

## **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, February 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**

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

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

#### **2. Pledge of Allegiance.**

#### **3. Public Comment.**

Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public can public comment by teleconference by logging into the ZOOM meeting via the above link. All public comment is limited to three minutes per person.

Public comment request **must** be submitted by email to [svaldespin@washoecounty.us](mailto: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)**

February 25, 2021

**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

**B. New Hires**

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

**C. Resigned**

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

**D. Promotions**

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

**E. Shining Star**

- i. Virginia McDonald

**F. Recognition of Community Emergency Response Team Volunteers**

Staff Representative: Kevin Dick

**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

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

Presented by: Tammy Oliver, IHCC Chair

Staff Representative: Jessie Latchaw

**8. 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. January 28, 2021

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

- 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

**- END OF CONSENT -**

**9. Regional Emergency Medical Services Authority**

**A. Review and Acceptance of the REMSA Operations Report for January 2021. (FOR POSSIBLE ACTION)**

Presented by: Dean Dow

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

**Presented by: Alexia Jobson**

**C. REMSA Financial Audit.**

Presented by: Tim Nelson

**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. (FOR POSSIBLE ACTION)**

Staff Representative: Julie Hunter

**11. Presentation, discussion, and possible acceptance or direction regarding the Appeal and Waiver Processes for Air Quality Management and Environmental Health Services. (FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega and Erin Dixon

**12. Presentation and approval of the Fiscal Year 2021-2022 Budget. (FOR POSSIBLE ACTION)**

Staff Representative: Kevin Dick

**13. Discussion and possible direction regarding legislative issues. (FOR POSSIBLE ACTION)**

Staff Representative: Joelle Gutman-Dodson

#### 14. 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 – 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.

**C. Environmental Health Services, Erin Dixon, 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.

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

#### 15. 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)

#### 16. 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](mailto: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)

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** **Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) 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. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Susy Valdespin, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

# Keep Truckee Meadows Beautiful

Report to the Washoe County Board of Commissioners  
February 2021



# New Online Recycling Resource!




[KTMB.org/Recycle](https://www.ktmb.org/Recycle)



# Recycling Guide

Select Language | ▼

What do I do with... 



Recycle Curbside



Recycle with Plastic Bags



Beverage Containers



Hazardous Waste



Recycle with E-Waste





# Nevada Green Business Network

[ktmb.org/green-business-network](http://ktmb.org/green-business-network)

## BECOME A GREEN BUSINESS.



### **We are here for you.**

Green businesses show they care about the environment and the health and wellness of their employees, customers, and community. Once a business registers, a KTMB Green Business Advisor will reach out to offer:

- A site assessment and technical assistance
- Connect businesses to incentive programs
- Recommend low- and no-cost solutions and help businesses save money
- Provide useful resources
- Review and evaluate completed checklist

# List of New Business Partners Engaged Through the Green Business Network

- Winters Hope Consulting
- UMCO LLC dba The Urban Market
- The Refuge Spa
- The Nest
- CARE Chest of Sierra Nevada
- Mac-O-Rama
- Quality Control Systems
- Intuit Inc - Reno
- Tailored for You - VA Services LLC
- Collab.ink DM
- Healing One
- Buy Nevada First Gift Shop & Visitors Center
- BlendBee Teas
- Nevada Brining Company
- Pioneer Center for the Performing Arts
- Allied Electric, Inc
- Outsiders Hair Studio
- Rail City Garden Center
- Space Cadet
- My Reno Computer Tutor
- NØRDIK
- Site Service Recycling
- Extremely Emollient
- Tom Clark Solutions
- Strange Bikinis, LLC
- Junk King Reno
- The Brewers Cabinet
- DAVIDSON'S, INC.
- Nevada Roots
- Merchology



# Cleanups

- KTMB organizes volunteer cleanups throughout Washoe County year round.
- These cleanups address a number of issues including water quality, illegal dumping, and blight.
- In 2020 KTMB:
  - Engaged 2,797 volunteers for 8,087 volunteer hours
  - That is an in kind value of \$182,836
  - Removed 66,788 pounds of green waste
  - Removed 201,840 pounds of trash and litter



# List of other KTMB efforts

- KTMB hosts many programs beyond the ones highlighted here, including:
  - Litter Index Survey
  - Partnership with UNR for Recycling Survey project
  - Christmas Tree Recycling Program
  - Warriors Youth Environmental Education
  - Adult Educational
  - Coordination of the Illegal Dumping Task Force
  - Coordination of Sustainability Partners in Northern Nevada



# Legislation crucial to support sustainability efforts

- Recycling rates and access continue to be an issue facing our community
  - KTMB's survey of multi and single family resident's shows that multi-family residents report a higher rate of difficulty accessing recycling
- Mandates to make recycling available onsite to residents of multi-family complexes would increase the rate of recycling
- Legislation to increase recycling rates would present an opportunity to drive economic development around recycling markets in Washoe County



# Thank you!

Keep Truckee Meadows Beautiful

[www.ktmb.org](http://www.ktmb.org)

775-851-5185

[mark@ktmb.org](mailto:mark@ktmb.org)



**WASHOE COUNTY**  
**HEALTH DISTRICT**  

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**ENHANCING QUALITY OF LIFE**



**IHCC**  
**Inter-Hospital Coordinating Council**

AGENDA PACKET NO. 7

DATE: February 25, 2021

TO: Washoe County District Board of Health

FROM: Tammy Oliver, IHCC Chairman  
Dennis Nolan, IHCC Vice Chair  
Sabrina Brasuell, IHCC Member-at-Large

SUBJECT: Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

In preparation for our annual review of achievements, Jessie Latchaw reviewed the IHCC 2020 meeting minutes and compiled a list of IHCC's major accomplishments. It is very important that we take the time to recognize the strides this group has made and the impact it has on the community. The IHCC began working on the annual goals and trainings established for 2020. The goals for this year were quite ambitious and were impacted by the COVID-19 Pandemic, therefore were not all completed. IHCC leadership appreciates the support from the District Health Officer and the District Board of Health, along with the hard work that the Inter-Hospital Coordinating Council does to provide the best health care possible, even during times of disaster.

**I. REAL WORLD RESPONSES**

**2019 Novel Coronavirus (COVID-19)**

Washoe County Health District (WCHD) reported the first case of COVID-19 on March 5, 2020.

Throughout the course of the pandemic multiple community partners submitted resource requests for personal protective equipment (PPE). Shipments of PPE from the Strategic National Stockpile (SNS) were received and distributed to partners including acute care hospitals, EMS, Skilled Nursing, Long Term Care, Tribal partners, and various other organizations. WCHD received a shipment of LTV Series Mechanical Ventilators and High Flow Cannula Systems from the SNS that were delivered to acute care hospital partners. Additionally, four Abbott ID NOW instruments were received and distributed to Saint Mary's, Renown Regional Medical Center, Northern Nevada Medical Center, and Community Health Alliance. The Abbott ID NOW instruments allow these facilities to conduct rapid molecular tests that target COVID-19. In April, COVID-19 Swab Testing kits were distributed to 12 Long Term Care and Skilled Nursing Facilities. The Disaster Medical Facility (DMF) tents were deployed in the Spring and the Fall to Renown and Northern Nevada Medical Center.

The Epidemiology Program hosted weekly local provider calls that offered an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local area physicians to provide updates and ask questions as they relate to COVID-19. In September, vaccine partners joined the call to provide weekly updates. IHCC partners, including Hospitals, EMS, QUAD county and County Emergency managers also met weekly to discuss surge plans to ensure healthcare partners are ready for any surges due to pandemic.

**Midtown Apartment Fire:** On July 20, Reno Fire Department received a call notifying them of a residential structural fire at 340 Broadway Boulevard. When REMSA arrived on scene, initial patient count was five; however, responders soon realized that there was a secondary triage area on the other side of the structure with additional patients. An MCI notification was issued to area hospitals and the Medical Services Unit was activated. Thirteen transport units arrived, and transported cases were triaged as two reds, six yellows, and five greens. The destination facilities for those transported were Renown Regional Medical Center, Saint Mary’s Regional Medical Center, and Renown South Meadows Medical Center; these facilities accepted nine, three, and one patient(s), respectively. Additionally, there were two decedents on scene.

## II. ACCOMPLISHMENTS

**IHCC Hazard Vulnerability Assessment:** The IHCC completed a hazard vulnerability assessment among healthcare members. The data was compiled and weighted to identify the top ten hazards/risks to healthcare. The top ten are listed below:

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| 1. Earthquake - 41%                  | 6. IT System Outage – 36%       |
| 2. Infectious Disease Outbreak – 31% | 7. External Fire – 24%          |
| 3. External Flood – 30%              | 8. Unplanned Power Outage – 24% |
| 4. Internal Fire – 27%               | 9. Active Assailant – 24%       |
| 5. Severe Storms – 26%               | 10. Seasonal Influenza - 22%    |

Washoe County has thirteen identified hazards that impact our region. The IHCC hazard vulnerability assessment aligns with those hazards in the following way.

- |  |  |
|--|--|
| • Earthquake   | • Terrorism & Crime – Active Assailant     |
| • Wildland Fire – Internal & External                      | • Infectious Disease Outbreak              |
| • Severe Storms – IT System Outage & Communication Failure | • Energy Emergency- Unplanned Power Outage |
| • Flooding - External Flood                                |  |

**IHCC Resource and Gap Analysis:** The purpose of the resource and gap analysis is to assist the coalition in developing a common understanding of its resources and gaps and to assist in prioritizing activities to mitigate gaps. The resource and gap analysis identified gaps required to respond during an emergency. The top planning gaps, as identified through the coalition’s resource and gap analysis are as follows:

- EMS/FIRE**
1. Active Shooter/Armed Assailant/Active Threat Response
  2. Evacuation Plan
  3. Specialty Mass Casualty Plan

- CLINIC**
1. Crisis Care/Service Prioritization Plan
  2. Staff and Resource Sharing Plan
  3. Security Plan

- HOSPITAL**
1. Hospital Behavioral Health Plan
  2. Hospital Staff and Resource Sharing Plan (to include Blood Bank Plan)
  3. Surgical/Burn MCI Plan

- HOME HEALTH/HOSPICE**
1. Information Sharing Plan/Communication Plan
  2. Security Plan
  3. Surge Capacity Plan





#### **PUBLIC HEALTH**

1. Shelter Support Plan (medical services)
2. Public Health Behavioral Health Plan

#### **SKILLED NURSING**

1. Security Plan
2. Staff and Resource Sharing Plan
3. Emergency Operations Plan

#### **AMBULATORY SURGERY CENTER**

1. Crisis Care/Service Prioritization Plan
2. Care Staff and Resources Sharing Plan
3. Security Plan

#### **MEMORY CARE/ASSISTED LIVING**

1. COOP, Recovery/Business Continuity Plan
2. Staff and Resource Sharing Plan
3. Evacuation Plan

#### **NEW PREPAREDNESS ACTIVITIES:**

- No notice/low notice medical surge exercise
- Communications Exercise
- Emergency Credentialing Exercise
- Regional triggers
- Assets/Resources – supply chain
- Workshops/Trainings:
  - Active Shooter Training
  - Burn Training
  - Behavioral/Resiliency Training
  - Evacuation Training
  - Crisis Standards of Care

#### **REOCCURRING PREPAREDNESS ACTIVITIES:**

- MAEA training/revisions
- MCIP training/revisions
- Coalition HVA and Resource & Gap Analysis
- Coalition plans/guides updates
- WebEOC training (Patient Tracking)
- Healthcare Requesting Form Training
- ICS training
- Annual evaluation

**Response Guide:** The response guide was approved in February and December. It describes the roles and responsibilities of the IHCC in responding to a health care emergency primarily within Washoe County. It is based on the development of regional healthcare response plans with regional coordination through the Medical Services Unit (MSU). It provides the structure for multi-facility responses within the region and coordinates response to events that exceed the capabilities of individual healthcare entities.

**Command Kits:** The latest purchase of the Command Vehicle Kits have been distributed to local EMS, hospital and first responders. Reno-Sparks Tribal Health and Reno-Sparks Indian Colony, and Hungry Valley were recipients of some of the kits and most hospitals have received their requested numbers. A total of 125 kits were distributed. Future purchases and distributions will provide more kits to local law enforcement agencies, EMS first responders, and the UNR and Washoe County School District Police Departments.

### **III. EXERCISES**

**Doctors Without Borders:** On February 4, the HPP Program facilitated an Ebola/Infection Disease exercise with REMSA and Renown Health. This exercise included moving a patient from the hospital, into the ISOPD, and then into the ambulance for transport to the airport, where the patient would be transferred to a treatment hospital in California. All attending personnel used protocols for donning and doffing of personal protective equipment (PPE) prior to patient contact. This exercise helps ensure that our community is ready for any infectious disease that may come our way.



**No-Notice CMS Community based exercise:** On March 2, the HPP Program facilitated a community-based earthquake scenario exercise for fifteen healthcare partner facilities. The purpose of the exercise was to assess the impact of how a community-wide event would impact each organization and identify resources in the community that would be able to assist transporting patients. This exercise focused on assisting Long Term Care, Skilled Nursing, Ambulatory Surgical Centers, Dialysis Centers, Adult Care Homes, Home Health and Hospice, and other Healthcare Service Providers with meeting one of their two CMS exercise requirements.

**No-Notice Coalition Surge:** On March 2, the Inter-Hospital Coordinating Council (IHCC) participated in a No-Notice Coalition Surge Exercise. Through the activation of the Mutual Aid Evacuation Annex, 20% of the coalition's staffed acute care beds (380 fictitious patients) were evacuated from Renown Regional Medical Center and received by seven hospitals. REMSA, VA and Careflight provided the transportation coordination and support. This exercise met the federal grant requirement for the annual coalition surge exercise.

**Redundant Communications Exercise:** HPP staff conducted a redundant communications exercise on September 17, requesting participation by responding on one of several platforms from all IHCC partners. Forty- three healthcare facilities responded. Exercises such as this are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

**State No Notice Exercise:** January 16

**Homeless Connect Flu POD Notification** – January 28

**IHCC Redundant Communications Exercises:** January 28

**Ebola Infectious Disease Exercise:** February 04

**Alternate Care Site (ACS), Federal Medical Stations (FMS) and Disaster Medical Facility (DMF)**

**Workshop:** May 22

**Reno Tahoe Airport Tri-Annual Exercise:** August 20

#### **IV. TRAININGS & MEETINGS**

**Weekly Hospital Net:** The Healthcare PHERC continues to participate in the weekly Hospital Net, an amateur radio communications test among hospital in Northern Nevada and Eastern California. The purpose of the net is to improve redundant communications during a disaster.

**Receiving Staging Storage (RSS) Training:** February 03 & 04

**Crisis Standards of Care Training:** February 14

**LEPC Meeting:** February 20

**MAEA Training:** February 18 & 24

**Stop the Bleed Training:** March 03, 05, 11

**LEPC Meeting:** June 18

**MAEA Revisions Workgroup:** August 07

**WebEOC Training:** August 13

**ICS 300 & 400:** August 18-20

**Alternate Care Site Plan Revisions:** August 20

**Preparedness Summit:** August 25-27



**Western Region Burn TTX:** September 22

**MAEA Training:** October 19

**Western Region Burn TTX:** December 03

**State TEPW:** December 08

**ICS 300 & 400:** December 14-16

**LEPC Meeting:** December 17

**Hearthstone Emergency Preparedness Training:** December 29

## **V. GRANT ACTIVITIES**

Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District was able to work on several projects and provide equipment to the IHCC partners. Planning projects included IHCC Response Planning Guidelines, Alternate Care Site plan, multiple community-based exercise, identification of Federal Medical Stations, WebEOC training and IHCC Resource and Gap Analysis.

The following grant was secured during 2020:

ASPR Base Subgrant: July 1, 2020 – June 30, 2021

HPP COVID-19 Grant: July 1, 2020 – June 30, 2021

## **VI. ATTACHMENTS**

**PowerPoint Presentation:** Inter-Hospital Coordinating Council (*IHCC Presentation\_DBOH*)

# Inter-Hospital Coordinating Council

**February 25, 2021**

**Washoe County District Board of  
Health**

# HCCs: Coordinating a Regional Approach to Healthcare and Medical Response



# Accomplishments

- Ebola Exercise
- Coalition Surge Test and CMS exercise
- Partner sharing of resources
- Mass Casualty Incident and Alpha plans updates
- Coalition Member's Resource & Gap Analysis provider plan updates
- Point of Dispensing (POD) MOU (POST collaboration)
- Crisis Standards of Care updates
- Tri-Annual Airport Exercise



# Stop the Bleed Kits: JROTC & WCSD

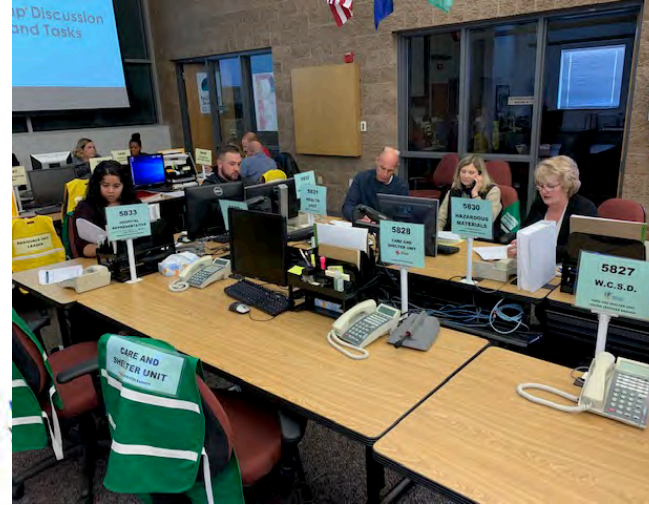
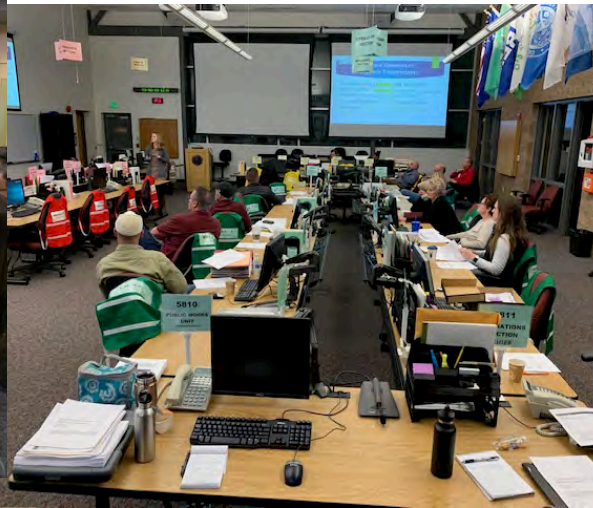


