note, one chronic case of chagas disease was reported in a male who had resided in a country where chagas disease is endemic, this was determined to be the source of infection.

Public Health Preparedness (PHP)

The PHP program also continues the publication of the bi-monthly Incident Action Plan (IAP) for vaccine operations in WebEOC. PHP staff also conducts weekly debriefs (hot washes) with vaccine operation staff at the distribution site. The intent of the regular debrief is to capture operational improvement items across all the activities at the Point of Dispensing (POD) site. The improvement items are documented in an After-Action Report (AAR) that includes an Improvement Plan (IP) which assigns staff to work on the identified issue to fix/improve them.

PHP is responsible for coordination of temporary staff and Medical Reserve Corps (MRC) volunteers who work at the WCHD COVID-19 Vaccination POD(s). The temporary staff are provided through temporary staff agencies and fill non-medical positions such as traffic attendants.

The MRC volunteers are individuals who are either medical (e.g., EMT, RN, MD) or non-medical experience/professional training. These volunteers staff a variety of positions such as Medical Recovery Lot, Vaccinators, Forms, etc., based on their professional certification(s). PHP is also coordinating with a variety of community partners who are volunteering their time to support the COVID-19 Vaccine Operations.

Organization	Role	Number of Volunteers
WCHD MRC	Medical and Non-medical, vaccinators, evaluators, recovery lot, traffic	244
State of Nevada Board of Pharmacy	Pharmacists and Pharmacy Techs, drawing vaccine	48
UNR School of Community Health Sciences	College students, Recovery Lot	45
IZ Nevada	Evaluators	64
CERT	Traffic	12
Federal Agencies (FEMA, USDA)	Operations, vaccinators	14
Total		427

Due to the growth of the volunteer program, the number of staff, and the dynamic nature of the POD schedule, an online scheduling software, SignUp Genius, was implemented. This software will help to streamline scheduling and more efficiently schedule volunteers and staff.

The COVID-19 Call Center received a total of 2,389 risk assessments over the month of February, 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 2,055.

During the month of February, call volume decreased by 3.5% over January and testing decreased by more than 60%. The COVID-19 Call Center has integrated COVID-19 vaccine scheduling emails and telephone calls into the daily activities and has provided supplemental staff to support vaccine data entry tasks.

As of March 3, 2021, the COVID-19 Call Center was staffed with a total of 36 personnel, comprised of nine UNR paid contractors, 12 members of the National Guard, three Reno-Sparks Livestock Event Center (RLEC) staff members, ten Talent Framework temporary agency staff, one City of Sparks employee and one Washoe County Health District employee. A total of 13 of the employees are assigned to testing specific tasks, and 22 are focusing on vaccine related items.

Inter-Hospital Coordinating Council (IHCC)

The Hospital Preparedness Program (HPP) continues to meet and plan for the Emergent Evacuation and Burn Care and Mass Casualty course that will be held in May and June. There will be a communications exercise for the whole coalition in March.

Personal Protective Equipment (PPE) from the HPP COVID-19 grant was distributed on February 18-22. Twenty-six fit test kits were distributed to 25 different healthcare partners.

On February 12, the Healthcare PHERC facilitated the Inter-Hospital Coordinating Council where 30 agencies approved the purchase of Med Sled evacuation equipment to be used in conjunction with the emergent evacuation training in the Spring.

On February 25, the IHCC Chair presented the IHCC annual accomplishments to the community at the District Board of Health Meeting.

Emergency Medical Service (EMS)

The EMS Coordinator and Task Force have been meeting regularly and are currently reviewing all recommendations in the TriData Report and the CPSM Report (EMS related recommendations only). The team has agreed that, upon review, the recommendation will be categorized as 1) Complete 2) Irrelevant or 3) Priority. Once all recommendations are reviewed and agreed upon, the Task Force will work together to focus on the priority recommendations as Task Force objectives to improve the EMS system.

The EMS Oversight Program worked with the Chair of the Emergency Medical Services Advisory Board (EMSAB) on the future direction of the Board. It was mutually agreed to communicate the expectations and evaluation of the regional EMS system to ensure attainment of performance standards, medical protocols, communication, coordination, and accountability of all parties involved to further improve the delivery of patient care and patient outcome. The Program is currently working with EMSAB to clarify standing agenda items.

On February 25, 2021, the District Board of Health (DBOH) approved REMSA's request for a blanket exemption to response times retroactive to the month of July 2020. The approval is valid for 60 days, or until May 1, 2021. Therefore, all exemption requests will be approved without review by the EMS Oversight Program until that date, unless the DBOH decided to revisit the agenda item. All exemption requests for January were reviewed and approved prior to the DBOH approval of the blanket exemption. Table 2 summarizes REMSA Exemption Requests.

Table 1. REMSA Exemption Requests						
Exemption	System Overload	Status 99	Weather	Other	Total	Approved
January 2021	23	2	*3 (BWE)		25	28
February 2021	5				5	NA

*Blanket Weather Exemption (BWE) requests received were for three separate weather incidents which lead to 13 late calls.