# Ebola Exercise: Doctors Without Borders



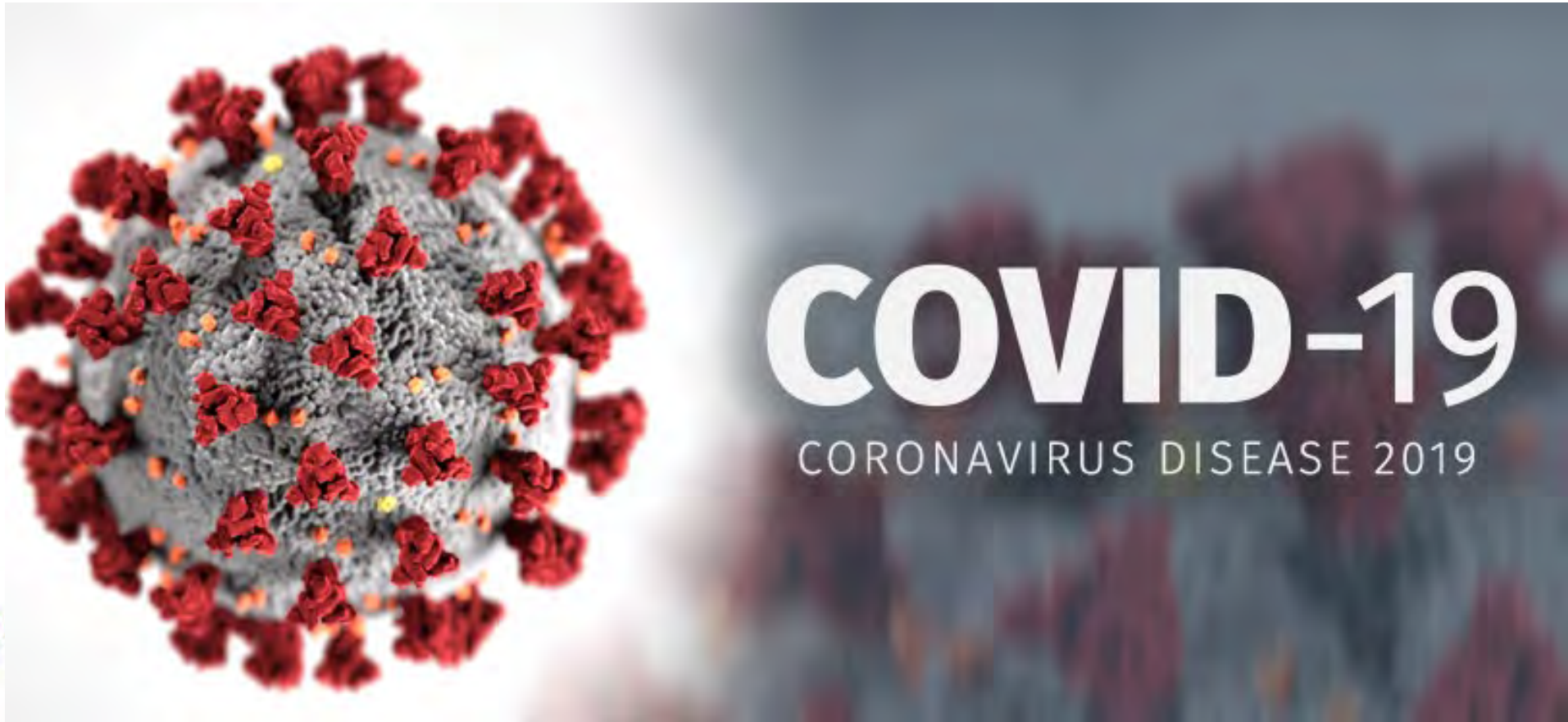


# Coalition Surge Test and CMS Exercises



# COVID-19: GLOBAL PANDEMIC

March 5, 2020 First COVID+ patient in  
Washoe County



# Disaster Medical Facility Tents Deployed



# Strategic National Stockpile Distribution



## Strategic National Stockpile (SNS):

- Faceshields: 91 cases (8,736 masks)
- Gloves: 472 boxes
- Isolation gowns: 279 cases (7,146 gowns)
- Coveralls: 154 pieces
- N-95 masks: 533 cases
- Surgical masks: 106 cases (53,000 masks)



# Partner Sharing & Collaboration



Regional Emergency Medical Services  
Authority - REMSA

Apr 11, 2020 · 🌐



We are proud to share that this morning when REMSA learned that a local healthcare partner needed assistance, we worked quickly to respond. Our Logistics department coordinated a donation of 200 respirator masks and 400 surgical masks to Lakeside Health and Wellness from our supply. We were happy to work with Councilwoman Naomi Duerr and are pleased that [Reno Fire Department](#) was also able to make a donation.   
#COVID19 #AlwaysReady



# Strike Teams for COVID Testing



Over 10k COVID-19 Test  
kits deployed to partners  
&  
Abbott ID Now  
Instruments & kits



# Renown Alternate Care Site: Parking Garage

**COVID-19: Renown to repurpose parking garage as alternate care site**

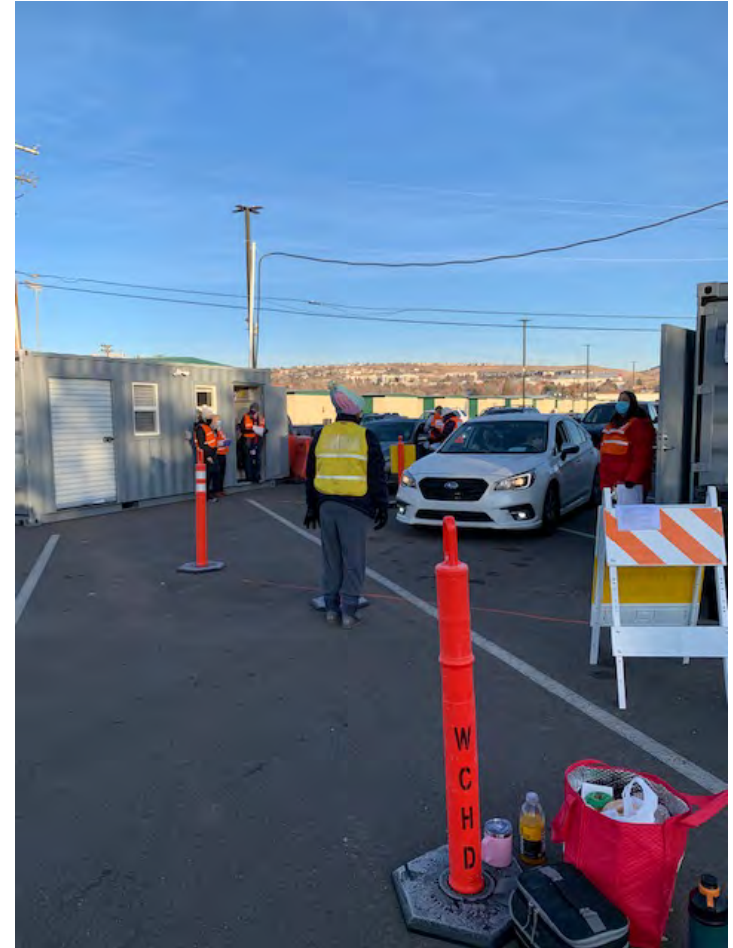
By [Dylan Rose](#) | April 2, 2020



A screenshot of a Twitter thread and a CNN news banner. The Twitter thread shows a tweet from Donald J. Trump (@realDonaldTrump) dated Dec 1, stating "Fake election results in Nevada, also!". Below it is a reply from NetworkinVegas.com (@NetworkinVegas) dated Nov 30, which includes a photo of a person in a full protective suit and a text block stating: "Here is the fake Nevada parking garage hospital picture that our moron governor tweeted, proving it's all a scam. No patients, folded up beds, wrapped up equipment that's never been used! They spent millions on this scam and never seen a single patient in this fake hospital!". Below the tweet is a red banner with white text: "BREAKING NEWS U.S. HITS RECORD 100,000+ HOSPITALIZATIONS; CDC CHIEF: NEXT 3 MONTHS WILL BE 'MOST DIFFICULT' IN U.S. PUBLIC HEALTH HISTORY". To the right of the banner is a CNN logo and a "TOMORROW ON CNN" graphic for a "BIDEN-HARRIS FIRST JOINT INTERVIEW" at 9 P ET.



# COVID-19 Vaccine Coordination & Roll out







ALONE WE CAN DO  
SO LITTLE; TOGETHER  
WE CAN DO SO MUCH.

*Helen Keller*

Thank you



## Washoe County District Board of Health Videoconference Meeting Minutes

### Members

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

Thursday, January 28, 2021  
1:00 p.m.

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

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

Chair Novak called the meeting to order at 1:07 p.m. due to technical difficulties

The following members and staff were present:

Members present:

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

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

Staff present:

Kevin Dick, District Health Officer  
Dania Reid, Deputy District Attorney (via zoom)  
Kat Olson (via zoom)  
Kelli Goatley-Seals (telephonically)  
Vicky Olson (via zoom)  
Dan Inouye (via zoom)  
Erin Dixon (via zoom)  
Lisa Lottritz  
James English  
Charlene Albee  
Andrea Esp (via zoom)

### 2. **Pledge of Allegiance**

Charlene Albee led the pledge to the flag.

### 3. **Public Comment**

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

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

**4. Election of Chair of the District Board of Health.**

**Vice-Chair Brown nominated Councilman Oscar Delgado as Chair of the District Board of Health. Dr. Danko seconded the motion, which was approved unanimously.**

Dr. Novak took a moment to thank everyone for the honor of being Chair of the District Board of Health, specifically Health District staff, Kitty Jung, Julia Ratti, Kevin Dick, and County Manager Eric Brown and special thanks to Mike Brown for his support.

Dr. Danko thanked Dr. Novak for his work and expressed she is honored to be part of this Board.

Councilman Dahir also commented regarding Dr. Novak's work and dedication to the Board and expressed his appreciation for all the sacrifices made.

Councilman Delgado expressed how honored he is to be nominated Chair. He also expressed his appreciation for Dr. Novak's leadership.

**5. Election of Vice-Chair of the District Board of Health.**

**Councilman Dahir nominated Commissioner Lucey as Vice-Chair of the District Board of Health. Mike Brown seconded the motion, which was approved unanimously.**

Commissioner Lucey expressed his appreciation for the opportunity. He continued to express his desire to be dedicated to this role.

Councilman Delgado expressed his appreciation for Mike Brown's leadership and his availability during Mr. Brown's term.

Chief Mike Brown echoed Dr. Novak's appreciation for staff and the District Board of Health.

Councilman Dahir expressed his gratitude for Mike Brown's expertise, background, and demeanor.

Commissioner Lucey thanked both Dr. Novak and Mike Brown for their service to serve the community.

**6. State the term of office of the Chair and Vice-Chair of the Board.**

Kevin Dick made note of the terms of office, which allows for the new officers to serve a two-year term. Mr. Dick welcomed and congratulated the new Chair and Vice-Chair.

**7. Approval of Agenda**

January 28, 2021

**Mike Brown moved to approve the agenda for the January 28, 2021, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved unanimously.**

**8. Recognitions**

**A. District Board of Health Members**

- i. Introduction – Commissioner Robert Lucey, Commission member of the District Board of Health
- ii. DBOH member - Reappointment – Sparks Councilman Kristopher Dahir

- iii. DBOH Service – Marsha Berkbigler
- iv. Past Board Chair, Dr. John Novak, DMD
- v. Past Board Vice-Chair, Michael D. Brown

Kevin Dick took a moment to welcome Commissioner Lucey as the new appointed Commission member to serve on the District Board of Health.

Additionally, Mr. Dick recognized Councilman Dahir for being re-appointed as the Board of Health elected appointee from the City of Sparks.

Councilman Dahir expressed how honored he is to continue to serve on the District Board of Health.

Mr. Dick also thanked Commissioner Berkbigler for her service to this Board as the appointed elected official from Washoe County. Mr. Dick continued to recognize the dedication of past Chair and Vice-Chair. Additionally, he expressed his appreciation for the time and the support Dr. Novak and Mike Brown provided to him as the Health Officer.

B. Years of Service

- i. Briana Johnson, 5 years, hired January 11, 2016 – EHS
- ii. Ellen Messinger-Patton, 5 years, hired January 11, 2016 – EHS

Kevin Dick congratulated and thanked both Brianna Johnson and Ellen Messinger-Patton for their service.

C. New Hires

- i. Benjamin McMullen, Air Quality Trainee, 01/4/2021 – AQM

Mr. Dick recognized and congratulated Benjamin McMullen as a new employee of the Air Quality Division within the Health District.

D. Retirements

- i. Charlene Albee, effective 01/14/2021, Division Director – EHS

Kevin Dick recognized Ms. Albee on her retirement. Mr. Dick made note of her 25 years of service to the Health District and the excellence in which she performed her duties.

Ms. Albee addressed the Board and thanked everyone for the support and experience. Ms. Albee expressed her confidence in staff being able to continue the great work even after her departure.

Councilman Dahir expressed his appreciation for Ms. Albee’s extensive contribution in the form of knowledge and experience and thanked her for her service.

Tom Young recognized Ms. Albee for her invaluable contribution to the Health District.

E. Promotions

- i. Erin Dixon, Division Director – EHS

Mr. Dick congratulated Ms. Dixon on her promotion as Division Director for Environmental Health Services and recognized her proven track record of leadership and administrative management in addition to her fiscal experience.

F. Transfer

- i. Julie Hunter, from Sr. Air Quality Specialist, AQM to EMS Coordinator – EPHP

Kevin Dick recognized Ms. Hunter's transfer to the Environmental Health Services as EMS Coordinator.

G. Excellence in Food Safety Award

- i. BJ's Nevada Barbeque Company  
Staff Representative: Kat Olson

Ms. Olson informed the Board about the Excellence in Food Safety Awards Program that focuses on recognizing food facilities that go above and beyond to demonstrate a long-term commitment to food safety.

Ms. Olson continued to recognize BJ's Nevada Barbeque Company for incorporating food safety in all operations. Ms. Olson described the benefits of this award which includes but is not limited to digital logo to be displayed on the company's website and recognition on the WashoeEats app as the winner.

Mr. Jay Rathmann expressed his excitement about receiving the Excellence in Food Safety Award.

Chair Delgado asked Mr. Rathmann to share his congratulatory message with staff.

Tom Young congratulated Mr. Rathmann on his achievement. Mr. Young continued to opine that this type of program gives positive reinforcement to restaurants, which encourages improvement.

Councilman Dahir shared in the congratulatory expressions.

H. Extra Mile Award

- i. The Gold N'Silver Inn Restaurant  
Staff Representative: Claudia Garcia-Aguilar and Kelli Goatley-Seals

Ms. Goatley-Seals appeared telephonically to speak about the Extra Mile Award, which honors businesses that have gone above and beyond the requirements of the Nevada Clean Indoor Air Act making the conscious decision to go smoke-free when the law does not require them to do so.

Ms. Goatley-Seals reports that this award has been given out since 2008 and this year Gold N'Silver Inn Restaurant is the recipient.

Ms. Goatley-Seals thanked the Gold N'Silver for providing a smoke-free environment for the community.

Chair Delgado thanked Gold N'Silver for their efforts and example.

I. Special Recognition

- i. Dianna Karlicek, Organizer of the Health District Adopt a Family Campaign.

Kevin Dick recognized Ms. Karlicek's lead on the Adopt a Family Campaign. Mr. Dick reports that Ms. Karlicek's efforts resulted in donations to 2 families in the form of 106 hygiene items and cleaning supplies, 63 food items, a total of 116 presents and \$2,085 in cash donations, all from employees' contributions. Mr. Dick thanked Ms. Karlicek for her efforts and staff for their generosity.

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

**9. Presentation – Washoe County District Board of Health Scholarship Recipients.**

Presented by: Jillian Szewczak and Dr. Trudy Larson

Ms. Jillian Szewczak began her presentation by introducing one of the scholarship

recipients, Rachel Kiser. Ms. Kiser briefly introduced herself to the Board and expressed how honored and thankful she was to have been selected as the recipient of this scholarship.

Ms. Szewczak continued to speak about the scholarship endowment for the current year, informing that due to the downturn in the spring the value for the last fiscal year decreased. She continued to introduce Dr. Trudy Larson.

Dr. Larson began by thanking the District Board of Health for their support of UNR students through this scholarship. As the Dean of the School of Community Health Sciences, Dr. Larson is very familiar with the Health District. Dr. Larson complimented the Health District and the Board for a brilliant job during this difficult time.

Dr. Larson reports that the School of Community Health Sciences completed a self-study to become an accredited school of Public Health, which is tentatively to happen in June 2021. Dr. Larson continued to report the goals and achievements of the School of Community Health Sciences.

Dr. Larson expressed her appreciation for the support the school has received from the District Board of Health, especially considering the current circumstances.

Dr. Novak congratulated Dr. Larson on their accreditation and the benefits these accomplishments bring to the Health District.

Chair Delgado congratulated Ms. Szewczak, Dr. Larson, and the scholarship recipients. He welcomed the innovation and creativity.

#### **10. 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. December 17, 2020

##### **B. Acceptance of the Agreement for Delegation of the Federal PSD Program by the U.S. EPA, Region 9 to the Washoe County Health District.**

Staff Representative: Francisco Vega

##### **C. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2021.**

Staff Representative: Anna Heenan

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

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

Presented by: Dean Dow and Alexia Jobson

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

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

**Mike Brown moved to approve REMSA's December Report. Dr. Novak seconded the motion which was approved unanimously.**

##### **B. Update of REMSA's Public Relations during December 2020**

Alexia Jobson presented the Public Relations report for December 2020.

Ms. Jobson reported that through January, REMSA was focused on receiving and distributing the COVID vaccine and further reported that half of REMSA's workforce was inoculated within a week of receiving the vaccine and REMSA is now working on distributing the second dose. These vaccination efforts were covered by all three local television stations.

Ms. Jobson continued to report that Jenny Wilson, one of REMSA's directors, provided an interview to KRNV regarding children staying safe while sledding.

Additionally, Ms. Jobson reports Nevada Donor Network named REMSA medical dispatchers and ground ambulance providers as First Responder of the Year. The details of this recognition can be found at [www.remsahealth.com](http://www.remsahealth.com)

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

**12. Presentation, 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 90 days from the date of approval.**

Staff Representative: Vicky Olson

Presented by: Aaron Abbott

Kevin Dick noted this item is not set for action, however, the item would be presented to the Board and continued to the February meeting.

Councilman Dahir asked if discussing would be appropriate, in an effort to provide the presenters with feedback as to the information that will be provided at the next meeting.

Chair Delgado agreed it would be of benefit to provide feedback.

Aaron Abbot stated an EMS COVID -19 Impact report was submitted for the Board's review and was ready to go through the main aspects of the report and answer questions the Board may have.

Ms. Olson reported that the EMS Oversight Program is in support of the REMSA request presented in this item.

Councilman Dahir asked for clarification on the purpose of this request.

Mr. Abbot reports the issue is multifactorial, hospital wait times are an impact as well as staff hours lost due to exposure and illness. Mr. Abbot listed the number of staff hours lost as well as medical provider fatigue and geographical demands as part of the impacts that the current pandemic has had on response times.

In response to Councilman Dahir's question, Mr. Abbott confirmed that wait times in hospitals due to lack of room for patients is a factor that affects response times.

Mr. Abbott inform that his request is made under the language of the approved exemption reasons for an emergency declaration.

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

**This item is continued to February 25, 2021.**



**13. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report and find REMSA in compliance with the Franchise Agreement for the period of July 1, 2019 through June 30, 2020.**

Staff Representative: Vicky Olson

Vicky Olson began her presentation by stating she has found REMSA to be in compliance with the Franchise for the previous fiscal year. Ms. Olson opened her item to answer question from the Board.

**Mike Brown moved to approve the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report and find REMSA in compliance with the Franchise Agreement. Dr. Danko seconded the motion, which was approved unanimously.**

**14. Presentation – COVID-19 Vaccination Presentation per the request of Councilman Kristopher Dahir.**

Staff Representatives: Lisa Lottritz and Jim English

Ms. Lisa Lottritz began her presentation by informing the Board of minor corrections and additions to her current PowerPoint presentation.

Ms. Lottritz provided information regarding COVID-19 vaccine and explained the specifics for administering the vaccine, including age limits and dosage requirements. Ms. Lottritz continued to expand on the initial distribution approach, which began with a prioritization approach.

Ms. Lottritz provided details regarding the criteria that is used for prioritizing the administration of the vaccine, which is currently represented by lanes. Ms. Lottritz concluded her portion of the presentation by introducing Mr. Jim English.

Mr. English began his presentation by reporting the role of Washoe County Health District in the COVID response, which requires working closely with the State of Nevada to determine the priority lanes and ensure that no one is missed. Additionally, the Health District manages the Point of Dispensing (POD) operations. Mr. English continued by expanding on the various PODs throughout the community. Mr. English informs the Health District is participating in vaccinating the community's home-bound seniors with the assistance of REMSA.

Mr. English also demonstrated the layout of the POD at the Livestock Event Center and the process used to push vaccinations. Mr. English reports each vaccinator staff is administering approximately 22 vaccinations per hour. Mr. English reported about the vaccine allocation and distribution that is determined initially at the federal level, then State level, and then by Washoe County. Mr. English spoke about data entry requirements, which is being done through the Patagonia Health Mass Vaccination App by Health District staff/volunteers.

Mr. English continued by speaking of the website that was created to answer the most frequently asked questions. Mr. English and Ms. Lottritz had a demonstration as to how the website functions including how to determine if you're eligible to get the vaccine and how to schedule an appointment.

Mr. English informed one of their goals is to create a Dashboard with live data from all

providers as opposed to just Health District data. Mr. English reiterates this dashboard will prove beneficial when demonstrating the need for the vaccine.

Mr. English spoke of the ways to avoid delays on the vaccination clinics and prevent unnecessary cancellations, due to the time limitations. He continued to demonstrate the organizational chart that assists in keeping an organized operation.

Councilman Dahir thanked Ms. Lottritz and Mr. English for an excellent presentation, as it will assist him in educating his constituents.

Tom Young asked if there has been a noticeable amount of people refusing to be vaccinated.

Mr. English informs that employees of certain facilities have been reluctant until they determine their co-workers have been unaffected. He confirms that his experience shows that more people are willing to get vaccinated than was expected.

Tom Young commended the effort of the Health District and thanked staff for their efforts.

Councilman Dahir asked for staff to confirm that the Health District is prepared to administer more vaccines than are being provided to the Health District.

Mr. English confirmed that the Health District is not receiving the expected amounts of the vaccine as their allotment included the vaccines that are provided to private pharmacies. Additionally, Mr. English reports that they continue to provide vaccines to Renown, so that they can utilize their operation for vaccination purposes. As a result of all these occurrences, from the last shipment of 4,400 doses, the Health District kept 2,400 vaccines for essential workers and 2,000 were given to Renown. Additionally, 1,800 vaccines went to private pharmacies.

Chair Delgado asked how the general public receives information about vaccine availability.

Ms. Lottritz explained their process for reaching out to schedule vaccinations. However, her team is also asking residents to sign up for updates and visit the website for further information and sign up options.

Chair Delgado asked about the efforts being made to ensure that everyone is being vaccinated.

Ms. Lottritz spoke about vaccine equity within those administering the vaccine.

Chair Delgado asked if these demographics are being tracked.

Mr. Lottritz confirmed that this information is being collected and tracked.

#### **15. Discussion and possible direction to staff regarding of the January 20, 2021 Concurrent Meeting with City of Sparks, City of Reno, and Washoe County.**

Presented by: Councilman Kristopher Dahir, City of Sparks Representative  
Councilman Oscar Delgado, City of Reno Representative  
Commissioner Robert Lucey, Washoe County Commission Representative

Councilman Dahir provided an update on the concurrent meeting that was held on January 20, 2021. Councilman Dahir shared some of the concerns and referenced one of the mayor's statements about the Health District's appeals process.

Councilman Dahir comments on the construct of the Board. He believes that the Health District should be under an umbrella that protect the Health District and allows the Board to be aware of the decisions that are being made. He opines that with COVID, staying under this umbrella has posed a challenge.

Councilman Dahir commented that although he does not oppose more political representation on the Board, he believes the professionals on the Board are crucial.

Councilman Dahir concluded by stating that the City of Sparks is looking for ideas to accomplish these goals and is looking forward to bringing the Health District to a future meeting, so that these discussions can happen and hopes that this rare circumstance, due to the pandemic, is addressed early instead of waiting until the pandemic is over and prevent workers from being covered by a District Board of Health Umbrella.

Commissioner Lucey was not present to provide Washoe County's overview of the concurrent meeting.

Chair Delgado spoke on behalf of City of Reno and opined that the concurrent meeting was a successful meeting in terms of the opportunities that were provided for all parties to share ideas and concerns.

Chair Delgado is looking forward to the next meeting, as he believes it will present the opportunity to enhance the communication between businesses, health, gaming, developers, builders, etc.

Chair Delgado opines that addressing the construct of the Board to include more elected official to the District Board of Health does not present a benefit; however, he is open to having an open conversation about the topic.

Chair Delgado concluded by stating that he has hopes to meet again within the next 3-4 months, at which time he will be ready to submit comments from the City of Reno.

Councilman Dahir suggested the Board familiarize themselves with the Health District's Appeals Process. Additionally, he stated that his job is to process what is received from the State to the community.

## **16. Presentation, Discussion and Possible Adoption of the draft Washoe County Health District 2021 Legislative Principles and Priorities.**

Staff Representative: Joelle Gutman-Dodson

Ms. Joelle Gutman-Dodson began her presentation by stating legislation session begins on Monday, February 1, 2021.

Ms. Joelle informed the Board she is seeking approval on her 2021 Legislative Principles and Priorities. These principles and priorities have been left vague and somewhat general to adapt to the times, as there's no knowledge as to how many bills will be processed.

Ms. Gutman-Dodson informs she will keep the Board updated via monthly reports at the District Board of Health monthly meetings. Ms. Gutman-Dodson provided an itemized overview of the principles, which have remained closely similar to last year. She continued to report the listed priorities, noting they align with the Community Health Improvement initiative and are open to change.

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

Councilman Dahir asked if the Health District is working on keeping the revenue that derives from the smog requirements.

Ms. Gutman-Dodson reports that although separate from the classic vehicle loophole bill, there was a conversation about including an upfront fee that ties to registration as oppose to smog, so the revenue would not be lost.

Councilman Dahir is concerned that if the conversation is not initiated the Health District will be left out of the decision in general.

Ms. Gutman-Dodson assured the Board that she has been involved in this topic and will report to the Board if the conversation is initiated and/or the conversation changes.

**Dr. Novak moved to approve the Washoe County Health District 2021 Legislative Principles and Priorities. Mike Brown seconded the motion, which was approved unanimously.**

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

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

Program Update, Monitoring and Planning, Permitting and Compliance.

Daniel Inouye filled in for Francisco Vega and opened his item for questions from the Board.

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

Divisional Update – 2020 Year in Review, 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.

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**

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.

Kevin Dick, asked to share a comment from the Gaming Control Board Chairman regarding SB4, before moving to the Environmental Health Services report.

Chair Delgado expressed his appreciation for the comment.

Erin Dixon, current Division Director informed there were no updates to her report and opened her item for questions from the Board.

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

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics. Ms. Esp informed she did not have additional updates for the Board.

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

Councilman Dahir asked about the expectations in reference to the flu.

Ms. Esp stated she would ask staff to provide a thorough report to the Board on what is expected in respect to the flu moving forward.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, January 20 concurrent meeting, Government Affairs Update, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

Mr. Dick began his presentation by acknowledging the hard work of Lisa Lottritz and Jim English.

Mr. Dick reported that the website previously presented is functional, however, the individual's browser must be updated in order for it to function properly.

Mr. Dick briefly commented on the CHIP kickoff event, which was well attended and thanked Dr. Novak and other members of the Board for their participation.

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

**18. Board Comment.**

There were no Board comments.

**14. 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 3:10 p.m.**

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washocounty.us](mailto:svaldespin@washocounty.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. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Susy Valdespin, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.us/health> pursuant to the requirements of NRS 241.020.

DRAFT

**Staff Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 17, 2021  
**TO:** District Board of Health  
**FROM:** Kim Graham, Fiscal Compliance Officer  
 775-328-2418, kgraham@washoecounty.us  
**SUBJECT:** 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.

**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 per contractor; over \$100,000 would require the approval of the Board.

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

No previous action.

**BACKGROUND**

The agreement provides for utilizing the Washoe County Health District's (WCHD) facilities for Truckee Meadows Community College (TMCC) student educational experiences. Students are not considered employees of either party under this Agreement.

TMCC and WCHD agree to work together to establish and maintain a quality Clinical program. WCHD agrees to take an active role in suggesting or establishing education policy, curriculum, and course content. TMCC and WCHD agree to cooperate in planning hours of practice and selecting areas of clinical services that all programs can benefit.

**FISCAL IMPACT**

Should the Board approve this Agreement, there is no additional impact to the adopted FY21 budget as students and faculty will not receive compensation in connection with the Agreements.

**RECOMMENDATION**

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.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to 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 Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 16, 2021  
**TO:** District Board of Health  
**FROM:** Kim Graham, Fiscal Compliance Officer  
 775-328-2418; kgraham@washoecounty.us  
**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health 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.

**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on February 12, 2021 to support the HIV Prevention Program. The funding period is January 1, 2021 through December 31, 2021. A copy of the Notice of Subaward is attached.

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

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

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND/GRANT AWARD SUMMARY**

The scope of work includes the following: conduct HIV testing, conduct comprehensive prevention activities with HIV-positive individuals, distribute condoms, and perform prevention planning, reporting and evaluation activities.

The Subaward provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.).

Subject: Approve HIV Prevention Notice of Subaward

Date: February 25, 2021

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### **FISCAL IMPACT**

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

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health 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.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health 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 Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 10, 2021  
**TO:** District Board of Health  
**FROM:** Kristen Palmer, Fiscal Compliance Officer  
775-328-2419, kpalmer@washoecounty.us  
**SUBJECT:** 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.

**SUMMARY**

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2020 through June 30, 2021 in the total amount of \$101,191 in support of the CDC Public Health Preparedness BP1 Carryover Grant Program, IO TBD. A copy of the Notice of Subgrant Award is attached.

The Washoe County Health District's Public Health Preparedness Program requests permission to provide POD supplies and staffing for county PODs and to our POD partners exercising POD plans to increase their preparedness.

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

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

**PREVIOUS ACTION**

The Board approved the Notice of Subgrant Award for the period July 1, 2020 through June 30, 2021 in the total amount of \$935,680 on August 27, 2020.

**BACKGROUND**

**Project/Program Name:** Public Health Preparedness BP1 Carryover Program

**Scope of the Project:** The Subgrant Award scope of work addresses the following capabilities: Support COVID POST and POD activities.

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

**On-Going Program Support:** These funds support on-going activities in the Public Health Preparedness Program.

**Award Amount:** Total award is \$101,191 (\$91,992 direct/\$9,199 indirect)  
**Grant Period:** July 1, 2020 – June 30, 2021  
**Funding Source:** Public Health Preparedness (PHP)  
**Pass Through Entity:** State of Nevada, Department of Health and Human Services  
 Division of Public & Behavioral Health  
**CFDA Number:** 93.069  
**Grant ID Number:** 6NU90TP922047-02-02  
**Match Amount and Type:** 10% match is required and is met through Shared Services expenditures

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

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

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

**FISCAL IMPACT**

As this carryover was not anticipated in the FY21 budget, a budget adjustment in the amount of \$101,191 in revenue and \$91,992.00 in expenditures is necessary to bring the Notice of Subgrant Award into alignment with the program budget. Adjustments will be as follows:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBD	-431100	Federal Revenue	\$91,992.00
		Total Revenue	\$91,992.00
2002-IO-TBD	-710110	Contracted/Temp Services	\$71,992.00
2002-IO-TBD	-710300	Operating Supplies	\$20,000.00
		Total Expenditures	\$91,992.00

Subject: CDC Public Health Preparedness BP1 Carryover Program

Date: February 25, 2021

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### **RECOMMENDATION**

Staff recommends that the District Board of Health 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 including signing all necessary paperwork.

### **POSSIBLE MOTION**

Should the Board agree with staff recommendation, a possible motion would be “Move to 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 including signing all necessary paperwork..”



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

Agency Ref. #: HD 17787  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306921

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD) Andrea Esp. / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP Cooperative Agreement. **SFY20 Carryforward Funds.**

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

<b>Approved Budget Categories:</b>		<b>FEDERAL AWARD COMPUTATION:</b>	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 101,191.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$20,000.00	Total Federal Funds Awarded to Date:	\$ 101,191.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$71,992.00	Amount Required this Action:	\$ 10,119.10
6. Training	\$0.00	Amount Required Prior Awards:	\$ 0.00
7. Other	\$0.00	Total Match Amount Required:	\$ 10,119.10
<b>TOTAL DIRECT COSTS</b>	<b>\$91,992.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$9,199.00	<b>Federal Budget Period:</b> July 1, 2020 through June 30, 2021	
<b>TOTAL APPROVED BUDGET</b>	<b>\$101,191.00</b>	<b>Federal Project Period:</b> July 1, 2020 through June 30, 2021	

<b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.069	<b>FAIN:</b> NU90TP922047	<b>Federal Grant #:</b> 6 NU90TP922047-02-02	<b>Grant Award Date by Federal Agency:</b> 11/19/2020
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**Agency Approved Indirect Rate:** 10.3% **Subrecipient Approved Indirect Rate:** 10%

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

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

<b>Incorporated Documents:</b>	Section E: Audit Information Request;
Section A: Grant Conditions and Assurances;	Section F: Current/Former State Employee Disclaimer;
Section B: Description of Services, Scope of Work and Deliverables;	Section G: DHHS Business Associate Addendum; and
Section C: Budget and Financial Reporting Requirements;	Section H: Matching Funds Agreement
Section D: Request for Reimbursement;	Section I: Acronym Page

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

**STATE OF NEVADA  
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**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

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

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, Initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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



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SECTION B

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

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

Scope of Work for Washoe County Health District

<b>DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES &amp; MITIGATION</b>
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity
<b>Domain 4 Activity 1: Manage Access to &amp; Administration of Pharmaceutical &amp; Non-pharmaceutical Interventions</b>
Objective: Washoe County will full-scale exercises (FSE) to test preparedness capabilities and exercise medical countermeasures (MCM); FSE will be a pandemic influenza scenario focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. Will be coordinated with public health, HPP, emergency management, tribal, and other community partners.  Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)  <b>CAPABILITY 8: Medical Countermeasure Dispensing</b> <input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies <input type="checkbox"/> Function #2: Receive medical countermeasures <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations <input type="checkbox"/> Function #5: Report adverse events
<b>CAPABILITY 9: Medical Materiel Management &amp; Distribution</b>
<input type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution <input type="checkbox"/> Function #2: Acquire medical materiel <input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system <input type="checkbox"/> Function #4: Establish and maintain security <input type="checkbox"/> Function #5: Distribute medical materiel <input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations
<b>CAPABILITY 11: Non-Pharmaceutical Interventions</b>
<input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions <input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions <input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions
<b>CAPABILITY 14: Responder Safety &amp; Health</b>
<input type="checkbox"/> Function #1: Identify responder safety and health risks <input type="checkbox"/> Function #2: Identify safety and personal protective needs

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<input type="checkbox"/>	Function #3: Coordinate with partners to facilitate risk-specific safety and health training		Completion Quarter (Q1, Q2, Q3, Q4)
<input type="checkbox"/>	Function #4: Monitor responder safety and health actions		
<b>Planned activity(s) for Domain 4 Activity 1:</b>			
1)	WCHD will coordinate with community partners to identify POD locations	Meeting notes, calendar invites, POD spreadsheet	Q1, Q2, Q3, Q4
2)	WCHD will update POD MOUs	MOUs	Q1, Q2, Q3, Q4
3)	WCHD staff will conduct FSE PODs	Exercise documentation	Q1, Q2, Q3, Q4
4)	WCHD will evaluate the FSE PODs	AAAR/IP	Q1, Q2, Q3, Q4
<b>Output(s) for planned activities in Domain 4 Activity 1:</b>			
1) Update MOUs			
2) ExPlans			
3) AAAR/IPs			

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



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Form 2

Applicant Name: Washoe County Health District  
PROPOSED BUDGET SUMMARY

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

<u>FUNDING SOURCES</u>	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$101,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$101,191

**EXPENSE CATEGORY**

Personnel	\$0								\$0
Travel	\$0								\$0
Operating Equipment	\$20,000								\$20,000
Contractual/Consultant	\$71,992								\$71,992
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$9,199								\$9,199

TOTAL EXPENSE	\$101,191	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$101,191
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$9,199
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Total Agency Budget	\$101,191
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be **\$10,119.10**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H). These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

**The Subrecipient agrees:**

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

- Total reimbursement through this subaward will not exceed **\$101,191.00**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e. laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

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

**The Department agrees:**

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

**Both parties agree:**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
  - Reallocating funds between the subgrantee's categories, and
  - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth in the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 30<sup>th</sup>

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of the month.

- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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SECTION D**

Agency Ref. #: HD 17787  
Budget Account: 3218  
GL: 8516  
Draw #: \_\_\_\_\_

**Request for Reimbursement – SFY20 Carryforward**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD) Andrea Esp. / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845
<b>Subaward Period:</b> July 1, 2020 through June 30, 2021	<b>Subrecipient's:</b> EIN: 88-60000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Approved Budget Category	Month(s)		Calendar year			
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$71,992.00	\$0.00	\$0.00	\$0.00	\$71,992.00	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	\$9,199.00	\$0.00	\$0.00	\$0.00	\$9,199.00	0.0%
<b>Total</b>	<b>\$101,191.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$101,191.00</b>	<b>0.0%</b>
<b>MATCH REPORTING</b>	<b>Approved Match Budget</b>	<b>Total Prior Reported Match</b>	<b>Current Match Reported</b>	<b>Year to Date Total</b>	<b>Match Balance</b>	<b>Percent Completed</b>
<i>INSERT MONTH/QUARTER</i>	\$10,119.10	\$0.00	\$0.00	\$0.00	\$0.00	-

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

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

**FOR Department USE ONLY**

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

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

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

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

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

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SECTION E

**Audit Information Request**

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO

3. When does your organization's fiscal year end?

June 30<sup>th</sup>

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

December 2020

7. What time-period did your last audit cover?

July 1, 2019 - June 30, 2020

8. Which accounting firm conducted your last audit?

Eide Bailly

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



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SECTION F

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

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

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

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

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
  6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
  7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
  8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
  9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
  10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
  11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
  12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
  13. **Parties** shall mean the Business Associate and the Covered Entity.
  14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
  15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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

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

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

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

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

IV. **OBLIGATIONS OF COVERED ENTITY**

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

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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

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

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

**SECTION H  
Matching Funds Agreement**

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

<b>Program Name</b>	Public Health Preparedness	<b>Subrecipient Name</b>	Washoe County Health District (WCHD)
<b>Federal Grant Number</b>	6 NU90TP922047-02-02	<b>Subaward Number</b>	HD 17787
<b>Federal Amount</b>	\$91,992.00	<b>Contact Name</b>	Andrea Esp.
<b>Non-Federal (Match) Amount</b>	\$9,199.00	<b>Address</b>	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845
<b>Total Award</b>	\$101,191.00		
<b>Performance Period</b>	July 1, 2020 to June 30, 2021		

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

**FINANCIAL SUMMARY FOR MATCHING FUNDS**

**Total Amount Awarded**                    \$101,191.00  
**Required Match Percentage** 10%  
**Total Required Match**                \$10,119.10

Approved Budget Category		Budgeted Match	
1	Personnel	\$	0.00
2	Travel	\$	0.00
3	Operating	\$	2,000.00
4	Contract/Consultant	\$	7,199.20
5	Equipment	\$	0.00
6	Training	\$	0.00
7	Other	\$	0.00
8	Indirect Costs	\$	919.90
	<b>Total</b>	\$	10,119.10

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

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

**SECTION E  
Acronym Key**

<b>AAR/IP:</b> After Action Report/Improvement Plan	<b>CIKR:</b> Critical Infrastructure and Key Resource
<b>ACS:</b> Alternate Care Site/System	<b>CM:</b> County Manager
<b>AED:</b> Automated External Defibrillators	<b>CMP:</b> Crisis Management Plan
<b>AFN:</b> Access and Functional Needs	<b>CMS:</b> Centers for Medicare & Medicaid Services
<b>ARES:</b> Amateur Radio Emergency Services	<b>CMT:</b> Crisis Emergency Team
<b>ARRL:</b> Amateur Radio Relay League	<b>Comms:</b> Communications
<b>ASPR:</b> Assistant Secretary for Preparedness and Response	<b>CONOPS:</b> Concept of Operations
<b>BDR:</b> Bill Draft Request	<b>COOP:</b> Continuation of Operations
<b>BHPP:</b> Bureau of Health Protection and Preparedness	<b>CP:</b> Check Point
<b>BNICE:</b> Biological, Nuclear, Incendiary, Chemical, Explosive	<b>CSC:</b> Crisis Standards of Care
<b>BP:</b> Budget Period	<b>CSTE:</b> Council of Statewide and Territorial Epidemiologists
<b>C<sup>3</sup>:</b> Command, Control, Communications	<b>DEM:</b> Division of Emergency Management
<b>CASPER:</b> Community Assessment for Public Health Emergency Response	<b>Demob:</b> Demobilization
<b>CBRNE:</b> Chemical, Biological, Radiology, Nuclear, and Explosive (high yield)	<b>DHHS:</b> US Department of Health and Human Services
<b>WCHD:</b> Washoe County Health District	<b>DHS:</b> Department of Homeland Security
<b>CDC:</b> Centers for Disease Control and Prevention	<b>DMAT:</b> Disaster Medical Assistance Team
<b>CEMP:</b> Comprehensive Emergency Management Plan	<b>DME:</b> Durable Medical Equipment
<b>CERC:</b> Crisis and Emergency Risk Communications	<b>DMF:</b> Disaster Medical Facility
<b>CERT:</b> Community Emergency Response Team	<b>DMORT:</b> Disaster Mortuary Operational Response Team
<b>CFAN:</b> Children with Functional Access Needs	<b>DOC:</b> Division Operations Center
<b>CHEMPACK:</b> Chemical Emergency Response Package	<b>DPBH:</b> Division of Public and Behavioral Health
<b>CHN:</b> Community Health Nurse	<b>EDR:</b> Electronic Death Records
	<b>EEG:</b> Exercise Evaluation Guide
	<b>EM:</b> Emergency Management/Manager