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. Calculations for Zones B/C/D and "All Zones" were removed because the previous calculations for Zones B/C/D separately and "All Zones" do not align with REMSA's Franchise Agreement. For February 2021, REMSA reported 89% compliance for Zone A Priority 1 calls, and 90% compliance for Zone B/C/D Priority 1 calls. Table 1 summarizes REMSA's compliance.

Table 2. REMSA Percentage of Compliant Priority 1 Responses by Zones		
Month	Zone A	Zone B, C, and D
July 2020	*88%	*84%
August 2020	*85%	*88%
September 2020	*89%	*96%
October 2020	*88%	*93%
November 2020	*87%	*90%
December 2020	*89%	*90%
January 2021	*86%	*87%
February 2021	*89%	*90%

*The REMSA Percentage of Compliant Priority Responses will not be recalculated retroactive to July 1, 2020, which would show 100% compliance in all zones, due to the approval of the blanket exemption. REMSA and the Oversight Program acknowledge that there is still the need to review response times even with the blanket exemption approval. Compliance percentage will still show the actual response compliance percentage in Zone A and B/C/D to continue to evaluate actual response time. Although the calls will not be recalculated, REMSA will not be held against them during this blanket approval time period.

The EMS Oversight Program reviews and analyzes project applications received from the Planning and Building Division and Community Services Department (CSD) and provides comments and/or conditions for the applications to the CSD. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. The Program reviewed four projects applications for the month of February, with no comments.

The EMS Oversight Program conducts monthly 800MHz Radio Tests with all partner facilities to ensure communications are working properly and radios are up to date and inventoried. 19 of 22 facilities participated in February's radio test.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 546 deaths and 400 births, and corrections were made for 16 deaths and 61 births during February. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records During the Month of February

February	In Person	Mail	Online	Total
Death	1638	104	478	2220
Birth	702	68	377	1147
Total	2340	172	855	3367

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: March 25, 2021**

DATE: March 10, 2021

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, Joint/Regional Information Center, January 20, 2021 Concurrent Meeting, WCHD Budget meeting with City and County Managers, Public Health Accreditation, Community Health Improvement Plan, Quality Improvement Team, and Public Communications and Outreach.

COVID-19 Response

The Health District continues to lead the testing, disease investigation/contact tracing, vaccination, and communication efforts of the Regional Incident Management Team’s COVID-19 response. WCHD is working with the Nevada State Immunization Program (NSIP) and regional partners to equitably dispense vaccines to essential workers and the general population categories in the two lanes of the State’s Vaccination Playbook. As of March 17, WCHD is administering first doses to people that are 65 and older and to essential workers that provide frontline services end-to-end essential goods (including grocery, warehousing, and manufacturing), utilities and communications infrastructure, Department of Transportation and emergency roads personnel, airport operations, and other essential transportation, as well as dispensing second doses to complete vaccinations for those who have received the first dose through the WCHD.

Everyone that has signed up on the WCHD age 65 and older waiting list has been invited to be scheduled for vaccination, and frontline food service and hospitality workers are also now being invited to schedule to be vaccinated. The WCHD has demonstrated the ability to dispense 350 vaccinations per hour through the POD operated at the Reno-Sparks Livestock Events Center. Vaccinations for people 55 and older with underlying health conditions are now available through pharmacies and healthcare providers. Regional Fire partners are also dispensing vaccinations through PODs that have been organized in disadvantaged areas, as well as older age group casino workers, and remote locations such as Gerlach and Incline Village.

As of March 17, 2021, 160,282 doses of COVID-19 vaccine have been administered in Washoe County. 20.27% of the population has received at least one dose of vaccine, and 13.52% are fully vaccinated.

The number of new cases per day has declined significantly from the peak that occurred at the end of November. The County has not been flagged for elevated disease transmission under the State’s County Tracker System for almost a month. As of March 17, 2021 cases per 100,000 population over a thirty-day period exceed 200 at 269; however, test positivity over a 14-day period is below 8% at 5.0%, and testing continues to exceed the threshold. However, a number of the B.1.1.7 variant cases have been identified in

Washoe County and transmission has occurred as individuals have failed to follow the requirements of the Governor's directive to reduce the threat of transmission. On March 15, 2021 the Governor allowed an increase in occupancy capacity of bars, restaurants, casinos and other high transmission risk venues to 50% of capacity and to allow public gatherings of up to 250 people, if capacity limits are not exceeded. Larger gatherings may occur through June 30, 2021, if they do not exceed occupancy of 50% and are approved by Nevada Department of Business and Industry.

The Health District is working with assistant managers from Reno, Sparks and Washoe County to develop a plan for local government control beginning May 1, 2021. A number of business advisory group meetings are occurring the week of March 15 and 22 to receive input from affected industries. Counties provided an update on these planning efforts to the State COVID-19 Mitigation and Management Task Force the week of March 15, 2021.

FEMA and USDA permanent and temporary employee staffing, National Guard, CERT and MRC volunteers are all supporting the Health District response. Grant proposals for \$15.59 million of federal Enhancing Laboratory Capacity (ELC) grant funding for testing and contact tracing, and \$3.8 million of federal grant funding to provide COVID-19 vaccinations have been submitted to the State for continued funding.