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

<b>EMAC:</b> Emergency Management Assistance Compact	<b>HEPE:</b> Health Emergency Preparedness Evaluator
<b>EMI:</b> Emergency Management Institute	<b>HF:</b> High Frequency
<b>EMS:</b> Emergency Medical Services	<b>HHS:</b> Health and Human Services
<b>EMT:</b> Emergency Medical Technician	<b>HICS:</b> Hospital Incident Command System
<b>EOC:</b> Emergency Operations Center	<b>HIPAA:</b> Healthcare Information Portability and Accountability Act
<b>EOP:</b> Emergency Operations Plan	<b>HPP:</b> Healthcare Preparedness Program
<b>EPA:</b> Environmental Protection Agency	<b>HRA:</b> Health Resource Analyst
<b>Epi:</b> Epidemiology/Epidemiologist	<b>HSEEP:</b> Homeland Security Exercise and Evaluation Program
<b>ESAR-EHP:</b> Emergency System for Advanced Registration of Volunteer Health Professionals	<b>HSPD:</b> Homeland Security Presidential Directive
<b>ESF:</b> Emergency Support Function	<b>HVA:</b> Hazard Vulnerability Assessment
<b>EVD:</b> Ebola Virus Disease	<b>I&amp;Q:</b> Isolation and Quarantine
<b>ExPlan:</b> Exercise Plan	<b>IAP:</b> Incident Action Plan
<b>FAC:</b> Family Assistance Center	<b>IC:</b> Incident Commander
<b>FaR:</b> Frontier and Rural Health	<b>ICAMS:</b> Incident Cause Analysis Method
<b>FDA:</b> Food and Drug Administration	<b>ICP:</b> Incident Command Post
<b>FEMA:</b> Federal Emergency Management Agency	<b>ICS:</b> Incident Command System
<b>FOUO:</b> For Official Use Only	<b>IMT:</b> Incident Management Team
<b>FSC:</b> Finance Section Chief	<b>IS:</b> Independent Study
<b>FSE:</b> Full Scale Exercise	<b>IT:</b> Information Technology
<b>GSA:</b> General Services Administration	<b>ITERC:</b> Inter-Tribal Emergency Response Commission
<b>HAM:</b> Amateur Radio Operator	<b>JAS:</b> Job Action Sheets
<b>HAN:</b> Health Alert Network	<b>JFO:</b> Joint Field Office
<b>HAvBED:</b> Hospital Available Beds Tracking System	<b>JIC:</b> Joint Information Center
<b>HAZMAT:</b> Hazardous Materials	<b>JIS:</b> Joint Information System
<b>HCC:</b> Hospital Command Center	<b>JITT:</b> Just-in-time-training
<b>HCQC:</b> b	



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

<b>JRA:</b> Jurisdictional Risk Assessment	<b>NDEM:</b> Nevada Division of Emergency Management
<b>LEPC:</b> Local Emergency Planning Committee	<b>NEPA:</b> Nevada Emergency Preparedness Association
<b>LHA:</b> Local Health Authority	<b>NGO:</b> Nongovernmental Organization
<b>LO or LNO:</b> Liaison Officer	<b>NHA:</b> Nevada Hospital Association
<b>LRN:</b> Laboratory Response Network	<b>NHP:</b> Nevada Highway Patrol
<b>LSC:</b> Logistics Section Chief	<b>NIMS:</b> National Incident Management System
<b>MAA:</b> Mutual Aid Agreement	<b>NLT:</b> No Later Than
<b>MAC:</b> Multiagency Coordination	<b>NOGA:</b> Notice of Grant Award
<b>MACS:</b> Multiagency Coordination System	<b>NPG:</b> National Preparedness Goals
<b>MAEA:</b> Mutual Aid Evacuation Annex	<b>NPI:</b> Non-Pharmaceutical Interventions
<b>MCI:</b> Mass Casualty Incident	<b>NRF:</b> National Response Framework
<b>MCIP:</b> Multi-Casualty Incident Plan	<b>NRP:</b> National Response Plan
<b>MCM:</b> Medical Countermeasures	<b>NRS:</b> Nevada Revised Statute
<b>MCM ORR:</b> Medical Countermeasure Operational Readiness Review	<b>NSHD:</b> Nevada State Health Division
<b>MERS:</b> Mobile Emergency Response Support	<b>NSPHL:</b> Nevada State Public Health Laboratory
<b>MFI:</b> Mass Fatality Incident	<b>NTR:</b> Nevada Trauma Registry
<b>MHFA:</b> Mental Health First Aid	<b>NVHAN:</b> Nevada Health Alert Network
<b>MHz:</b> Mega Hertz	<b>NVPHRAT:</b> Nevada Public Health Risk Assessment Tool
<b>MOA:</b> Memorandum of Agreement	<b>OIT:</b> Office of Informatics and Technology
<b>MOU:</b> Memorandum of Understanding	<b>OPHIE:</b> Office of Public Health Informatics and Epidemiology
<b>MRC:</b> Medical Reserve Corps	<b>OSC:</b> Operations Section Chief
<b>MSAC:</b> Medical Services Advisory Committee	<b>OSHA:</b> Occupational Safety and Health Administration
<b>MSU:</b> Mobile Support Unit	<b>PACE-EH:</b> Protocol for Assessing Community Excellence in Environmental Health
<b>NAC:</b> Nevada Administrative Code	<b>PAHPA:</b> Pandemic and All-Hazards Preparedness Act
<b>NACCHO:</b> National Association of County and City Health Officials	<b>PAIS:</b> Preparedness, Assurance, Inspections and Statistics

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

<b>Peds:</b> Pediatrics	<b>RSS:</b> Receive, Stage, Store
<b>PHAB:</b> Public Health Accreditation Board	<b>RTAB:</b> Regional Trauma Advisory Board
<b>PHCS:</b> Public Health Community Services	<b>SCEMP:</b> State Comprehensive Emergency Management Plan
<b>PHDs:</b> Public Health Departments	<b>SEOC:</b> State Emergency Operations Center
<b>PHEP:</b> Public Health Emergency Preparedness	<b>SERT:</b> State Emergency Response Team
<b>PHP:</b> Public Health Preparedness Program	<b>SERV-NV:</b> State Emergency Registry of Volunteers – Nevada
<b>PIC:</b> Public Information and Communication	<b>SME:</b> Subject Matter Expert
<b>PIO:</b> Public Information Officer	<b>SNAMHS:</b> Southern Nevada Adult Mental Health Services
<b>PMT:</b> Performance Management Team	<b>SNHD:</b> Southern Nevada Health District
<b>POC:</b> Point of Contact	<b>SNHPC:</b> Southern Nevada Health Preparedness Coalition
<b>POD:</b> Point of Dispensing	<b>SNS:</b> Strategic National Stockpile
<b>PPE:</b> Personal Protective Equipment	<b>SO:</b> Safety Officer
<b>PSA:</b> Public Service Announcement	<b>SOP:</b> Standard Operating Procedure
<b>PSC:</b> Planning Section Chief	<b>SP:</b> Start Point
<b>QCHCC:</b> Quad County Healthcare Coalition	<b>SUV:</b> Spontaneous Unaffiliated Volunteers
<b>QCPHP:</b> Quad County Public Health Preparedness	<b>SWAT:</b> Special Weapons and Tactics
<b>RACES:</b> Radio Amateur Civil Emergency Services	<b>TEPW:</b> Training and Exercise Planning Workshop
<b>Rad Control:</b> Nevada Radiation Control Program	<b>THIRA:</b> Threat Hazard Incident Risk Assessment
<b>RAILS:</b> Radio, Internet, Landline phone/fax, Satellite phone	<b>TTX:</b> Tabletop Exercise
<b>RCHS:</b> Rural Community Health Services	<b>UC:</b> Unified Command
<b>RDS:</b> Regional Distribution Sites	<b>UHF:</b> Ultra-High Frequency
<b>REMSA:</b> Regional Emergency Medical Services Authority	<b>UVIS:</b> Unified Victim Identification System
<b>RFR:</b> Request for Reimbursement	<b>VA:</b> Veterans Affairs
<b>RHPP:</b> Rural Health Preparedness Partners	<b>VG:</b> Vigilant Guard
<b>RN:</b> Registered Nurse	<b>VHF:</b> Very High Frequency
<b>RP:</b> Release Point	

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

**VMF:** Volunteer Management System

**WebEOC:** Web Based Emergency Operations Center

**VRC:** Volunteer Reception Center

**WHO:** World Health Organization

**VSA:** Volunteer Staging Area

**WIC:** Women, Infants and Children Program

**WCHD:** Washoe County Health District

## Palmer, Kristen

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**From:** Esp, Andrea  
**Sent:** Friday, February 5, 2021 1:55 PM  
**To:** Palmer, Kristen  
**Subject:** FW: PHEP Carryover

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**From:** Malinda Southard [mailto:msouthard@health.nv.gov]  
**Sent:** Thursday, February 4, 2021 12:48 PM  
**To:** Esp, Andrea <AEsp@washoecounty.us>  
**Cc:** Veronica Sheldon <veronicasheldon@health.nv.gov>; Caitlin Priess <cpriess@health.nv.gov>; Amos Hollar <ahollar@health.nv.gov>  
**Subject:** RE: PHEP Carryover

**[NOTICE: This message originated outside of Washoe County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]**

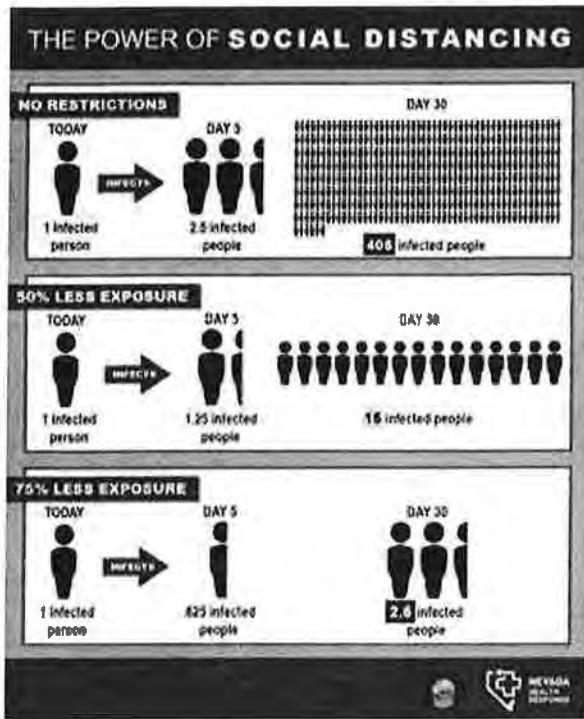
Hi Andrea,

Yes this is appropriate and approved language for the PHEP carryover subgrant with WCHD (HD 17787). Please retain this email for your records.

Thank you,

### **Malinda Southard, DC, CPM**

Public Health Preparedness (PHP) Program Manager  
Nevada Department of Health and Human Services  
Division of Public & Behavioral Health | Public Health Preparedness Program  
Cell: (775) 434-4930  
Nevada's Coronavirus Direct Line: dial 211  
Latest NV COVID-19 information: <https://nvhealthresponse.nv.gov/>  
***If you or someone you know is in a crisis and at risk for suicide,  
please call the National Suicide LifeLine—1-800-273-8255***




**From:** Esp, Andrea <AEsp@washoecounty.us>  
**Sent:** Thursday, February 4, 2021 12:39 PM  
**To:** Malinda Southard <msouthard@health.nv.gov>  
**Subject:** PHEP Carryover

Malinda,  
 Per our conversation, we are requesting approval for POD to mean POD/POST in our PHEP Carryover subgrant (HD 17787).  
 Thank you for your consideration.  
 Andrea

**Andrea Esp, MPH, CPH, CHES**  
 Public Health Preparedness and EMS Program Manager | Epidemiology and Public Health Preparedness  
 Washoe County Health District  
[aesp@washoecounty.us](mailto:aesp@washoecounty.us) | O: (775) 326-6042 | C: (775) 544-4847 | F: (775) 328-3765  
 1001 E. Ninth St., Bldg. B. Reno, NV 89512



AHSO AH  
DHO \_\_\_\_\_ 

**Staff Report**  
**Board Meeting Date:** February 25, 2021

**DATE:** January 21, 2021  
**TO:** District Board of Health  
**FROM:** Kim Graham, Fiscal Compliance Officer, Washoe County Health District  
775-328-2418, kgraham@washoecounty.us  
**SUBJECT:** 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.

**SUMMARY**

Pursuant to Chapter 15 of Washoe County Code, specifically section 15.160, cash donations must be reported to the board and expenditure authorization obtained.

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

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

**PREVIOUS ACTION**

No previous action this fiscal year.

**BACKGROUND**

Washoe County Health District’s Family Planning Program received a \$4,950 donation on January 20, 2021 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates.

**FISCAL IMPACT**

Should the board accept this cash donation, the adopted FY21 budget will be increased by \$4,950 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002 - IO20471 - 484000	Donations	\$4,950.00
2002 - IO20471 - 710703	Biologicals	\$4,950.00



**RECOMMENDATION**

Staff recommends the District Board of Health 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.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to 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 Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 5, 2021  
**TO:** District Board of Health  
**FROM:** Kristen Palmer, Fiscal Compliance Officer  
 775-328-2419, kpalmer@washoecounty.us  
**SUBJECT:** Approve donation of 6 Point of Dispensing (POD) cages to Washoe County School District with a current market value estimated at \$0.00.

**SUMMARY**

The Washoe County District Board of Health must approve the donation of equipment to ensure there is a benefit to the citizens of Washoe County.

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

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

**PREVIOUS ACTION**

There has been no previous action taken this fiscal year.

**BACKGROUND**

In February 2018 the Southern Nevada Health District asked if the Public Health Preparedness Program would like to accept six Point of Dispensing (POD) cages. These POD cages were designed and built for the Southern Nevada Health District to provide the basic supplies necessary to open and operate a closed POD. Southern Nevada Health District had built over 20 of the cages and placed them in high schools throughout Clark County.

At this time the PHP program had been working with the WCSD on developing closed POD plans. The POD cages would provide the basic supplies for them and so accepted the cages and placed five of them in local high schools to include: Damonte High School, Galena High School, McQueen High School, Reed High School, North Valley's High School. A sixth cage had not been placed but will be delivered to Reno High School.

**FISCAL IMPACT**

Should the Board approve this donation, there will be no additional fiscal impact to the adopted FY21 budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the donation of 6 POD cages to the Washoe County School District with a current market value estimated at \$0.00.

**ADMINISTRATIVE HEALTH SERVICES**

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

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

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





Subject: Donation of POD cages to WCSD

Date: February 25, 2021

Page 2 of 2

**POSSIBLE MOTION**

Move to approve the donation of 6 POD cages to the Washoe County School District with a current market value estimated at \$0.00.

**Staff Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 9, 2021

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested penalty issued to DiLoreto Construction, Case No. 1232, Notice of Violation No. AQMV20-0004 with a \$1,000.00 penalty.

**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV20-0004 be **upheld** and a fine in the amount of **\$1,000.00** be levied against Di Loreto Construction for failure to control visible dust emissions per Condition No. 12 of Dust Control Permit APCP19-0179. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.030 C.3. Dust Control Permit Requirements.

**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**

No previous actions.

**BACKGROUND**

On April 23, 2020, the AQMD conducted an air quality inspection of the Damonte Ranch Village 21B construction site permitted by DiLoreto Construction (APCP19-0179). The construction site was observed from Rio Wrangler Parkway and Veterans Parkway in Reno, Nevada.

Upon arrival, the site was first observed from Veterans Parkway. A haul route along Rio Wrangler Parkway was then observed. Haul trucks exiting the Damonte Ranch Village 21B site were causing soil track out onto the public roadway. Several street sweepers were observed in operation; however, fugitive dust emissions were still observed. A Method 22 observation was conducted over a (44) minute period. In that time, (7) minutes and (55) seconds of fugitive dust was observed which exceeded the (5) minutes in an hour threshold found in Condition No. 12 of Dust Control Permit APCP19-0179 and cited in Section 040.030.C.1.



A compliance and enforcement meeting was held on December 22, 2020, between the AQMD and representatives for Di Loreto Construction. Based on the information presented at during this meeting the AQMD determined that the formal issuance of NOV No. AQMV20-0004 was warranted with a penalty amount set by rule of \$1,000.00. Di Loreto Construction did not stipulate to NOV No. AQMV20-0004 or the penalty amount at the time of the meeting and requested additional time to confer regarding the NOV and penalty.

NOV No. AQMV20-0004 and associated documentation supporting the NOV was sent certified mail to the offices of Di Loreto Construction and was received on December 31, 2020. The certified mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV20-0040 was not exercised by Di Loreto Construction within the 10-day appeal timeframe. As such, NOV No. AQMV20-0004 was determined to be final by the AQMD with a penalty amount of \$1,000.00.

#### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation and associated penalty. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

#### **RECOMMENDATION**

Staff recommends the Board uphold an uncontested penalty issued to Di Loreto Construction for Case No. 1232, Notice of Violation No. AQMV20-0004, with a \$1,000.00 penalty.

#### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation No. AQMV20-0004; or
2. The Board may determine to uphold Notice of Violation No. AQMV20-0004 and levy any penalty in the range of \$0.00 to \$1,000.00 per day per violation.

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

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

1. "Move to uphold the penalty issued to Di Loreto Construction for Case No. 1232, Notice of Violation No. AQMV20-0004 with a \$1,000.00 penalty."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1232, Notice of Violation No. AQMV20-0004, issued to Di Loreto Construction.", or
2. "Move to uphold Case No. 1232, Notice of Violation No. AQMV20-0004, and levy a penalty in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Di Loreto Construction to be properly noticed."

**WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512**

**NOTICE OF VIOLATION  
ISSUED TO**

**Di Loreto Construction  
APCP19-0179  
Date of Issuance: December 29, 2020  
Notice of Violation No. AQMV20-0004**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Di Loreto Construction is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 C. 3. Dust Control Permit Requirements – Condition No. 12 of Dust Control Permit No. APCP19-0179.

**1. BASIS OF VIOLATION**

**A. Violation**

Failure to control visible dust emissions as specified in Dust Control Permit No. APCP19-0179, Condition No. 12.

**B. Regulatory Authority**

The Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030.C.3 Dust Control Permit Requirements:

**DUST CONTROL PERMIT REQUIREMENTS:** The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the “District Board of Health Regulations Governing Air Quality Management.” Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

**C. Facts to Constitute the Violation**

On April 23, 2020, the AQMD conducted an air quality inspection of the Damonte Ranch Village 21B construction site (APCP19-0179). The construction site was observed from Rio Wrangler Pkwy and Veterans Pkwy.

Upon arrival, the site was first observed from Veterans Pkwy. A haul route along Rio Wrangler Pkwy was then observed. Haul trucks exiting the Damonte Ranch Village 21B site

were causing soil track out onto the public roadway. Several street sweepers were observed in operation; however, fugitive dust emissions were still observed. A Method 22 observation was conducted over a (44) minute period. In that time, (7) minutes and (55) seconds of fugitive dust was observed which exceeded the (5) minutes in an hour threshold found in Condition No. 12 of Dust Control Permit APCP19-0179 and cited in Section 040.030.C.1.

## 2. APPEAL PROCEDURE AND TIME LIMITATIONS

### A. Appeal Procedure

Di Loreto Construction is advised that within (10) working days of the receipt of this Notice of Violation, Di Loreto Construction may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,000.00.

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

Company Name Di Loreto Construction  
Contact Name Michael Di Loreto/Tom Di Loreto  
Case Number 1232

I. Violation of Section 040.030 Section C - Standards 3. Dust Control Permit Requirements

I. Recommended Penalty = \$ 1000.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

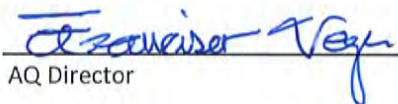
V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

**Total Recommended Penalty = \$ 1,000.00**

  
Senior AQ Specialist/Supervisor

12/29/2020  
Date

  
AQ Director

12/29/2020  
Date

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

Company Name Di Loreto Construction  
 Contact Name Michael Di Loreto/Tom Di Loreto  
 Case Number 1232  
 Violation Number AQMV20-0004

Violation of Section 040.030 Section C - Standards 3. Dust Control Permit Requirements  
 Permit Condition Condition No. 12 of Dust Control Permit No. APCP19-0179

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Unable to Quantify - 1x      Criteria Pollutant - 1x      Hazardous Air Pollutant - 2x  
Adjustment Factor **1**

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

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

Negligible - 1x    Moderate - 1.5x    Significant - 2x      Adjustment Factor **1**

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

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

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

D. **Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

**Penalty Subtotal**

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**



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

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%)

0%

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

**B. Compliance History**

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5 years

5% x [ ], # of previous violations

+ 0%

**Comment:** Penalty by rule; DBOH Regulations 020.040 D.

**Total Penalty Adjustment Factors – Sum of A & B**

0%

**IV. Recommended Penalty**

Penalty Adjustment:

\$ 1,000.00	x	0%	= \$	0.00
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)	Total Adjustment Value	

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

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

Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00	=	\$ 1,000.00
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

*Joshua C. [Signature]*  
Senior AQ Specialist/Supervisor

12/29/2020  
Date

*Francisco Vega*  
AQ Director

12/29/2020  
Date

## Administrative Penalty Table

### Air Quality Management Division Washoe County Health District

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

Regulation	1st Violation	2nd Violation
040.005	Visible Emissions	1000
040.030	Dust Control (fugitive)	2500
040.035	Open Fires	1000
040.040	Fire Training	1000
040.050	Incinerator	2000
040.051	Woodstoves	1000
040.055	Odors	2000
040.080	Gasoline Transfer (maintenance)	2000
040.200	Diesel Idling	1000
050.001	Emergency Episode	2000
040.030	Construction Without a Dust Control Permit	
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre
	Project Size – 10 acres or more	\$1,000 + \$50 per acre

#### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

#### III. Major Violations - Section 030.107 Asbestos

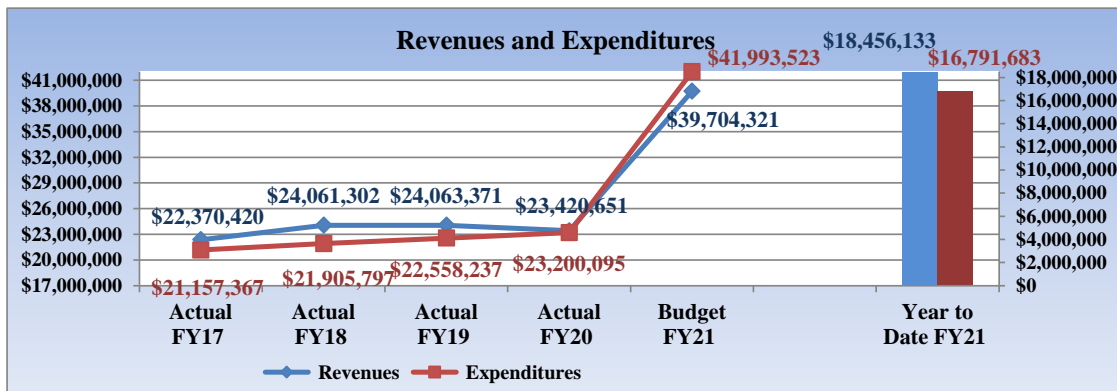
A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Staff Report**  
**Board Meeting Date: February 25, 2021**

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

**SUMMARY**

The seventh month of FY21 ended with a cash balance of \$9,593,374. The total revenues of \$18,456,133 or 46.5% of budget are up 45.7% or \$5,787,609 over FY20, mainly due to the increased grant revenue for COVID-19 response. The expenditures totaled \$16,791,683 or 40.0% of budget and up \$3,612,515 or 27.4% 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.

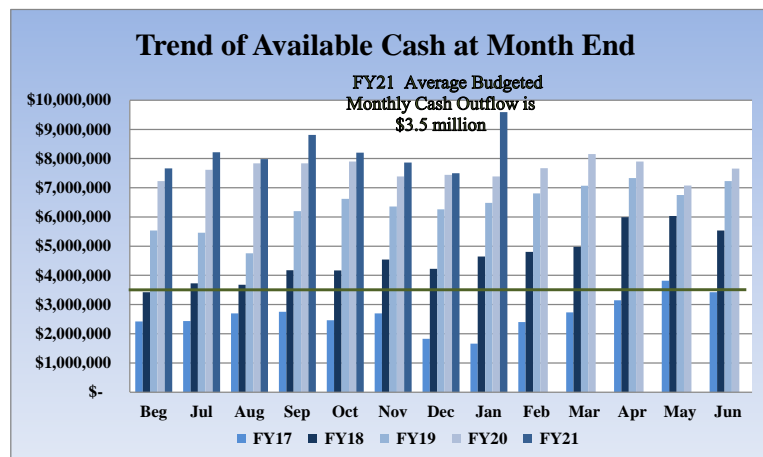
**PREVIOUS ACTION**

Fiscal Year 2021 Budget was adopted May 19, 2020.

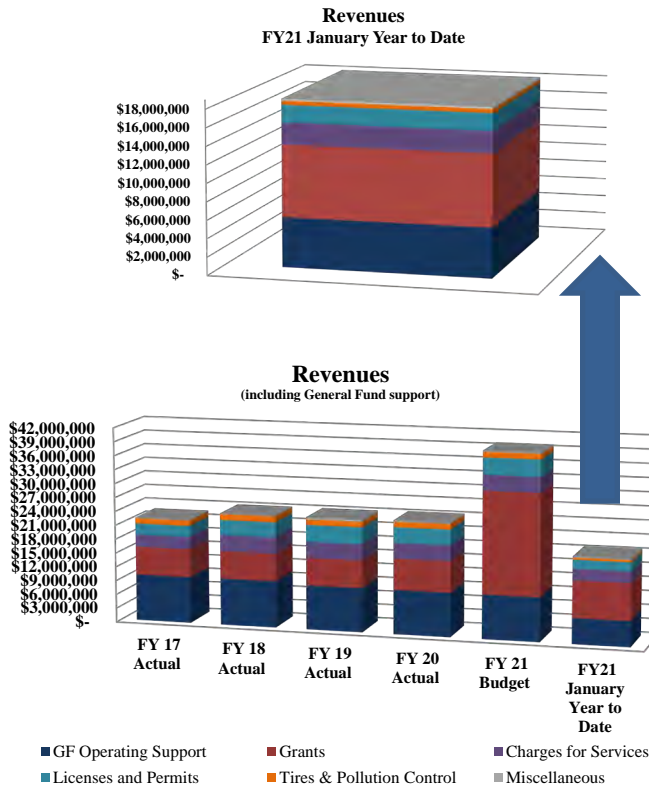
**BACKGROUND**

**Review of Cash**

The available cash at the end of January, FY21, was \$9,593,374 which is enough to cover approximately 2.7 months of expenditures. The cash balance is \$2,204,214 greater than FY20. The encumbrances and other liability portion of the cash totals \$3.7 million; the cash restricted as to use is approximately \$1.7 million; leaving a balance of \$4.2 million.

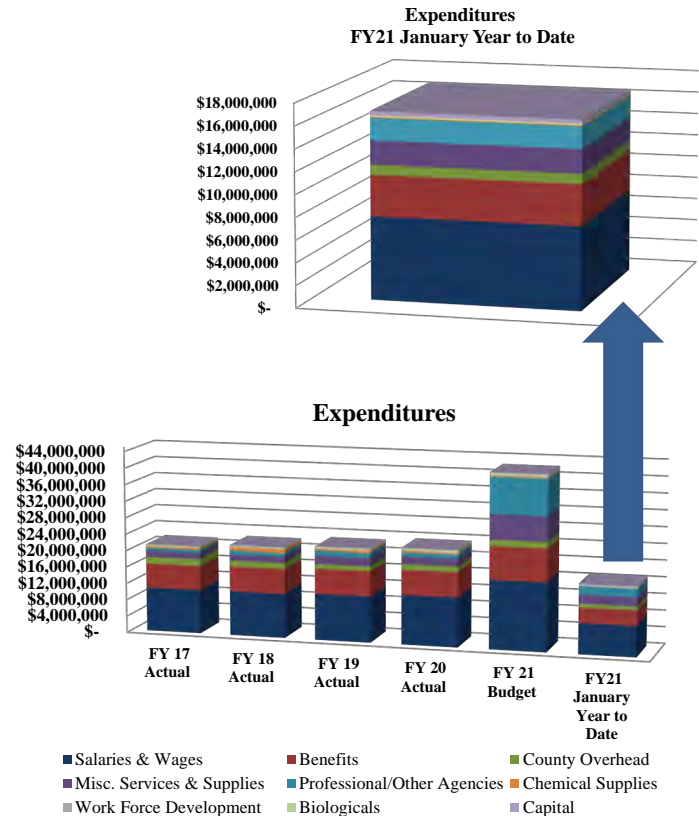


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$18,456,133 up \$5,787,609 or 45.7% compared to January FY20. The revenue categories up over FY20 were Federal and State grants of \$7,933,121 up \$5,396,714 or 212.8% due to the COVID-19 grants; charges for services of \$2,431,028 up \$367,946 or 17.8% with the largest increase in dust plans due to one large payment of \$262,197 and the second largest in birth and death records up \$70,950; fines and forfeitures of \$56,500 from SB4 fines; and, miscellaneous revenues of \$119,884 up \$37,090 or 44.8% 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 \$1,913,368 down \$44,551 or 2.3% mainly due to the cancellation of Special Events; tire and pollution control funding of \$450,732 down \$26,091 or 5.5%. The County General Fund support of \$5,551,499 is level at the FY20 funding.

The total year to date **expenditures** of \$16,791,683 were up \$3,612,515 or 27.4% compared to FY20. Salaries and benefits expenditures for the seven months of FY21 were \$11,179,446 up \$636,625 or 6.0% over the prior year and 45.6% of budget. The total services and supplies of \$5,266,927 were up \$2,665,868 or 102.5% compared to FY20 and 30.5% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$1,937,175 up \$1,658,183, mainly due to the lab testing associated with COVID-19 testing, or 594.3% over FY20; the biologicals of \$154,785 down \$4,661 or 2.9%; chemical supplies of \$59,540 down \$234,910 over FY20 due to sufficient inventory so the purchase of additional chemicals were not needed; and, County overhead charges of \$898,841 up \$81,713 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 \$421,947 down \$248,173 or 37.0% 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 \$625,603 down \$105,775 or 14.5% compared to FY20 mainly due to salary savings from vacant positions and a \$23,000 reduction in building safety expenditures.

**AQM** revenues were \$2,060,221 up \$356,208 or 20.9% 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 \$1,633,290 down \$103,016 or 5.9% mainly due to a reduction in employee insurance costs, other post-employment benefits for retirees and a reduction in capital expenditures due to the Reno4 Air Monitoring Station built in FY20.

**CCHS** revenues were \$2,350,775 up \$340,633 or 16.9% over FY20 mainly due to an increase in grant funding and insurance reimbursements. The division spent \$4,463,072 down \$203,064 or 4.4% less than FY20 mainly due to a decrease in accrued benefit payouts to retirees and reduced travel expenditures.

**EHS** revenues were \$3,001,680 up \$519,679 or 20.9% over FY20 mainly due to the \$500,000 received from the COVID SB4 funding. Total expenditures were \$3,200,802 down \$704,845 or 18.0% mainly due to savings from vacant positions, deployment of staff to the COVID-19 response, and \$234,910 less than FY20 in chemical supplies for mosquito abatement due to enough inventory on hand.

**EPHP** revenues were \$5,491,957 up \$4,571,089 or 496.4% due to additional grant funding. The division spent \$6,446,968 up \$4,977,388 or 338.7% over FY20 due to the cost of the COVID-19 response.

Washoe County Health District									
Summary of Revenues and Expenditures									
Fiscal Year 2016/2017 through Januaryr Year to Date Fiscal Year 2020/2021 (FY21)									
	Actual Fiscal Year			FY 2019/2020		Fiscal Year 2020/2021			
	2016/2017	2017/2018	2018/2019	Year End (unaudited)	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY21 Increase over FY20
<b>Revenues (all sources of funds)</b>									
ODHO	51,228	3,365	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,979,720	3,543,340	3,443,270	3,493,840	1,704,013	3,496,067	2,060,221	58.9%	20.9%
CCHS	3,872,898	4,179,750	4,104,874	4,044,674	2,010,143	4,897,095	2,350,775	48.0%	16.9%
EHS	3,436,951	4,428,294	4,871,791	4,297,872	2,482,001	5,098,283	3,001,680	58.9%	20.9%
EPHP	2,027,242	1,854,862	2,126,580	2,067,409	920,868	16,696,019	5,491,957	32.9%	496.4%
GF support	10,002,381	10,051,691	9,516,856	9,516,856	5,551,499	9,516,856	5,551,499	58.3%	0.0%
<b>Total Revenues</b>	<b>\$ 22,370,420</b>	<b>\$ 24,061,302</b>	<b>\$ 24,063,371</b>	<b>\$ 23,420,651</b>	<b>\$ 12,668,524</b>	<b>\$ 39,704,321</b>	<b>\$ 18,456,133</b>	<b>46.5%</b>	<b>45.7%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	904,268	826,325	1,336,494	1,153,186	670,121	2,021,598	421,947	20.9%	-37.0%
AHS	1,119,366	1,016,660	1,059,669	1,083,771	731,378	1,351,707	625,603	46.3%	-14.5%
AQM	2,856,957	2,936,261	2,935,843	2,985,827	1,736,307	3,913,776	1,633,290	41.7%	-5.9%
CCHS	7,294,144	7,538,728	7,700,440	7,547,364	4,666,136	9,183,261	4,463,072	48.6%	-4.4%
EHS	6,366,220	7,030,470	6,669,768	5,815,690	3,905,647	7,966,129	3,200,802	40.2%	-18.0%
EPHP	2,616,411	2,557,352	2,856,024	4,614,255	1,469,581	17,557,052	6,446,968	36.7%	338.7%
<b>Total Expenditures</b>	<b>\$ 21,157,367</b>	<b>\$ 21,905,797</b>	<b>\$ 22,558,237</b>	<b>\$ 23,200,095</b>	<b>\$ 13,179,169</b>	<b>\$ 41,993,523</b>	<b>\$ 16,791,683</b>	<b>40.0%</b>	<b>27.4%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(853,040)	(822,960)	(1,336,494)	(1,153,186)	(670,121)	(2,021,598)	(421,947)		
AHS	(1,119,366)	(1,016,660)	(1,059,669)	(1,083,771)	(731,378)	(1,351,707)	(625,603)		
AQM	122,763	607,078	507,427	508,014	(32,294)	(417,710)	426,931		
CCHS	(3,421,246)	(3,358,978)	(3,595,566)	(3,502,690)	(2,655,993)	(4,286,166)	(2,112,297)		
EHS	(2,929,269)	(2,602,177)	(1,797,977)	(1,517,818)	(1,423,645)	(2,867,846)	(199,122)		
EPHP	(589,169)	(702,490)	(729,444)	(2,546,846)	(548,713)	(861,032)	(955,011)		
GF Operating	10,002,381	10,051,691	9,516,856	9,516,856	5,551,499	9,516,856	5,551,499		
<b>Surplus (deficit)</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 220,557</b>	<b>\$ (510,645)</b>	<b>\$ (2,289,203)</b>	<b>\$ 1,664,450</b>		
<b>Fund Balance (FB)</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 8,062,093</b>		<b>\$ 5,772,890</b>			
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 January, Fiscal Year 2021.

**POSSIBLE MOTION**

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



Period: 1 thru 7 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Jobs	2020 Plan	2020 Actual	Balance	Jobs
460531 Dust Plan-Air Quality	578,414-	587,594-	9,179	102	659,365-	358,811-	300,554-	54
460532 Plan Rvw Hotel/Motel		4	4-			3,948	3,948	
460534 Child Care Inspection	23,263-	15,199-	8,064	65	23,234-	15,141-	8,093-	65
460535 Pub Accomod Inspectn	29,316-	19,140-	10,176	65	29,345-	17,644-	11,701-	60
460570 Education Revenue								
460723 Other Fees	230,234-	141,953-	88,281-	62	208,183-	140,825-	67,359-	68
* Charges for Services	3,319,806-	2,431,028-	888,778-	73	3,228,052-	2,063,082-	1,164,970-	64
441079 COVID Non Comp Fines		56,500-	56,500					
* Fines and Forfeitures		2-	2					
481150 Interest-Non Pooled	4,000-	5,921-	1,921	148	4,500-	4,500-		100
484000 Donations,Contributions	6,000-	1,299-	4,701-	22	6,721-	3,048-	3,673-	45
484050 Donation Fed Pgm Inc	125,231-	32,699-	92,532-	26	195,438-	33,170-	162,268-	17
484195 Non-Govt'l Grants	24,987-	2,888-	22,099-	12	30,604-	9,944-	20,660-	32
484197 Non-Gov. Grants-Ind.	48,857-	70,008-	21,151	143	48,854-	32,009-	16,844-	66
485100 Reimbursements		7,067-	7,067		150,000-	123-	149,877-	0
485300 Other Misc Govt. Rev	209,074-	119,884-	89,190-	57	436,116-	82,794-	353,322-	19
* Miscellaneous	30,187,464-	12,904,634-	17,282,831-	43	15,992,302-	7,117,025-	8,875,277-	45
** Revenue	11,141,668	6,278,253	4,863,414	56	10,815,100	6,001,886	4,813,214	55
701120 Base Salaries	508,540	265,403	243,136	52	351,414	260,947	90,468	74
701120 Part Time	504,800	409,389	95,410	81	445,526	259,469	186,057	58
701130 Pooled Positions	4,319	21,151	16,832-	490	4,319	935	3,383	22
701140 Holiday Work								
701150 xcContractual Wages								
701199 Lab Cost Srv-Wages	144,900	67,340	77,560	46	157,065	72,222	84,843	46
701200 Incentive Longevity	63,017	285,779	222,762-	453	63,517	39,923	23,594	63
701300 Overtime	300	130	170	43	300	152	148	51
701403 Shift Differential	38,000	50,859	12,859-	134	38,000	22,933	15,067	60
701406 Standby Pay	5,000	183	4,817	4	5,000	642	4,358	13
701408 Call Back	4,013,669	94,469-	4,108,139	2-	1,010,330	3,709	1,006,621	0
701412 Salary Adjustment	228,970	111,471	117,499	49	199,393	222,438	23,045-	112
701413 Vac Payoff Sick Term	3,852	73,886	70,034-	1,918	1,226	16,398	15,171-	1,337
701414 Vacation Denied-Payoff		13,945	13,945-		28,350	30,527	2,177-	108
701417 Comp Time		6,301	6,301-					
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	16,657,033	7,489,623	9,167,411	45	13,119,542	6,932,181	6,187,361	53
705110 Group Insurance	1,526,134	852,832	673,302	56	1,477,850	804,977	672,873	54
705115 ER HSA Contribs	170,000	196,555	26,555-	116	149,160	160,733	11,573-	108
705190 OPFB Contribution	1,113,772	535,704	578,068	48	1,118,614	652,525	466,089	58
705199 Lab Cost Srv-Benef								
705210 Retirement	3,441,515	1,949,671	1,491,844	57	3,303,746	1,850,125	1,453,621	56
705215 Retirement Calculation	12,578		12,578					
705230 Medicare April 1986	163,320	106,067	57,253	65	157,625	95,721	61,904	61