Joint/Regional Information Center (JIC)

The Regional Information Center issued 35 COVID-19 press releases and held 12 COVID-19 media briefings in the month of February. The RIC organized and executed the invitations to seniors to schedule a COVID-19 vaccine appointment, which was on over a dozen occasions and included helping schedule some appointments over the phone for seniors who did not have access to a computer or the internet.

January 20, 2021 Concurrent Meeting

A concurrent meeting of the Reno and Sparks City Councils and the Washoe County Board of Commissioners was held on January 20, 2021 to discuss the Washoe County Health District and District Board of Health. Several issues and concerns were expressed during the meeting. The Health District and the District Board of Health acted quickly to address and respond to these concerns. The concerns and actions taken are summarized below.

Discussion occurred regarding the Board composition and whether the composition of the Board should be adjusted to add more elected officials from the City Councils and the County Commission. Views were expressed both in support and opposition to this idea during the concurrent meeting. Following the concurrent meeting the District Board of Health took action to appoint new officers during the January 28, 2021 meeting. Two elected officials, Councilman Delgado and Commissioner Lucey, were appointed as the Chair and Vice-Chair of the District Board of Health for two-year terms.

During the concurrent meeting, ideas of expanding the DBOH to include other industry representation, or otherwise engaging industry representatives as liaisons was discussed. The current Board composition provides for three elected and three appointed positions which together appoint a physician to the Board. NRS 439.369 establishes that the District Board of Health is composed of two appointed positions from each jurisdiction which appoint a physician to the Board. The current Board composition provides for industry representation on the Board through the jurisdiction appointments.

Date: March 25, 2021

Subject: ODHO District Health Officer Report

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The Health District has traditionally worked with and met regularly with the Builders Association of Northern Nevada and the Associated General Contractors to liaison and discuss issues and concerns related to development, construction, air quality, wells, and septic systems. These meetings were not maintained during the Health District's response to the COVID-19 pandemic and the Health District is working to reestablish them. The Health District also provides outreach, communication, and training opportunities to food establishments regarding food safety issues. During the early phases of the pandemic the Health District increased outreach and communication with the Resort Association and properties and has provided communication regarding the implementation of SB4. These activities will be reinvigorated. The Health District has an existing liaison with the healthcare industry through the Inter Hospital Coordinating Council (IHCC) which has approximately 250 members and meets monthly. Communication with hospital and REMSA representatives occurs almost daily.

A concern was expressed that the interlocal agreement was last amended in 1993 and that this was too long for this agreement to be in place without amendment. Under the conditions of the interlocal agreement the agreement has historically been agendaized annually for the District Board of Health to review and recommend any amendments to Reno, Sparks, and Washoe County. However, this did not occur during calendar year 2020 due an oversight and the demands of the COVID-19 response. There has not been any recommendation to make any amendments following review of this item in previous years. The interlocal agreement will be agendaized for review during the June 2021 DBOH meeting to get back on schedule with its annual review.

During the concurrent meeting several individuals expressed concern that the Health District lacked an appeals process for decisions that were made. The Health District does have an appeals process established through our regulations and adopted by the Board for Environmental Health Services and Air Quality Management. The process for the appeals and the role of the appellate Boards appointed by DBOH, and the role of DBOH in that process were presented and discussed at the February 25, 2021 DBOH meeting. Regulated entities are informed of the appeals process when they receive a notice of violation or a citation, and the Health District responded to concerns raised during the concurrent meeting by posting additional information on the process including visual aids of process such as flow diagrams on the Health District website. Following the February 25, 2021 DBOH meeting the DBOH members received further information on the appellate Board compositions and terms (attached). Appointments to the Boards are current. However, the Food Protection Hearing and Advisory Board (FPHAB) does not have term limits and some of the members have been appointed for a long period of time. The food regulations can be amended to establish a duration of the terms for the Board appointments for these members, if desired.

The name of the Health District was also discussed during the concurrent meeting and concerns raised that it created confusion and potential misunderstanding that the Health District was governed by the Board of County Commissioners and not the regional members of the District Board of Health. The jurisdiction of the Health District is the entire area of Washoe County and therefore the name "Washoe County Health District" is appropriate. This concern could be addressed through further communication and education on the part of the Health District as well as the Washoe County Commissioners contacted by constituents that don't understand the separate governance of the Health District. Alternately, the name of the Health District could be changed to avoid this misunderstanding. If the Board were to decide that the name should be changed there would be a fiscal impact to rebrand and educate the community regarding the new name, and a name that was properly descriptive of the region that the Health District has authority over would need to be decided upon.

Concerns regarding adequate communications from the Health District were also expressed; however, particularly over the past year, the Health District has worked extremely hard to communicate to the community and elected officials. The Health District conducted daily briefing calls seven days per week as the pandemic unfolded, which were then reduced in frequency to eventually become the current weekly briefings, which all the city and county elected officials are invited to attend. The District Health Officer meets weekly with the City and County Managers. Daily updates are provided to the media, the public, Facebook and other social media, as well as website/dashboard updates. The Health District is currently conducting three media availabilities per week on our COVID-19 response and vaccinations. Some information is not appropriate to communicate more broadly as it is provided to the Health District as confidential information or HIPAA protected as medical information. Having an elected official from each of the jurisdictions appointed to the DBOH provides an opportunity for those members to communicate back to their elected bodies during their regularly scheduled meetings which have standing agenda items for report out from members on the committees that they serve. These officials also have the opportunity to communicate through DBOH meetings or to the Health Officer regarding information and communication concerns they or their jurisdictions may have. Team meetings are scheduled each week for all of the DBOH members to be able communicate with the District Health Officer.