Period: 1 thru 7 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
705240 Insur Budgeted Incr	46,656	43,694	46,656	57	36,465	41,816	36,465	54
705320 Workmens Comp	77,146	5,301	33,453	46	77,087	4,703	35,271	47
705330 Unemply Comp	11,501		6,200		9,982	39	5,279	0
705360 Benefit Adjustment	1,320,398		1,320,398		253,842		253,802	
* Employee Benefits	7,883,020	3,689,823	4,193,197	47	6,584,370	3,610,639	2,973,731	55
710100 Professional Services	1,249,619	858,088	391,531	69	713,822	91,651	622,171	13
710101 Lab Testing Services	2,100,000	770,191	1,329,809	37		277	277-	
710103 Radiology						37	37-	
710105 Medical Services	11,288	7,547	3,742	67	12,948	2,760	10,188	21
710108 MD Consultants	55,401	24,096	31,305	43	50,536	27,921	22,615	55
710110 Contracted/Temp Svcs	4,765,378	170,477	4,594,900	4	321,145	74,088	247,057	23
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	364,847	199,962	164,884	55	80,047	37,222	42,826	46
710201 Laundry Services	1,822	878	944	48	1,850	852	998	46
710203 Landscape Maint.								
710205 Repairs and Maintenance	10,307	3,882	6,425	38	13,450	5,285	8,165	39
710210 Software Maintenance	4,200	4,543	343-	108	11,151	7,496	3,655	67
710212 Software Subscriptions	149,400	119,519	29,881	80				
710215 Operating Contracts	1,624,558	44,534	1,580,024	3				
710300 Operating Supplies	1,072,626	607,106	465,520	57	391,389	67,286	324,104	17
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								
710334 Copy Machine Expense	42,171	20,385	21,786	48	30,028	12,770	17,258	43
710335 Copy Mach-Copies	8,925	6,571	2,354	74	9,965	5,189	4,776	52
710347 Medical Supplies								
710350 Office Supplies	106,019	60,991	45,029	58	83,521	19,482	64,039	23
710355 Books and Subscriptions	10,990	22,153	11,163-	202	6,940	6,264	676	90
710360 Postage	17,084	5,865	11,220	34	18,269	9,414	8,855	52
710361 Express and Courier	100	38	62	38	100		100	
710391 Fuel & Inbe								
710400 Fnts to O Agencies	447,975	106,776	341,199	24	416,085	82,258	333,827	20
710412 Do Not Use								
710500 Other Expense	254,263	9,797	244,466	4	175,691	38,611	137,080	22
710502 Printing	35,729	38,637	2,908-	108	42,450	13,461	28,989	32
710503 License & Permits	9,345	5,518	3,827	59	8,480	2,099	6,381	25
710504 Registration	1,900	6,226	4,326-	328	200	706	706-	
710505 Rental Equipment		16,812	16,812-		150	76	124	38
710506 Dept Inadeductible		150	150-		150	650	500-	433
710507 Network and Data Lines	12,260	5,918	6,342	48	12,730	10,394	2,336	82

Period: 1 thru 7 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
710508 Telephone Land Lines	48,215	28,682	19,533	59	37,811	21,105	16,706	56
710509 Seminars and Meetings	69,740	9,697	60,043	14	80,259	33,144	47,115	41
710512 Auto Expense	13,963	2,089	11,874	15	13,303	3,669	9,669	27
710513 Property Losses						299	299-	
710514 Regulatory Assessments	25,000	17,743	7,257	71	25,000	11,696	13,304	47
710519 Cellular Phone	14,765	7,919	6,846	54	15,279	9,747	5,532	64
710529 Dues	21,755	5,627	16,128	26	25,080	14,608	10,472	58
710535 Credit Card Fees	60,890	18,447	42,443	30	67,640	36,326	31,314	54
710546 Advertising	158,674	42,830	115,844	27	233,981	34,325	199,656	15
710551 Cash Discounts Lost		124	124-					
710563 Recruitment		799	799-			978	978-	
710571 Safety Expense	68,000	22,423	45,577	33	86,611	56,883	29,728	66
710577 Uniforms & Special C	7,800	41,018	33,218-	526	3,200	1,704	1,496	53
710585 Undesignated Budget	631,771		631,771		553,436		553,436	
710594 Insurance Premium	5,815	50	5,765	1	5,815		5,815	
710600 IT Lease-Office Space	83,722	42,557	41,165	51	70,532	41,902	28,630	59
710620 LT Lease-Equipment								
710701 Emergency Shelter Care								
710703 Biologicals	345,461	154,785	190,676	45	371,940	159,446	212,494	43
710713 Post Adoption Refer	9,040	1,356	7,684	15	5,876-	4,520	10,396-	77-
710714 Referral Services	67,253	49,810	17,443	74	90,480	66,894	23,586	74
710721 Outpatient						882	882-	
710872 Food Purchases	7,710	3,646	4,064	47	22,910	2,832	20,078	12
711008 Combined Utilities	107,715	62,834	44,881	58	105,282	61,415	43,868	58
711010 Utilities								
711011 Waste Removal		520	520-		5,000		5,000	
711100 ESD Asset Management	46,200	28,210	17,990	61	44,980	28,720	16,260	64
711113 Equip Srv Replace	58,410	32,466	25,944	56	58,429	27,966	30,463	48
711114 Equip Srv O & M	53,015	31,297	21,718	59	52,608	32,202	20,406	61
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	12,919	14,292	47	29,193	16,812	12,381	58
711119 Prop & Liab Billings	95,845	55,910	39,935	58	95,845	55,909	39,936	58
711210 Travel	212,562	743	211,818	0	198,584	74,536	124,048	38
711212 Meals and Lodging								
711213 Travel-Non Cnty Pats	16,000	608	15,392	4	15,827	5,017	10,810	32
711300 Cash Over- Short		179	179-					
711399 ProCard in Process								
711400 Overhead - General Fund	1,540,871	898,841	642,030	58	1,400,792	817,129	583,663	58
711410 Overhead - Admin								
711502 Build Inp nonCapital								
711504 Equipment nonCapital	295,013	377,566	82,553-	128	115,441	71,349	44,092	62

Period: 1 thru 7 2021  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2021 Plan	2021 Actuals	Balance	Act%	2020 Plan	2020 Actual	Balance	Act%
711508 Computers nonCapital	195,943	45,411	150,532	23	56,517	11,988	44,529	21
711509 Comp Sftw nonCap	193,281	12,533	180,748	6	14,672	24,912	10,240-	170
* Services and Supplies	17,182,981	5,194,375	11,988,605	30	6,597,204	2,546,698	4,050,505	39
781001 Land Imprv Capital		167,694	33,306	83	16,000	12,383	12,383-	
781002 Build Imprv Capital	201,000	177,616	177,616-		154,413	22,907	16,000	15
781004 Equipment Capital		345,311	144,311-	172	25,000	35,290	131,506	
781007 Vehicles Capital		16,719,132	25,204,903	40	195,413	13,124,809	25,000	18
781009 Comp Sftw Capital	201,000	5,551,499-	3,965,357-	58	26,496,529	5,551,499-	160,123	50
* Capital Outlay		5,551,499-	3,965,357-	58	9,516,856-	5,551,499-	13,371,720	58
** Expenses		72,552	3,063-	104	9,516,856-	5,551,499-	3,965,357-	58
621001 Transfer From General	41,924,034	72,552	3,063-		73,123	54,360	18,763	74
* Transfers In	9,516,856-	72,552	3,063-		73,123	54,360	18,763	74
812230 To Reg Permits-230	69,489	5,478,948-	3,968,419-	58	9,443,733-	5,497,139-	3,946,594-	58
81490 To Reg Permits Capit	9,447,367-	5,478,948-	3,968,419-		9,443,733-	5,497,139-	3,946,594-	
* Transfers Out		5,478,948-	3,968,419-		9,443,733-	5,497,139-	3,946,594-	
** Other Financing Src/Use		5,478,948-	3,968,419-		9,443,733-	5,497,139-	3,946,594-	
** Total	2,289,203	1,664,350-	3,953,653	73	1,060,494	510,645	549,849	48



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

# **REMSA**

## **FRANCHISE COMPLIANCE REPORT**

### **JANUARY 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					
February					
March					
April					
May					
June					
<b>Totals</b>	<b>25,573</b>	<b>\$35,089,790.60</b>	<b>\$1,372.16</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: January 2021**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-20	6 Minutes 08 Seconds	88%	84%
Aug-20	6 Minutes 38 Seconds	87%	90%
Sep-20	6 Minutes 16 Seconds	89%	96%
Oct-20	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			
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 22 Seconds	88%	91%

**Year to Date: January 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			
	P-2			
Mar-21	P-1			
	P-2			
Apr-21	P-1			
	P-2			
May-21	P-1			
	P-2			
Jun-21	P-1			
	P-2			

**Fiscal Year to Date: January 2021**

Priority	Reno	Sparks	Washoe County
P1	05:39	06:27	10:00
P2	06:16	07:04	09:29



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 01/01/2021 THRU 01/31/2021**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	1/1/21 21:57	1/1/21 21:58	1C33	0:00:00	0:00:58
Zone A	1/2/21 14:07	1/2/21 14:08	1C06	23:59:54	0:00:20
Zone A	1/5/21 15:04	1/5/21 15:11	1C42	1:49:54	0:06:11
Zone A	1/10/21 4:08	1/10/21 4:13	1C26	0:11:26	0:04:26
Zone A	1/10/21 20:29	1/10/21 20:30	1C13	-0:01:02	0:00:58
Zone A	1/11/21 13:03	1/11/21 13:05	1C41	-0:00:37	0:01:23
Zone A	1/13/21 10:56	1/13/21 11:03	1C13	0:20:34	0:06:14
Zone A	1/16/21 17:03	1/16/21 17:04	1C17	-0:00:24	0:00:40
Zone A	1/17/21 0:01	1/17/21 0:08	1C02	0:06:49	0:06:49
Zone A	1/17/21 3:11	1/17/21 3:18	1C24	0:09:24	0:07:17
Zone A	1/17/21 12:18	1/17/21 12:24	1C44	0:16:49	0:06:32
Zone A	1/17/21 13:26	1/17/21 13:33	1C37	0:21:20	0:07:09
Zone A	1/18/21 18:45	1/18/21 18:45	1C26	23:59:46	0:00:32
Zone A	1/18/21 22:00	1/18/21 22:06	1X10	0:11:56	0:05:24
Zone A	1/19/21 20:26	1/19/21 20:27	1C38	-0:00:05	0:00:44
Zone A	1/24/21 15:51	1/24/21 15:57	1C44	0:10:51	0:05:51
Zone C	1/24/21 23:17	1/24/21 23:31	1M42	0:22:06	0:13:49
Zone A	1/25/21 12:52	1/25/21 12:56	1C44	0:11:36	0:03:56
Zone A	1/28/21 6:45	1/28/21 6:53	1C45	0:15:09	0:07:31
Zone A	1/30/21 17:12	1/30/21 17:17	1C37	0:15:18	0:04:29
Zone A	1/31/21 1:57	1/31/21 1:56	1C44	-0:00:58	-0:00:58

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



EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
01/25/2021	Exemption Approved	Overload	Zone A	00:09:37
01/25/2021	Denied	Overload	Zone A	00:17:34
01/25/2021	Exemption Approved	Overload	Zone A	00:23:59
01/25/2021	Exemption Approved	Overload	Zone A	00:10:03
01/25/2021	Exemption Approved	Overload	Zone A	00:12:26
01/26/2021	Exemption Approved	Overload	Zone A	00:12:28
01/28/2021	Exemption Approved	Overload	Zone A	00:09:44
01/28/2021	Exemption Approved	Overload	Zone A	00:17:39
01/28/2021	Exemption Approved	Overload	Zone A	00:10:29
01/28/2021	Exemption Approved	Overload	Zone A	00:11:12
01/28/2021	Exemption Approved	Overload	Zone A	00:10:36
01/28/2021	Exemption Approved	Overload	Zone A	00:09:18
01/29/2021	Exemption Approved	Overload	Zone A	00:10:00
01/29/2021	Exemption Approved	Overload	Zone A	00:09:07
01/29/2021	Denied	Overload	Zone A	00:11:34
01/29/2021	Denied	Overload	Zone A	00:11:40
01/29/2021	Denied	Overload	Zone A	00:09:25
01/28/2021	Denied	Overload	Zone A	00:17:32
01/29/2021	Denied	Overload	Zone A	00:09:59
01/29/2021	Denied	Overload	Zone A	00:09:24
01/29/2021	Exemption Approved	Overload	Zone A	00:17:51
01/30/2021	Exemption Approved	Overload	Zone B	00:16:49
01/30/2021	Exemption Approved	Overload	Zone A	00:13:38
01/30/2021	Exemption Approved	Overload	Zone A	00:20:44
01/30/2021	Exemption Approved	Overload	Zone A	00:09:57
01/30/2021	Exemption Approved	Overload	Zone A	00:09:14
01/30/2021	Exemption Approved	Overload	Zone A	00:11:58
01/11/2021	Exemption Approved	Status 99	Zone A	00:11:36
01/11/2021	Exemption Approved	Status 99	Zone A	00:09:18
01/27/2021	Exemption Approved	Weather	Zone A	00:10:03
01/27/2021	Exemption Approved	Weather	Zone A	00:09:44
01/27/2021	Exemption Approved	Weather	Zone A	00:14:03
01/27/2021	Exemption Approved	Weather	Zone A	00:16:05
01/28/2021	Exemption Approved	Weather	Zone A	00:50:13
01/28/2021	Exemption Approved	Weather	Zone A	00:09:53
01/28/2021	Exemption Approved	Weather	Zone A	00:11:44
01/28/2021	Exemption Approved	Weather	Zone B	00:28:20
01/28/2021	Exemption Approved	Weather	Zone A	00:23:52
01/28/2021	Exemption Approved	Weather	Zone A	00:11:00
01/28/2021	Exemption Approved	Weather	Zone A	00:11:12
01/29/2021	Exemption Approved	Weather	Zone A	00:09:33
01/29/2021	Exemption Approved	Weather	Zone A	00:14:08





## GROUND AMBULANCE OPERATIONS REPORT

January 2021

### 1. Overall Statics

- a) Total number of system responses: 7,192
- b) Total number of responses in which no transports resulted: 3,100
- c) Total number of system transports (including transports to out of county):  
4,092

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 48.1%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 6.3%
- e) Transfers: 16.8%
- f) Trauma – MVA: 6.2%
- g) Trauma – Non MVA: 16.6%
- h) Unknown: 3.9%

### 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: 1,279

Total number of above calls receiving QA Reviews: 168

Percentage of charts reviewed from the above transports: 13%



## JANUARY 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	17	71
BLS (CPR)	63	246
Heartsaver (CPR)	43	213
ITLS/PHTLS	1	4
PALS	12	47

## COMMUNITY OUTREACH JANUARY 2021

Point of Impact		
01/16/21	Checkpoint with Renown: 9 vehicles and 13 car seats check; 4 seats donated	2 staff; 7 volunteers
Cribs for Kids/Community		
01/14/21	Attended Northern Nevada MCH Coalition meeting	
01/15/21	Presented Safe Sleep Education at the Life Change Center- Sparks	5 attendees
01/20/21	Presented Safe Sleep Education at the Life Change Center- Reno	1 attendee



REMSA

Reno, NV  
Client 7299



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

# EMS System Report

January 1, 2021 to January 31, 2021

Your Score

**97.76**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,669**

Number of Transport Services in All EMS DB

**170**





## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **01/01/2021** and **01/31/2021**.

The overall mean score for the standard questions was **97.76**; this is a difference of **4.43** points from the overall EMS database score of **93.33**.

The current score of **97.76** is a change of **0.00** points from last period's score of **97.76**. This was the **10th** highest overall score for all companies in the database.

You are ranked **3rd** for comparably sized companies in the system.

**92.01%** of responses to standard questions had a rating of Very Good, the highest rating. **99.87%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

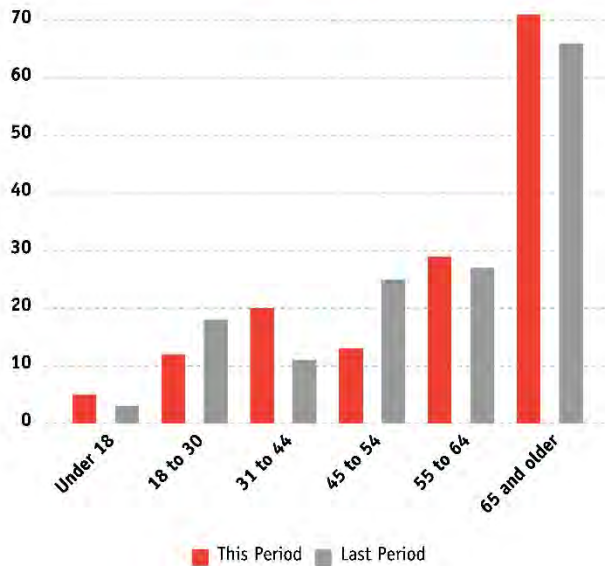




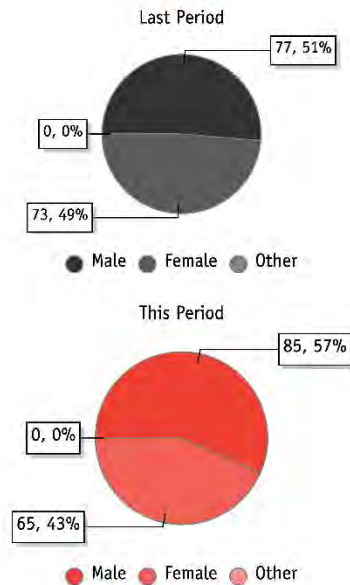
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	1	2	0	5	3	2	0
18 to 30	18	10	8	0	12	5	7	0
31 to 44	11	4	7	0	20	7	13	0
45 to 54	25	14	11	0	13	10	3	0
55 to 64	27	15	12	0	29	17	12	0
65 and older	66	33	33	0	71	43	28	0
<b>Total</b>	<b>150</b>	<b>77</b>	<b>73</b>	<b>0</b>	<b>150</b>	<b>85</b>	<b>65</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**January 1, 2021 to January 31, 2021**