In summary, the District Board of Health has responded expeditiously to address the concerns raised at the January concurrent meeting. The role of elected officials on the Board has been expanded by the January 2021 Chair and Vice-Chair appointments. Industry representation is afforded by the other appointed members and efforts to expand the communication with industry liaisons is now occurring. The interlocal agreement will be brought before the Board during the June meeting for review. An appeals process currently exists and efforts have been made to highlight this process on the website and for the Health District customers and the Board to gain a better understanding of such process. If DBOH would like term limits established for the FPHAB, the Board can request that the regulations be amended to provide for term limits. If DBOH decides that the name of the Health District should be changed, the Board may recommend that action as well. Communication is occurring but can be enhanced by elected and appointed representatives to the Board communicating with their jurisdictions and relaying communication or information from their jurisdictions to the Health Officer. Based on the responsiveness of the DBOH and the Health District to the concerns raised during the January 20, 2021 meeting the District Health Officer does not recommend further action be taken by the jurisdictions or is required at this time.

WCHD Budget meeting with City and County Managers

The Reno, Sparks, and County Managers are scheduled to meet on March 18, 2021 to review and discuss the WCHD FY 22 Budget. An update will be provided on the discussion as it occurs.

Public Health Accreditation

Section II of the annual report is awaiting approval from the Public Health Accreditation Board.

Community Health Improvement Plan (CHIP)

The 2020 CHIP Annual Progress Report is complete and has been included in the meeting agenda for acceptance. A great amount of progress has been made in the three-year plan and the impact of the community wide collaboration on the three focus areas has been substantial.

Nutrition and Physical Activity—The Family Health Festival committee is planning to host an event on March 20, 2021, from 9:00am-12:00 at Reed High School. The event will be held in the parking lot to

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accommodate a drive-through model. Seven partners will be on site to provide families with food, support services and basic information about resources.

Quality Improvement Team

The External Customer Service Survey was deployed and concluded at the beginning of March. The results are being compiled and a committee will utilize the survey results to shape further customer service training opportunities and QI projects.

Att.: WCHD Appellate Boards
February Media Mentions

WASHOE COUNTY

AIR POLLUTION CONTROL HEARING BOARD

MEMBERS

Member	Qualification	Appointment Date	Term Expires
Cathleen M. Fitzgerald, P.E.	Nevada Registered Professional Engineer	10/22/09, 9/27/12; 9/24/15; 9/27/2018	September 27, 2021
Jeanne Rucker, REHS	At-large	10/23/12; 9/24/15; 9/27/2018	October 24, 2021
Lee Squire	At-large	8/26/2015; 9/27/2018	September 27, 2021
Richard W. Harris	Nevada Licensed Attorney	12/17/09, 12/20/12, 2/25/16; 12/20/2018	December 20, 2021
Yvonne Downs	At-large	10/25/18	October 24, 2021
Jim Kenney	At-large	1/26/13, 2/25/16; 1/26/2019	January 26, 2022
Paul Kaplan, KAP Construction	General Engineer/Building Contractor	3/29/2019	March 28, 2022

* Section 020.25 of the District Board of Health Regulations Governing Air Quality Management requires the following:

- One (1) member of the Board shall be an attorney admitted to practice law in Nevada.
- One (1) member shall be a professional engineer registered in Nevada.
- One (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined in NRS 624.215
- Three (3) members will be appointed for a term of one year
- Three (3) members will be appointed for a term of two years
- One (1) member will be appointed for a term of three years
- Each additional appointment will be for a term of three years

FOOD PROTECTION HEARING AND ADVISORY BOARD
CURRENT LIST OF MEMBERS – AND START DATES
March 2021

CHAUMP, MICHAEL – Since at least 2007
City of Reno Business License

DE MARS, DAVID – Since at least 2007
Model Dairy

GUZMAN, SERGIO – October 2014
Atlantis Casino
Guzman: <https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2014/files/DBOH-Agenda-Packet-Oct-2014.pdf>

HEINEMANN, GEORGE Dec 2017
Manager, Rainbow Steakhouse
Heinemann : https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2017/files/121417_dboh_meeting_packet.pdf

PINOCCHIO, J.P. – Since at least 2007
Owner Pinocchio's Bar & Grill

ROMM, CARL CHRISTOPHER "CHRIS" Since at least April 2010

THOMPSON, CHRISTOPHER Dec 2017
Vern Martin Design Associates
Thompson: https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2017/files/121417_dboh_meeting_packet.pdf

Sewage, Wastewater and Sanitation Hearing Board Members February 2021

Members	Appt/Reappt
Ron Anderson, P.E., Chairman Anderson & Associates Engineering	02/28/2001 – 04/24/2022 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2019/File/042519_dboh_agenda.pdf
Nick Vestbie P.E. Nortech Geotechnical/Civil Consultants, Ltd.	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Matthew 'Matt' Buehler	03/27/2015 – 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Vonnie Fundin Fundin Pump & Well Service	01/28/2016 – 04/24/2022 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2019/File/042519_dboh_agenda.pdf
ALTERNATES:	
Matt Smith Waters Vacuum Truck Service	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Ray Pezonella P.E. Nova Geo Technical & Inspection Services	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf

WASHOE COUNTY AIR POLLUTION CONTROL HEARING BOARD MEMBERS

Member	Qualification	Appointment Date	Term Expires
Cathleen M. Fitzgerald, P.E.	Nevada Registered Professional Engineer	10/22/09, 9/27/12; 9/24/15; 9/27/2018	September 27, 2021
Jeanne Rucker, REHS	At-large	10/23/12; 9/24/15; 9/27/2018	October 24, 2021
Lee Squire	At-large	8/26/2015; 9/27/2018	September 27, 2021
Richard W. Harris	Nevada Licensed Attorney	12/17/09, 12/20/12, 2/25/16; 12/20/2018	December 20, 2021
Yvonne Downs	At-large	10/25/18	October 24, 2021
Jim Kenney	At-large	1/26/13, 2/25/16; 1/26/2019	January 26, 2022
Paul Kaplan, KAP Construction	General Engineer/Building Contractor	3/29/2019	March 28, 2022

* Section 020.25 of the District Board of Health Regulations Governing Air Quality Management requires the following:

- One (1) member of the Board shall be an attorney admitted to practice law in Nevada.
- One (1) member shall be a professional engineer registered in Nevada.
- One (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined in NRS 624.215

- Three (3) members will be appointed for a term of one year
- Three (3) members will be appointed for a term of two years
- One (1) member will be appointed for a term of three years
- Each additional appointment will be for a term of three years

FOOD PROTECTION HEARING AND ADVISORY BOARD
CURRENT LIST OF MEMBERS – AND START DATES
March 2021

CHAUMP, MICHAEL – Since at least 2007
City of Reno Business License

DE MARS, DAVID – Since at least 2007
Model Dairy

GUZMAN, SERGIO – October 2014
Atlantis Casino
Guzman: <https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2014/files/DBOH-Agenda-Packet-Oct-2014.pdf>

HEINEMANN, GEORGE Dec 2017
Manager, Rainbow Steakhouse
Heinemann : https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2017/files/121417_dboh_meeting_packet.pdf

PINOCCHIO, J.P. – Since at least 2007
Owner Pinocchio's Bar & Grill

ROMM, CARL CHRISTOPHER "CHRIS" Since at least April 2010

THOMPSON, CHRISTOPHER Dec 2017
Vern Martin Design Associates
Thompson: https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2017/files/121417_dboh_meeting_packet.pdf

Sewage, Wastewater and Sanitation Hearing Board Members February 2021

Members	Appt/Reappt
Ron Anderson, P.E., Chairman Anderson & Associates Engineering	02/28/2001 – 04/24/2022 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2019/File/042519_dboh_agenda.pdf
Nick Vestbie P.E. Nortech Geotechnical/Civil Consultants, Ltd.	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Matthew 'Matt' Buehler	03/27/2015 – 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Vonnie Fundin Fundin Pump & Well Service	01/28/2016 – 04/24/2022 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2019/File/042519_dboh_agenda.pdf
ALTERNATES:	
Matt Smith Waters Vacuum Truck Service	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf
Ray Pezonella P.E. Nova Geo Technical & Inspection Services	04/26/2018 - 04/25/2021 https://www.washoecounty.us/health/about-us/board-committees/district-board-of-health/2018/files/042618_dboh_agenda1.pdf

DATE

2/1/2021

STORY

[RGJ: Monday COVID-19 update: Washoe County makes 'some progress' with vaccination efforts](#)
[Nevada Independent: The latest logistical hurdle for large school districts? How to vaccinate thousands of workers](#)
[RGJ: Skipping the line: Lack of oversight plagues COVID vaccine deployment in Northern Nevada](#)

Inquiries

FOX 11: Tony Phan asked for an interview about flu.
KTVN: Asked to ride along for homebound vaccines.
Sparks Tribune: Kayla Anderson asked some vaccine questions.
KTVN: Asked to receive the vaccine.

2/2/2021

[KUNR: WCHD Administers Highest Number Of Vaccines In A Single Day](#)

[RGJ: Week in COVID-19: Washoe County's new cases and deaths drop by nearly half in January](#)

[Associated Press: January was Nevada's deadliest virus month, Washoe improves](#)

KRNV: Joe Hart had an "Ask Joe" about what happened to the trailers that were used for COVID-19 alternative housing back in March. They were leased for six months and returned to the owner.
KTVN: Steve Timko is doing a first-person story about getting COVID-19 but asked why he didn't get contacted by the Health District. During the November surge, where we had up to 800 cases per day, were prioritized disease investigations with health care workers, first responders, long term care facilities, skilled nursing facilities and schools, per CDC guidance.
KRNV: Tony Phan will likely interview Nicole Mertz tomorrow about vaccines.
RGJ: Siobhan McAndrew asked for a one-on-one with Kevin Dick about the anniversary of Washoe County's first case.