**Monthly Breakdown**

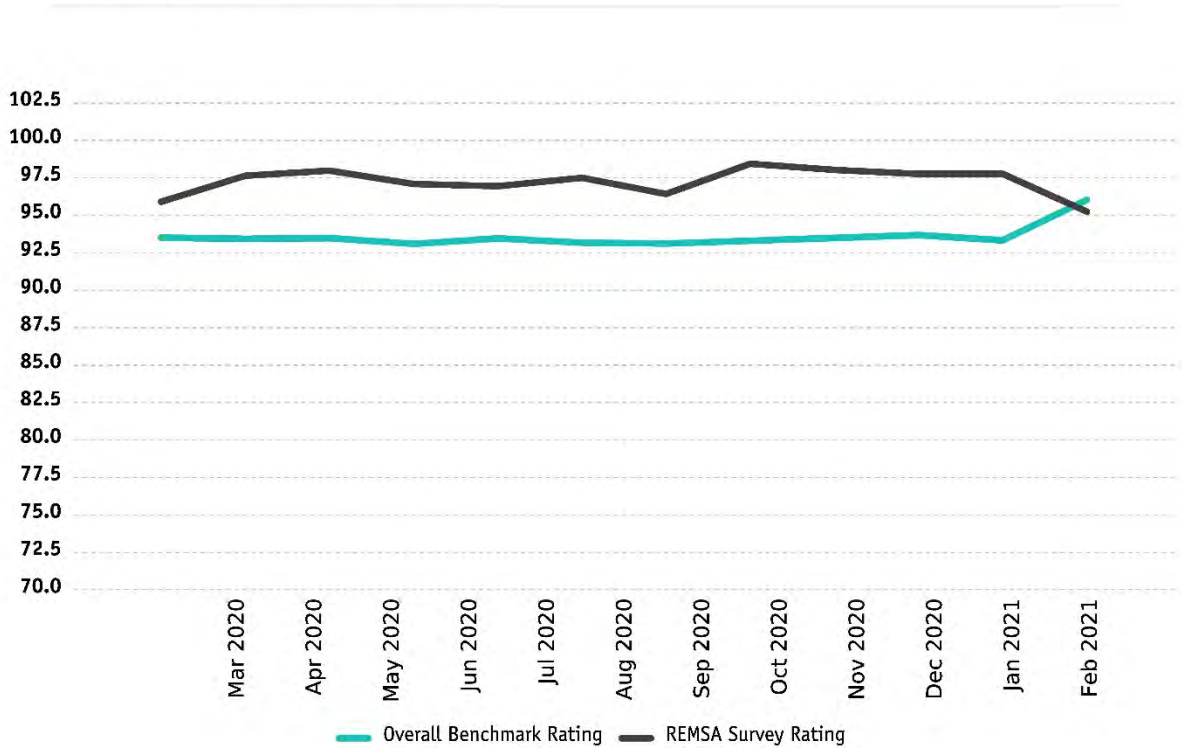
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021
Helpfulness of the person you called for ambulance service	98.68	95.02	97.22	98.86	99.15	98.37	98.30	96.83	97.01	97.85	98.46	98.13
Extent to which you were told what to do until the ambulance arrived	98.68	95.85	97.22	98.86	99.15	98.91	98.30	96.79	96.88	97.83	98.45	98.13
Extent to which the ambulance arrived in a timely manner	96.33	96.80	96.35	96.66	96.43	95.26	95.80	94.26	97.68	98.04	96.53	97.96
Cleanliness of the ambulance	99.26	99.34	98.67	99.17	97.78	98.59	98.41	96.98	99.17	99.06	98.33	98.47
Skill of the person driving the ambulance	98.72	96.82	95.93	97.76	96.31	97.56	97.22	96.23	97.63	97.79	98.35	97.93
Care shown by the medics who arrived with the ambulance	98.68	96.67	98.67	98.17	97.17	97.32	98.32	96.80	99.00	97.51	97.83	97.64
Degree to which the medics took your problem seriously	98.36	96.98	99.00	98.33	97.99	97.32	98.32	96.73	99.50	98.33	97.32	97.64
Degree to which the medics listened to you and/or your family	97.68	94.43	98.28	97.73	96.98	96.50	97.60	96.36	99.31	97.99	96.96	97.29
Extent to which the medics kept you informed about your treatment	98.17	95.60	97.34	97.55	96.61	96.94	97.71	96.00	97.59	98.14	97.40	97.92
Extent to which medics included you in the treatment decisions (if	97.65	95.09	96.29	98.06	96.84	97.29	96.85	96.10	98.71	97.91	98.32	97.78
Degree to which the medics relieved your pain or discomfort	95.58	89.94	95.51	95.81	95.20	92.65	93.23	94.55	95.60	96.79	96.92	96.83
Medics' concern for your privacy	98.21	95.80	98.16	98.61	97.10	97.37	97.69	97.00	98.84	98.41	97.57	98.05
Extent to which medics cared for you as a person	98.84	96.43	98.31	98.67	97.15	97.28	98.65	97.49	98.94	98.33	97.97	96.96
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
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
How well did our staff work together to care for you	99.32	97.07	98.67	98.78	97.24	97.77	98.48	97.31	99.12	98.49	98.00	97.83
Extent to which the services received were worth the fees charged	98.08	87.50	90.38	75.00	82.14	50.00	85.07	94.11	98.33	97.62	98.02	98.03
Overall rating of the care provided by our Emergency Medical Transportation	98.50	95.38	97.99	98.31	97.45	97.11	98.31	97.12	98.99	97.98	97.50	97.67
Likelihood of recommending this ambulance service to others	98.36	96.07	98.06	98.39	97.92	98.01	98.55	97.23	98.80	98.14	98.31	97.80
Your Master Score	98.18	95.90	97.64	97.98	97.09	96.94	97.50	96.42	98.44	98.03	97.76	97.76
Your Total Responses	152	151	150	150	150	150	150	150	150	150	150	150





Monthly tracking of Overall Survey Score





### REMSA GROUND AMBULANCE JANUARY 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	11/01/2020	"The roads are not good. The ride was very bumpy, but at no fault of the driver. The medics were good guys. The gurney broke underneath. He felt bad, as he pushed a medic away, so he would not fall on him. REMSA has to come often for him and they always do a good job."		"He wanted to suggest that REMSA find some more ways of relieving pain."	
2	11/01/2020		"Medics and ride were great"		
3	11/01/2020		"Service was great"		
4	11/01/2020		"Medics were helpful and efficient"		
5	11/01/2020		"Always pleased with the service; prompt arrival, and professional medics"		
6	11/01/2020		"Medics took the situation very seriously"		
7	11/01/2020		"Everything was great"		
8	11/01/2020		"Medics were very helpful and professional"		
9	11/01/2020		"Everyone was very helpful"	"Have better communication between insurance and billing"	
10	11/02/2020		"Medics were very hard working and helpful"		
11	11/02/2020		"Everyone was very helpful. Patient has ridden with REMSA many times and they are always great."		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
12	11/02/2020		"Medics were very helpful and attentive"		
13	11/02/2020		"The medics arrived in a very timely manner and were very helpful"		
14	11/02/2020		"From what the patient could remember, they arrived in a timely manner and did a great job getting them to the hospital."		
15	11/02/2020		"Medics were great"		
16	11/02/2020		"Medics were very responsive and professional"		
17	11/02/2020		"Medics were quick and helpful"		
18	11/03/2020	"He thought the lighting was not great. The medics were very professional. He was not alarmed about what was going on."	"REMSA is really responsive and takes privacy very seriously."	"He suggested better lighting in the ambulance, something more calming, or warmer tones."	
19	11/03/2020	"The medics told his son that they did not have time to talk to him. They did not even let him have a shirt or shoes. They did put a blanket on him. He said once they got him into the ambulance, everything was five stars. The medics put him in the ambulance well and the transport to the hospital was great. He said the service is worth the fee charged and his insurance pays well."	"He appreciated how they got him up off of the floor."	"They should listen a little better to the patient and family and not be so hasty about that."	S. Selmi
20	11/03/2020		"The medics did the best job that they could do."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
21	11/03/2020	"The medics paid attention to his problems and talked to him."	"He said that REMSA deserves five ratings on everything they did for him."		
22	11/03/2020	"The medics kept her calm and helped to manage her pain. They stayed calm, cool and collected themselves. Phenomenal care provided. The fees were definitely worth it."	"The medics had great communication skills."		
23	11/03/2020	"The medics were good at talking to her and asking her how she was feeling."	"The medics helped calm her down."	"She wanted to relay for REMSA to keep up the good work."	
24	11/03/2020		"Patient noted he has used REMSA services on different occasions and they are very consistent, he consistently receives good care."		
25	11/03/2020		"The medics were able to get the patient out of the awkward place where she fell and got her quickly to the hospital."		
26	11/04/2020		"The mother took the survey regarding her young son. She stated the medics were amazing and she is very thankful for the excellent care."		
27	11/04/2020		"Patient noted the level of compassion she was shown for her situation."		
28	11/04/2020		"Patient stated this was a transport to another hospital and it was a very smooth transition."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
29	11/04/2020		"Everything went great"		
30	11/05/2020		"Medics were very helpful"		
31	11/04/2020		"The ride and the medics were really good"		
32	11/05/2020		"Everything went great; REMSA is always reliable"		
33	11/04/2020		"Medics were wonderful"		
34	11/05/2020		"Medics are always great"		
35	11/19/2020		"Medics were good; gets anxiety from doctors and ambulance rides and the medics were good at making her comfortable"		
36	11/05/2020	"POA said that the medics did everything well for her husband."	"POA said that REMSA did an excellent job."		
37	11/05/2020	"He felt the operator kept him on the line too long. He was having a hard time breathing and did not want to talk. He appreciated that the medics gave him relief by helping him breathe. Both medics worked well together to help him."	"The medics gave him oxygen and used a full mask. He thinks the full mask helps him breathe better."		
38	11/06/2020	"The medics were very knowledgeable about cardiac problems. He said he would rate the medics a six for care and compassion."	"He felt the medics were skilled and professional. He was a medic himself."		
39	11/06/2020	"He said that the medics were very nice. He said he and his family has used	"He was glad that the medics gave him the choice to go to the		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		REMSA a lot. He said this time and the other times have always been great."	hospital to be checked out further."		
40	11/06/2020	"She felt that the medics were compassionate, efficient and friendly."	"Everything went well. Excellent service by REMSA."		
41	11/06/2020		"She said that the medics took good care of her. Everything was excellent."		
42	11/06/2020	"The medics were awesome. They helped calm her down."	"She said everything was very nice. She appreciated the service given and is thankful. She said she had a unique situation and the charges were worth it."		
43	11/06/2020	"The school called for her child. The ambulance got there very quickly. Mother said that the medics had amazing compassion for her child and that the REMSA team was absolutely amazing. She was very pleased with the service her child received."	"The medics calmed her child down and explained everything, every step of the way."		
44	11/06/2020	"She said the medics helped her by giving her something for her stomach. They did a good job."	"The medics helped her the most by getting her to the hospital."		
45	11/06/2020		"The ambulance ride and the medics were awesome"		
46	11/06/2020		"Medics were great and helpful"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
47	11/06/2020		"Billing staff has been extremely helpful; did not ride in an ambulance, is being impersonated and billing has been great in helping handle the situation."		
48	11/07/2020		"Everything went great"		
49	11/05/2020		"Medics were awesome"		
50	11/07/2020		"Everyone was great and very helpful"		
51	11/07/2020		"Everyone was great"		
52	11/08/2020		"Medics were very helpful"		
53	11/05/2020		"Ambulance arrived quickly"	"Medics seemed to believe that the patient was drunk when he was just gravely ill upon arrival"	
54	11/05/2020		"The medics and the ride were great"		
55	11/09/2020		"Medics were awesome; very helpful and professional"		
56	11/09/2020		"Medics were excellent"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
57	11/09/2020		"Medics were very good and understanding"		
58	11/09/2020		"Medics worked efficiently and in a timely manner"		
60	11/09/2020		"Medics were amazing; handled the patient with a lot of care"		
62	11/09/2020		"Medics were great; treated the patient gently and was very attentive"		
63	11/09/2020		"Medics were very helpful in calming the patient down"		
64	11/09/2020		"Medics did a great job keeping the patient alive"		
65	11/08/2020		"Everyone was excellent"		
66	11/09/2020		"Medics were very professional"		
67	11/09/2020		"Medics got there very quickly."		
68	11/11/2020		"From what patient remembers, everyone was great"		
69	11/11/2020		"Medics were super nice"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
70	11/11/2020		"The medics did what they could"		
71	11/11/2020		"Everyone was great"		
72	11/11/2020		"Everyone was very helpful"		
73	11/10/2020		"Medics were prompt"	"One of the medics was rude when taking the patient out of the ambulance"	G. Jones
74	11/11/2020	"The medics that took care of her were amazing and sympathetic. They stayed by her until the hospital took over. She was afraid to go to the hospital and the medics calmed her fears. She said she was so grateful that the REMSA team was so patient with her. She said Medicare will pay, but feels the fees are worth it."	"She appreciated the medics' patience the most. They tried to get an IV started and were patient and kind, as this is difficult with her. They gave her the pain meds first, before they moved her to minimize pain."		
75	11/10/2020	"The medics were very nice. She said that they made her laugh and made the situation a lot lighter for her. She would rate REMSA 100. She has the REMSA insurance plan and it pays everything well."	"The medics were compassionate. They got right in there and did what they needed to do, to get her back on her feet. They worked so well together."		
76	11/11/2020		"The medics provided her with extra blankets for warmth and comfort. The service was just a transport between hospitals."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
77	11/08/2020	"The medics were amazing and lifesaving. The medics worked well together like a Swiss watch. There is not a rating high enough for the REMSA medics."	"The medics did an excellent job. He said he is not knowledgeable with medications like the medics and they were able to help him."		
78	11/08/2020	"The operator was good and got the ambulance there quickly. The ambulance arrived very prompt. She and the medics talked back and forth together. They kept her informed well. The medics were great to her and she appreciated the service they gave."	"The medics were very nice, thoughtful and got her to the hospital promptly."		
79	11/10/2020	"The ambulance came amazingly fast. The medics were great and got her to the hospital promptly. She was not totally coherent, but said they did an amazing job. The medics were an amazing team."	"REMSA has never let her or her family down. They get the highest marks with everything they do."		
80	11/10/2020	"The medics were considerate. He has ambulance insurance and said it is definitely worth having."	"The medics were prompt and paid attention to what was going on. They got him loaded up and on the way to the hospital quickly."		
81	11/12/2020	"The medics did a good job. The ride was only for transport to a hospital that had an open bed. She has the REMSA ambulance insurance. She is not sure whether or not she will keep it as her other insurance pays."	"They did a good job transporting. The medics were pleasant."		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
82	11/12/2020	"The care provided by the medics was phenomenal. The service was great."	"The medics were delicate with him and very understanding."		
83	11/12/2020	"The medics kept her calm. They were very nice."	"The medics helped her by saving her expensive wig that she had blood on. They were also very calm and professional. They were concerned for her privacy by having onlookers back away."		
84	11/12/2020	"The medics were very nice and did everything well."	"She needed oxygen and the medics gave it to her immediately. The REMSA medics worked well with the fire department. The medics were very coordinated working together."		
85	11/13/2020		"Patient stated the medics got her to the hospital quickly."	"Listen to the patient when they are describing their condition and give the appropriate anti-nausea medicine."	
86	11/13/2020		"Patient stated the medics saved her life and not only that, they were very kind."		
87	11/13/2020		"Patient stated the medics arrived quickly, didn't hurt him when they loaded him onto the gurney and quickly got him to the hospital. It was his first ambulance trip and better than expected."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
88	11/13/2020		"Patient stated the care was excellent. The medics thoroughly explained what was happening and gave her time to cry while caring for her. She is thankful for the care and compassion."		
89	11/13/2020		"Patient noted that due to her situation, she has been on a few ambulance rides. She said the medics are always attentive, kind and she feels well cared for."		
90	11/13/2020		"Mother stated her minor son was well cared for."		
91	11/14/2020		"Patient stated the medics were jovial, humorous and made light of the situation, which is exactly what she needed. She also said they kept her husband well informed."		
92	11/14/2020		"Everyone was great"		
93	11/15/2020		"Medics were very helpful"		
94	11/15/2020		"Everyone was great"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
95	11/15/2020		"Medics were very professional and made the patient feel very calm"		
96	11/15/2020		"Medics were very helpful"		
97	11/15/2020		"Everything went great"		
98	11/12/2020		"Medics were fabulous; took great care of the patient and were very helpful"		
99	11/12/2020		"Medics and ride were great"		
100	11/16/2020		"Thankful for REMSA saving the patient's life"		
101	11/16/2020		"REMSA is always great"		
102	11/16/2020		"REMSA did an amazing, professional job with helping the patient. Handled COVID situation great as well."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
103	11/16/2020		"REMSA is always reliable; great people"		
104	11/17/2020		"Medics were very helpful; patient was thankful for their help"		
105	11/18/2020		"Care was great; medics are always awesome"		
106	11/20/2020		"Medics were phenomenal. Patient is extremely thankful for REMSA."		
107	11/20/2020		"Service is always great from the medics. Loves REMSA."		
108	11/19/2020		"Very thankful for the medics. They're very kind and helpful."		
109	11/19/2020		"Medics were very good and understanding"		
110	11/21/2020	"The medics were friendly and talked to her."	"REMSA got her to the hospital quickly, so she could get the care she needed."		
111	11/22/2020	"The medics got him to the hospital on time, as he was close to having a stroke."	"The medics knew what they were doing."		
112	11/22/2020	"Very professional medics according to the parent."	"Parent said that the medics avoided any situations that would have caused a confrontation with her child, due to the		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			situation at hand."		
113	11/22/2020	"Very cautious driver. The medics were extremely compassionate. She said that they had some good stuff to relieve her pain almost immediately. She would rate REMSA a big fat five! She said that her care was superb."	"The medics did everything well. She appreciated how the medics knew exactly how to cautiously get her up."		
114	11/22/2020	"He felt the fees were average. He would rate REMSA a B+"			
115	11/25/2020		"All of the staff was wonderful, very helpful"		
116	11/24/2020		"REMSA is always great; very good people"		
118	11/24/2020		"Everything REMSA does is amazing; very thankful for the medics who were there to aid her"		
119	11/25/2020		"Medics were there promptly every time the patient needed them; very helpful"		
120	11/26/2020		"Everything went great"		
121	11/26/2020		"Great people"		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
122	11/26/2020		"Great people"		
123	11/27/2020		"Medics were amazing; very helpful and professional"		
124	11/27/2020		"Medics were absolute "angels" and took great care of the patient and arrived promptly to the hospital"		
125	11/28/2020		"Very helpful"		
126	11/28/2020		"Medics were able to calm patient down greatly"		
127	11/28/2020		"Medics were very helpful and patient"		

**FOLLOW UP**

#19 – I left a message for pt., closed this ticket will re-open if pt. or son calls back. SS 2/5/21

#73 - I spoke with the patient whose complaint on the date of service was back pain. She said she was assisted to the gurney on scene, but after arriving at the hospital one of the female crew members, probably the medic student based on pt's. description, told her to move from the gurney to the hospital bed. When the pt. told her she couldn't, the crew member allegedly said "you got on the gurney, you can move to the bed." The pt. felt this was a rude comment. I will attempt to locate the student, who is no longer riding and mention the incident to her. GJ 2/2/2021



# JANUARY 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



TOPICS RESOURCES PRODUCTS MAGAZINE AMÉRICAS CAREERS EVENTS CONTACT

## CORONAVIRUS/COVID-19 UPDATES

**5.11**

**A.T.A.C. 2.0**  
LL' ERBAIN ILL' ONDITIONS

Ortholite® Dual-Density insole, Shock Mitigation System™ performance outsole, BH01 nylon, and full-grain leather upper for performance and all-day comfort.

**SHOP NOW**

OPERATIONS

### REMSA Inoculates Half its Workforce in One Week

01/04/2021



RENO, NV—Within seven days of receiving the vaccine that protects against SARS-CoV-2, the virus that causes COVID-19, the Regional Emergency Medical Services Authority (REMSA) announced Jan. 4 it has vaccinated more than 245 of its 500 employees.

The organization anticipates it will have provided the first of a two-dose Moderna vaccine to all employees who want one by January 6, 2021.

"It's been said so many times over the last two weeks, but we certainly feel the same way here—this vaccine is light at the end of the tunnel," said Markus Dorsey-Hirt, chief nursing officer and chief flight nurse, REMSA/Care Flight. "While there are still challenging days ahead as our global and local communities recover, the vaccine offers hope and a sense of relief."



### EMS WORLD HIGHLIGHTS REMSA'S EMPLOYEE VACCINATIONS

With REMSA inoculating half of its workforce in one week, EMS World applauded this achievement.

### SECOND DOSES AT REMSA

KTVN shared that REMSA has moved onto administering round two of the COVID-19 vaccine to employees.







## PUBLIC & COMMUNITY RELATIONS

### REMSA Emergency Medical Dispatch and Ground Field Providers Named First Responder of the Year by Nevada Donor Network

January 20, 2021



**NEVADA DONOR NETWORK AWARDS REMSA WITH  
2020 FIRST RESPONDER OF THE YEAR AWARD**

Nevada Donor Network presented REMSA's Emergency Medical Dispatch and Ground Field Providers Team with the 2020 First Responder of the Year Award.