2/3/2021

[This is Reno: COVID-19 update: Vaccination challenges remain as cases continue to decline](#)

[Associated Press: Health officials worry that people will reject vaccinations](#)

[KTVN: Health District making progress with second doses](#)

KRNV: Tony Phan interviewed Nicole Mertz tomorrow about vaccines.
KRNV: Tony Phan asked for contact information for the Gold N' Silver regarding their extra mile award we gave them at last week's DBOH meeting.
KTVN: Ryan Canaday asked what percentage of people who received vaccines are Hispanic. According to the state, 11 percent.

2/4/2021

[RGJ: Can we agree to keep politics out of local public health? | John Packham](#)

[KRNV: Vaccine hesitancy is a worry](#)

[KUNR: New COVID-19 Cases Trending Downward](#)

[KTVN: Health Officials say there is still progress to me made; Super Bowl precautions](#)

[KOLO: Only 11 percent of vaccines have gone to Hispanic population](#)

[KOLO: 3 additional COVID-19 deaths, Health District has administered 23,000 vaccines](#)

[KTVN: Health Officials say there is still progress to me made](#)

[This is Reno: COVID-19 Vaccine: Washoe County receiving only half of requested weekly doses](#)

RGJ: Siobhan McAndrew asked again for an interview regarding the 1-year COVID-19 anniversary
Nevada Independent: Jannelle Calderon asked if we think City of Reno should return to in-person work.

2/5/2021

[RGJ: Nevada health officials to release data detailing state's vaccine equity issues](#)

[This is Reno: Pandemic impacts loom over legislative committee hearings on education](#)

[KOH: No immigration status questions are asked when getting a vaccine](#)

[KRNV: 4 COVID-19-related deaths reported](#)

[KUNR: Health District to complete teacher vaccinations next week](#)

KOLO: Abel Garcia interviewed Scott Oxarart about senior vaccine
RGJ: Jason Hidalgo asked about vaccine administration to minority population.

2/8/2021

[KOLO: Seniors concerned about local vaccine distribution](#)

[This is Reno: Pandemic impacts loom over legislative committee hearings on education](#)

[KOH: No immigration status questions are asked when getting a vaccine](#)

[KRNV: 4 COVID-19-related deaths reported](#)

[KUNR: Health District to complete teacher vaccinations next week](#)

KTVN: Valentina Bonaparte asked about plasma donation for COVID-19 research. Sent her to Vitalant.

FOX5 (Las Vegas): Kelli Goatley-Seals will be interviewed tomorrow about Nevada Tobacco Prevention Coalition request regarding casinos and nonsmoking policies.

2/9/2021

[KRNV: Washoe County to begin vaccinating community support groups](#)

[RGJ: Truckee Meadows COVID Risk Meter continues to see a downward trend](#)

[KUNR: COVID-19 Hospitalizations Declining In Nevada](#)

[KTVN: Next in line for COVID-19 vaccine](#)

[KRNV: What they're saying about the J&J vaccine](#)

[KUNR: COVID-19 Hospitalizations Declining In Nevada](#)

[KOLO: Washoe County COVID-19 Update: 4 deaths, 13 new cases](#)

Nevada Independent: Megan Messerly interviewed Kevin Dick and Heather Kerwin for a COVID-19 anniversary story.

FOX5 (Las Vegas): Kelli Goatley-Seals was interviewed about Nevada Tobacco Prevention Coalition request regarding casinos and nonsmoking policies.

RGJ: Filed a public records request about demographic data for COVID-19 vaccine.

2/10/2021

[RGJ: COVID-19 in Washoe: Over 75,000 vaccine doses administered, 15% of residents vaccinated](#)

[Northern Nevada Business Weekly: BJ's Barbecue, Gold N' Silver Inn earn Washoe County health awards](#)

[KRNV: Gold N' Silver Inn goes smoke free](#)

[KTVN: Walmart, Sam's Club Pharmacies in Nevada to Administer COVID-19 Vaccines](#)

[KRNV: Ask Joe: when will the homeless get vaccinated?](#)

[KRNV: School district to finish 1st-dose vaccines this week](#)

[KRNV: Jenee Ryan asked about the CDC's double mask recommendation. See it here.](#)

KTVN: Bryan Hofmann asked about B117 cases in Washoe County. There are none confirmed.

Las Vegas Review Journal: They asked about Safeway vaccines.

2/11/2021

[RGJ: Washoe County seniors face technological challenges making COVID vaccine appointments](#)

[This is Reno: Health District aims to vaccinate more seniors, appeals for help](#)

[KTVN: Over 10,000 people vaccinated in Washoe County, COVID-19 variant update](#)

[KUNR: KUNR Today: Fewer Than 10% Of Nevadans Have Gotten First COVID-19 Shot, Reno-Tahoe Odyssey Canceled](#)

Buzzfeed: Rosalind Adams asked for info on all COVID-19 deaths in Washoe County. We pointed her to the dashboard.

	<p>KTVN: Help out seniors you know with COVID-19 vaccine KOLO: New cases trending downward KRNV: Painkillers vs. COVID Vaccine KOLO: Washoe County COVID-19 Update: 2 deaths, 85 new cases RGJ: WCSJ, UNR won't track if staff get COVID-19 vaccine, though vast majority say they want it</p>	
2/12/2021	<p>7News (Bay Area): California unemployment: EDD mistakenly cuts off man's benefits, accuses him of being in jail. This is Reno: Health district reports quickly rising COVID-19 vaccine demands KTVN: Over 10,000 people vaccinated in Washoe County: COVID-19 variant update KUNR: KUNR Today: Fewer Than 10% Of Nevadans Have Gotten First COVID-19 Shot, Reno-Tahoe Odyssey Canceled KTVN: Help out seniors you know with COVID-19 vaccine KOLO: New cases trending downward KRNV: Painkillers vs. COVID Vaccine KOLO: Washoe County COVID-19 Update: 2 deaths, 85 new cases RGJ: WCSJ, UNR won't track if staff get COVID-19 vaccine, though vast majority say they want it</p>	<p>RGJ: Siobhan McAndrew interviewed Kevin Dick for a story about the 1-year anniversary of the first COVID-19 case in Washoe County.</p>
2/15/2021	<p>Las Vegas Review-Journal: Some Nevada long-term care facilities left behind in vaccine drive. (one guy got tested) This is Reno: Washoe County weekly COVID-19 vaccine allotments have increased</p> <p>RGJ: COVID-19: Washoe County's death toll rises to 630</p> <p>KRNV: Health District has administered over 35,000 vaccine</p>	<p>RGJ: Siobhan McAndrew asked follow-up questions for Kevin Dick for a story about the 1-year anniversary of the first COVID-19 case in Washoe County.</p> <p>RGJ: Anjeanette Damon asked about pharmacies doling out vaccine to frontline/essential workforce</p> <p>KTVN: Ryan Canaday was dispelling a My Two Cents caller who said COVID-19 vaccines only last 90 days.</p>
2/16/2021	<p>KRNV: Washoe County COVID-19 vaccine call center taking 3,000 calls a week KRNV: Washoe County Health District sees increased allotment of COVID-19 vaccines</p> <p>Washoe County: Vaccines allocated to the county based on population and prioritized by state-mandated criteria Northern Nevada Business Weekly: 'I'm sorry, we have no room' – funeral home demand, revenues rise due in part KTVN: Number of vaccine doses going up in Washoe County.</p>	<p>KRNV: Ben Margiott interviewed Gayle Erickson about the COVID-19 call center.</p> <p>RGJ: Jason Hidalgo asked about a possible case of COVID-19 – South African Variant. Not confirmed.</p>
2/17/2021	<p>KOLO: Washoe County investigating possible South African COVID variant KTVN: Washoe County Health District Investigates Possible South African Variant Case KRNV: Ask Joe: why are some veterans being turned away from getting vaccinated at the V.A.? RGJ: Health officials investigating potential COVID-19 South African variant in Reno.</p>	<p>Entravision: Viola Cody asked some questions about the COVID-19 vaccine. KUNR: Lilliana Wilbert is talking about the COVID-19 vaccine on Facebook Live. Watch here.</p> <p>KRNV: Kenzie Margiott asked about the South African COVID-19 variant</p>
2/18/2021	<p>KTVN: First Case of South African COVID Variant Confirmed in Reno This is Reno: COVID-19 update: vaccinations increase, younger seniors become eligible RGJ: COVID-19 Thursday update: Winter storm delays region's largest vaccine shipment Las Vegas Review Journal: 1st case of South Africa coronavirus variant confirmed in Nevada KUNR: KUNR Events In Spanish: COVID-19 Vaccines Explained KRNV: South African COVID-19 variant found in Reno KOLO: First case of South African COVID variant confirmed in Reno RGJ: Reno Aces release schedule; home opener set for April 8 at Greater Nevada Field Associated Press: Nevada reports 1st case of virus variant from South Africa 8 News Now (Las Vegas): I-Team: Employees say SNHD contact tracing program a miserable failure RGJ: South African B1.351 COVID-19 variant confirmed in Reno for the first time</p>	<p>KTVN: Valentina Bonaparte asked about people with underlying health conditions getting the vaccine.</p> <p>KRNV: Zac Slotemaker asked about the variant and for Heather Kerwin's photo. KOLO: Ed Pearce asked about the variant and for Heather Kerwin's photo. KTVN: Cynthia Sandoval asked about homebound vaccines. RGJ: Siobhan McAndrew had a followup question about a 1-year COVID-19 anniversary story Las Vegas Review-Journal: Mary Hines asked a question about the COVID-19 variant.</p>
2/19/2021	<p>KTVN: COVID Task Force Outlines Plans For Coming Months</p> <p>This is Reno: COVID-19 update: vaccinations increase, younger seniors become eligible</p> <p>Record Courier: Vaccine deliveries delayed by weather 3News (Las Vegas): 'South African' COVID-19 variant causing concern, not alarm in Nevada KTVN: COVID-19 update KRNV: COVID-19 update</p>	<p>Inquiries/Interviews:</p> <p>Nevada Independent: Megan Messerly interviewed Jim English and Wes Rubio about the COVID-19 1-year anniversary.</p> <p>Las Vegas Review-Journal: Mary Hines asked a question about homebound senior vaccination efforts. Associated Press: Scott Sonner asked about the delayed COVID-19 Moderna shipment. KTVN: Cynthia Sandoval requested a media opportunity to shadow a homebound vaccine administration.</p>

2/22/2021	RGJ: COVID-19 update: Nevada shows lowest test positivity rate since November, dips below 10% Las Vegas Review Journal: Q&A: What's happening to help the homebound? KRNV/FOX11: Mixed advice for masks and distancing for Nevadans after COVID-19 vaccines RGJ : Delayed COVID-19 vaccines arrive in Washoe County, thousands of seniors still need doses	<p>KTVN: Paul Nelson asked to film the POD from outside the fence for B-roll purposes</p> <p>KTVN: Ryan Canaday asked to go on camera to talk about frequently asked questions they're getting from viewers.</p> <p>KRNV: Kenzie Margiott asked for the Tuesday media briefing recording.</p>
2/23/2021	KTVN: Sparks fire to help administer vaccine This is Reno: County still encouraging seniors to get vaccinated, U.S. reaches 500,000 COVID-19 deaths KTVN: Health District to continue vaccinating 70+ KRNV: COVID-19 Update in Washoe County	<p>Sierra Nevada Ally: Benjamin Payne asked about frontline independent contractors/gig workers vaccines</p> <p>KTVN: Ryan Canaday interviewed Scott Oxarart about frequently asked questions they're getting from viewers.</p> <p>KTVN: Valentina Bonaparte asked seniors in the vaccine waiting lot at RLEC about their experience getting the vaccine. No complaints.</p> <p>KTVN: Cynthia Sandoval inquired about doing a story about our call center.</p> <p>Alice 96.5: Kelli Goatley-Seals was asked to do an interview about vaping.</p> <p>Capitol Public Radio: Bert Johnson asked about publicly available COVID-19 vaccine demographic information.</p>
2/24/2021	RGJ: Washoe County Health District assessing new vaccine site, concerned over uptick in cases KRNV: Washoe County Health District ready to administer vaccines for 65 and older population KTVN: Seniors 65 Years & Older Now Eligible to Get COVID-19 Vaccine at Livestock Events Center KOLO: Signups open for 65+ to get COVID-19 vaccine at Livestock Events Center KTVN: COVID-19 Vaccine Myths answered KOLO: Washoe County COVID-19 Update: 2 deaths, 271 recoveries, 11 new cases	<p>Sierra Nevada Ally: Benjamin Payne followed up about questions regarding independent contractors/gig workers vaccines</p> <p>Associated Press: Scott Sonner asked about studies regarding perception of COVID-19 vaccine. Sent him to the med school.</p>
2/25/2021	Nevada Independent: Behind the Bar: COVID in the Legislature, pot for pets, cuts to tobacco prevention and revisiting welfare reform This is Reno: Health district opens vaccine appointments to seniors 65 or older RGJ: New data: Washoe is struggling to vaccinate minorities for COVID-19 compared to whites KUNR: KUNR Today: Seniors 65+ Eligible For Vaccine In Washoe, Cortez Mastro Launches Reelection Campaign KTVN: COVID-19 Vaccine open to 65+ KOLO: 65+ can now get the vaccine KRNV: Seniors 65+ can now get the vaccine	<p>KRNV: Madison McKay had questions about the Reno Rodeo selling tickets for June.</p> <p>Sierra Nevada Ally: We responded to Benjamin Payne's request about vaccines for independent contractors.</p>
2/26/2021	Associated Press: US advisers endorse single-shot COVID-19 vaccine from J&J Alice 96.5: Let's Talk Vaping with Kelli Goatley-Seals Nevada Sports Net: Pack notes: Steve Alford weighs in on Mountain West's decision to make up games KTVN: Minority populations not receiving much of the vaccine KTVN: New data: Washoe is struggling to vaccinate minorities for COVID-19 compared to whites KTVN: Seniors need to sign up for the vaccine waitlist KTVN: Vaccine questions for 'My 2 Cents' KRNV: People showing up for vaccine without appointment	<p>KRNV: Madison McKay had questions about the Reno Rodeo selling tickets for June.</p> <p>Sierra Nevada Ally: We responded to Benjamin Payne's request about vaccines for independent contractors.</p>
Total	117	57
Press Releases	COVID-19 Vaccine Community Newsletter: Help a senior with COVID-19 vaccine info, and much more Weekly COVID-19 Vaccine Community Newsletter – Feb. 12, 2021 Weekly COVID-19 Vaccine Community Newsletter – Feb. 18, 2021 South African variant of COVID-19 confirmed in Washoe County Demographic data issued by the State regarding COVID-19 vaccine in Washoe County Weekly COVID-19 Vaccine Community Newsletter – Feb. 25, 2021	
Total	6	
Social Media Followers	<p>WCHD Facebook: 5,327 (+58 since Feb. 1)</p> <p>WCHD Twitter: 2,433 (+80 since Feb.1)</p>	