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

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

<b>Month</b>	<b>Amount</b>
July 2020	8,916.19
August 2020	14,106.85
September 2020	11,012.69
October 2020	11,232.45
November 2020	13,538.25
December 2020	10,433.63
January 2021	
February 2021	
March 2021	
April 2021	
May 2021	
June 2021	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$69,093.55</b>

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

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

**Total Encumbered as of 12/31/2020** \_\_\_\_\_ **\$0.00**

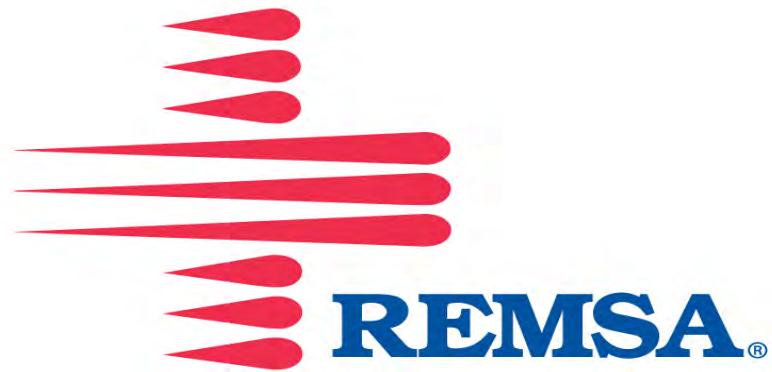
**Penalty Fund Balance at  
12/31/2020** \_\_\_\_\_ **\$69,093.55**

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**REMSA INQUIRIES  
JANUARY 2021**

No inquiries for January 2021.



**Consolidated Financial Statements  
June 30, 2020**

**Regional Emergency Medical Services Authority**

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June 30, 2020

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## Independent Auditors' Report

To the Board of Directors of  
Regional Emergency Medical Services Authority

We have audited the accompanying consolidated financial statements of Regional Emergency Medical Services Authority (a nonprofit organization) and subsidiary, which comprise the consolidated statement of financial position as of June 30, 2020 and the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the notes to the financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Regional Emergency Medical Services Authority as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Reno, Nevada  
December 9, 2020

**Regional Emergency Medical Services Authority**  
Consolidated Statement of Financial Position  
June 30, 2020

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**Assets**

*Current Assets*

Cash and cash equivalents	\$ 11,190,243
Accounts receivable	9,619,605
Other receivables	804,817
Prepaid expenses	271,036
Certificates of deposit	<u>3,642,538</u>

*Total Current Assets* 25,528,239

*Property, Plant and Equipment, net* 15,847,066

*Other Assets*

Deposits and other assets	<u>50,505</u>
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*Total Other Assets* 50,505

**Total Assets** \$ 41,425,810

**Liabilities**

*Current Liabilities*

Accounts payable	\$ 1,153,387
Refunds payable	737,120
Income taxes payable	576,470
Accrued compensation and related benefits	2,624,004
Other accruals	43,356
Notes payable, current portion	3,139,213
Deferred membership revenue	<u>277,104</u>

*Total Current Liabilities* 8,550,654

*Long-term Liabilities*

Notes payable, net of current portion	<u>5,179,640</u>
---------------------------------------	------------------

*Total Long-term Liabilities* 5,179,640

**Total Liabilities** 13,730,294

**Net Assets**

Without Donor Restrictions

Undesignated	24,695,516
Board designated	<u>3,000,000</u>

*Total Net Assets* 27,695,516

**Total Liabilities and Net Assets** \$ 41,425,810

The accompanying notes are an integral part of these consolidated financial statements.

**Regional Emergency Medical Services Authority**

Consolidated Statement of Activities

For the year ended June 30, 2020

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
<b>Operating Revenue</b>			
Net patient service revenue	\$ 42,983,683	\$ -	\$ 42,983,683
Membership revenue	548,519	-	548,519
Contract revenue	2,843,606	-	2,843,606
Net transport revenue	46,375,808	-	46,375,808
Contributions, grants and other revenue	2,840,138	-	2,840,138
Training and education	1,037,294	-	1,037,294
<i>Total Operating Revenue</i>	<u>50,253,240</u>	<u>-</u>	<u>50,253,240</u>
<b>Operating Expense</b>			
Program services			
Ground operations	19,440,112	-	19,440,112
Care Flight	16,302,223	-	16,302,223
Other	3,679,148	-	3,679,148
Management and general	7,387,367	-	7,387,367
<i>Total Operating Expense</i>	<u>46,808,850</u>	<u>-</u>	<u>46,808,850</u>
<b>Operating Income</b>	<u>3,444,390</u>	<u>-</u>	<u>3,444,390</u>
<b>Other Revenue (Expense)</b>			
Loss on equipment dispositions	(50,694)	-	(50,694)
Net investment income	72,807	-	72,807
<i>Total Other Revenue (Expense)</i>	<u>22,113</u>	<u>-</u>	<u>22,113</u>
<b>Change in Net Assets Before Income Taxes</b>	<u>3,466,503</u>	<u>-</u>	<u>3,466,503</u>
Income tax provision	(687,765)	-	(687,765)
<b>Change in Net Assets</b>	<u>2,778,738</u>	<u>-</u>	<u>2,778,738</u>
<b>Net Assets, Beginning of Year</b>	<u>24,916,778</u>	<u>-</u>	<u>24,916,778</u>
<b>Net Assets, End of Year</b>	<u>\$ 27,695,516</u>	<u>\$ -</u>	<u>\$ 27,695,516</u>

The accompanying notes are an integral part of these consolidated financial statements.



**Regional Emergency Medical Services Authority**  
Consolidated Statement of Functional Expenses  
For the year ended June 30, 2020

	<b>Program Services</b>			<b>Management and General</b>	<b>Total</b>
	<b>Ground Operations</b>	<b>Care Flight</b>	<b>Other</b>		
Salaries and wages	\$ 10,744,527	\$ 6,869,368	\$ 2,157,378	\$ 3,619,539	\$ 23,390,812
Professional fees	250,627	6,407,027	140,623	1,028,278	7,826,555
Employee benefits	1,627,713	497,666	414,862	867,330	3,407,571
Depreciation and amortization	1,657,861	510,924	146,482	208,799	2,524,066
Payroll taxes	1,227,073	671,363	233,874	293,320	2,425,630
Program supplies	1,277,136	232,368	185,830	540,821	2,236,155
Fuel	628,824	377,075	7,997	11,310	1,025,206
Information technology	80,476	24,405	55,212	442,661	602,754
Insurance	407,853	102,370	-	57,601	567,824
Vehicle maintenance	445,379	39,219	4,525	-	489,123
Telephone	153,861	100,441	12,964	10,595	277,861
Taxes and licenses	94,423	94,455	55,317	27,431	271,626
Office supplies and equipment	99,726	23,739	8,091	129,525	261,081
Employee uniforms	182,716	46,360	12,260	955	242,291
Education	18,773	13,201	187,869	14,170	234,013
Interest	124,143	75,539	31,791	-	231,473
Utilities	134,938	61,164	1,947	22,006	220,055
Rent	86,006	67,115	2,616	-	155,737
Facility maintenance	95,931	47,281	4,855	1,727	149,794
Meals and entertainment	65,054	19,739	11,482	53,339	149,614
Travel	13,104	6,976	1,654	28,229	49,963
Postage and shipping	19,477	6,102	1,268	467	27,314
Public relations and marketing	-	1,192	-	23,850	25,042
Printing	4,491	7,134	251	5,414	17,290
<b>Total Expenses</b>	<b>\$ 19,440,112</b>	<b>\$ 16,302,223</b>	<b>\$ 3,679,148</b>	<b>\$ 7,387,367</b>	<b>\$ 46,808,850</b>

The accompanying notes are an integral part of these consolidated financial statements.

**Regional Emergency Medical Services Authority**

Consolidated Statement of Cash Flows

For the year ended June 30, 2020

<b>Cash Flows from Operating Activities</b>	
Change in Net Assets	\$ 2,778,738
<i>Adjustments to reconcile change in net assets to net cash provided by operating activities</i>	
Depreciation and amortization	2,524,066
Loss on equipment dispositions	50,694
Unrealized market gain on certificates of deposit	(5,934)
Changes in operating assets and liabilities	
Accounts receivable	986,540
Other receivables	(236,848)
Prepaid expenses	21,950
Deposits and other assets	(1,178)
Deferred income taxes	122,387
Accounts payable	403,132
Refunds payable	(135,671)
Income taxes payable	576,470
Accrued compensation and related benefits	699,981
Other accruals	(12,547)
Deferred membership revenue	28,307
<b>Net Cash Provided by Operating Activities</b>	<b>7,800,087</b>
<b>Cash Flows from Investing Activities</b>	
Proceeds from sale of property and equipment	1,313,500
Capital expenditures	(817,512)
Purchase of certificates of deposit	(500,000)
Reinvested interest from certificates of deposit	(45,575)
<b>Net Cash Used by Investing Activities</b>	<b>(49,587)</b>
<b>Cash Flows from Financing Activities</b>	
Principal payments on notes payable	(3,365,244)
Proceeds from notes payable	5,341,400
Principal payments on capital leases	(25,571)
<b>Net Cash Provided by Financing Activities</b>	<b>1,950,585</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>9,701,085</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<b>1,489,158</b>
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 11,190,243</b>
<b>Supplemental Disclosure of Cash Flow Information</b>	
<i>Cash paid during the year for</i>	
Interest	\$ 240,898
Income taxes	\$ 2,700

The accompanying notes are an integral part of these consolidated financial statements.

## **Regional Emergency Medical Services Authority**

Notes to Consolidated Financial Statements

June 30, 2020

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### **1. Summary of Significant Accounting Policies**

#### Nature of Operations

The Regional Emergency Medical Services Authority (“REMSA”) is a nonprofit organization incorporated under the laws of the State of Nevada. The governing board of REMSA includes representatives appointed by the Washoe County District Board of Health and three major area hospitals, Renown Regional Medical Center, Saint Mary’s Regional Medical Center and Northern Nevada Medical Center.

#### Description of Program and Supporting Services

##### *Program Services*

##### Ground Operations

REMSA operates emergency and non-emergency ground ambulance services for all of Washoe County, excluding Gerlach, Nevada and the North Lake Tahoe Fire Protection District under an Amended and Restated Franchise Agreement for Ambulance Services approved by the Washoe County Health District. The Franchise Agreement is effective through June 30, 2030 with provisions for extensions of up to twelve years.

##### Care Flight

REMSA Care Flight provides air ambulance and critical transport services from five bases across northern Nevada and northeastern California with a fleet of four helicopters and one airplane.

##### Other

Other program services consist of activities that do not fall under the ground operation’s franchise agreement or Care Flight operations. Significant other program activities consist of the following:

Education - REMSA offers a private, licensed, post-secondary education center with an accredited paramedic program which includes EMT, Advanced EMT and Paramedic courses. REMSA also offers basic CPR and first aid courses to community members and continuing education courses for medical professionals.

Community Health - REMSA’s Community Health programs create new care and referral pathways in Washoe County to assure patients receive the safest, and most appropriate levels of quality care. The programs include three components: the Nurse Health Line, Community Paramedicine and Ambulance Transport Alternatives.

Community Outreach – REMSA’s outreach programs are focused on supporting the needs of the community and include improving passenger safety and safe sleep options for children and teaching bystanders how to respond when they witness a cardiac arrest. The outreach team is dedicated to working with community partners to identify current trends and needs throughout the region and to implement programs that make a genuine difference in preventing injury and saving lives.

##### *Supporting Services*

##### General and Administrative

These services include functions necessary to maintain an equitable employment program, ensure an adequate working environment, provide coordination of REMSA’s programs, and manage the financial and budgetary responsibilities of the Organization.

**Regional Emergency Medical Services Authority**  
Notes to Consolidated Financial Statements  
June 30, 2020

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Basis of Accounting

REMSA prepares its consolidated financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. In preparing these consolidated financial statements, REMSA has evaluated events and transactions for potential recognition or disclosure through December 9, 2020, the date the consolidated financial statements were available to be issued.

Financial Statement Presentation

Financial statement presentation follows the recommendations of Accounting Standard Codification (“ASC”) 958, *Not-for-Profit Entities*. Under ASC 958, REMSA is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions as follows:

- Net Assets Without Donor Restrictions – Net assets that are not subject to donor-imposed stipulations.
- Net Assets With Donor Restrictions – Net assets subject to donor-imposed stipulations that may or will be met either by actions of REMSA or the passage of time. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

As of June 30, 2020, REMSA’s net assets without donor restrictions include board designated funds in the amount of \$3,000,000 in accordance with the Franchise Agreement. REMSA did not have any net assets with donor restrictions at June 30, 2020.

Principles of Consolidation

The consolidated financial statements include the accounts of REMSA and its wholly owned subsidiary, Regional Ambulance Services Inc. (“RASI”). All significant intercompany transactions and balances have been eliminated.

Adoption of New Accounting Guidance

On July 1, 2019, REMSA adopted Accounting Standards Codification Topic 606, Revenue from Contracts with Customers. The new guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers and supersedes most current revenue recognition guidance, including industry-specific guidance. The guidance outlines a five-step process for revenue recognition that focuses on transfer of control as opposed to transfer of risk and rewards. Major provisions include defining performance obligations, recognition of variable consideration and whether revenue should be recognized at a point in time or over time. The adoption of the new guidance did not have a material impact on revenue recognition and therefore, REMSA did not record a cumulative effect adjustment to net assets.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (“GAAP”) requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from these estimates.

Cash and Cash Equivalents

For purposes of the statement of cash flows, REMSA considers all highly liquid investments and debt instruments purchased with an original maturity of three months or less to be cash equivalents. Certificates of deposit with an original maturity date of three months or less are excluded from cash and cash equivalents based on management’s intent to renew or when the instrument is set-up for automatic renewal.

#### Accounts Receivable and Refunds Payable

Accounts receivable is comprised of amounts due from third-party payers, patients, and other partners for transport services. Payment terms are generally 30 - 45 days. Collection of accounts receivable is REMSA's primary source of cash and is critical to its operating performance. REMSA's primary collection risks relate to co-payments and other amounts owed by patients. In accordance with the adoption of Topic 606 on July 1, 2019, implicit price concessions are considered in the determination of the transaction price and therefore the Company no longer separately records an allowance for doubtful accounts.

REMSA often receives payments from multiple payers resulting in an overpayment of an invoice. Such amounts are reported as refunds payable.

#### Property, Plant, and Equipment

Property, plant, and equipment with an estimated useful life greater than one year and in excess of \$1,000 are capitalized at cost. Expenditures for major additions and improvements are capitalized and minor replacements, maintenance, and repairs are charged to expense as incurred. When property and equipment are retired or otherwise disposed of, the cost and accumulated depreciation are removed from the accounts and any resulting gain or loss is included in the results of operations for the respective period. Depreciation is provided over the estimated useful lives of the related assets using the straight-line method for financial reporting purposes. The estimated useful lives range from three to forty years.

#### Deposits and Other Assets

Deposits and other assets consist primarily of the expenditures made for equipment expected to be placed in service in the near future and unamortized balances of loan fees.

#### Revenue Recognition

Under Topic 606, revenue is recognized when a customer obtains control of a promised good or service, in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. To determine revenue recognition for arrangements that an entity determines are within the scope of Topic 606, REMSA performed the following five steps:

1. Identify the contract with a customer;
2. Identify the performance obligations in the contract;
3. Determine the transaction price;
4. Allocate the transaction price to the performance obligations in the contract; and
5. Recognize revenue as the entity satisfies a performance obligation

#### *Net Patient Service Revenue*

Net patient service revenue is generated from providing patient transport services pursuant to contracts with patients. REMSA recognizes revenue as services are rendered, which are delivered over a period of time but typically within one day, when REMSA provides services to the patient. REMSA receives payments for services from third-party payers as well as from patients who have health insurance where they may bear some cost of the service in the form of co-pays, coinsurance or deductibles. In addition, patients who do not have health insurance are required to pay for their services in full. Providing transport services to patients represents REMSA's performance obligation under the contracts, and accordingly, the transaction price is allocated entirely to the one performance obligation.

Net patient services revenue is reported net of provisions for contractual allowances from third-party payers and patients. REMSA has certain agreements with third-party payers that provide for reimbursement at amounts different from REMSA's standard billing rates. The differences between the estimated reimbursement rates and the standard billing rates are accounted for as contractual adjustments, which are deducted from gross revenue to

**Regional Emergency Medical Services Authority**  
Notes to Consolidated Financial Statements  
June 30, 2020

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arrive at net patient service revenue. REMSA estimates implicit price concessions related to self-pay balances as part of estimating the original transaction price which is based on historical experience and other collection indicators.

*Membership Revenue*

Membership revenue is generated from annual membership fees paid by consumers and from enterprise clients who purchase access to memberships for their employees and dependents. The terms of service on REMSA's website serve as the contract between REMSA and consumer members. REMSA enters into written contracts with enterprise clients. The transaction price for contracts with enterprise clients is determined on a per employee per month basis, based on the number of employees eligible for membership established at the beginning of the contract term, which is generally one year. The transaction price for the contract is stated in the contract and is generally collected in advance of the contract term. The services performed under these contracts are not considered individually distinct as they are not separately identifiable in the context of the agreement. Accordingly, the transaction price is allocated entirely to the one performance obligation. Membership revenue is recognized ratably over the contract period. Unrecognized but collected amounts are recorded to deferred revenue and amortized over the remainder of the applicable membership period.

*Contract Revenue*

Contract revenue is generated from contracts with counties, districts and other service providers to provide ground or air ambulance services either as a sub-contractor or as a service partner. REMSA's performance obligation under these contracts is to stand ready to provide clinical services and the associated management and administrative services. As the services are provided concurrently over the contract terms and have the same pattern of transfer, this represents one performance obligation comprising of a series of distinct services over the contract term. Certain contracts also allow for a fee for each billable mission completed. These fees are recognized at a point in time as the services are generally completed within one day.

The Company has recorded accounts receivable and deferred revenue, which result from timing differences between REMSA's contract performance and the customer's payment: The opening and ending balances for the year ended June 30, 2020 were as follows:

	<u>Opening Balance</u>	<u>Ending Balance</u>
Accounts receivable	\$ 10,606,145	\$ 9,619,605
Deferred membership revenue	248,797	277,104

Allocation of Functional Expenses

The costs of providing various programs and supporting activities have been summarized on a functional basis in the statement of activities. Expenses that can be identified with a specific program are applied directly according to their natural expense classification. Non-specific costs have been allocated among the programs and supporting services benefited on the basis of actual expenditures and on estimates used by management.

Income Taxes

REMSA is an organization exempt from federal income taxes as defined in Section 501(c)(3) of the Internal Revenue Code and has been classified as an organization that is not a private foundation under Section 509(a)(2).

RASI operates as a for-profit corporation in the State of Nevada, and is subject to federal income taxation. Nevada does not impose a state income tax. RASI also provides employees to operations in California and is subject to California state income tax.

## Regional Emergency Medical Services Authority

Notes to Consolidated Financial Statements

June 30, 2020

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RASI recognizes the amount of taxes payable or refundable for the current year and recognizes deferred tax liabilities and assets for the expected future tax consequences of events and transactions that have been recognized in its financial statements or tax returns.

### Risk Management

REMSA is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses, and natural disasters. Commercial insurance coverage is purchased for claims arising from such matters.

### Fair Value

Fair value accounting establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

<i>Level 1</i>	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
<i>Level 2</i>	Quoted prices in markets that are not active, or inputs that are observable, either directly or indirectly, for substantially the full term of the asset or liability; and
<i>Level 3</i>	Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (supported by little or no market activity).

At June 30, 2020, REMSA's financial instruments consisted of certificates of deposits which are valued using Level 1 inputs. REMSA did not have any Level 2 or Level 3 financial instruments measured at fair value on a recurring basis for the year ended June 30, 2020.

## **2. Liquidity and Availability of Resources**

The following reflects REMSA's financial assets at June 30, 2020, reduced by amounts not available for general use within one year of the statement of financial position:

Financial assets at year end	\$ 25,257,203
Less those unavailable for general expenditure within one year due to:	
Board designations:	
Certificates of deposit set aside in accordance with the Franchise Agreement	<u>(3,000,000)</u>
Financial assets available to meet cash needs for general expenditure within one year	<u>\$ 22,257,203</u>

As part of REMSA's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

## **3. Financial Instruments and Concentration of Credit Risk**

REMSA maintains its cash accounts in multiple financial institutions. Cash accounts at these financial institutions are insured by the Federal Deposit Insurance Corporation for up to \$250,000 per financial institution. At June 30, 2020, REMSA had approximately \$11,037,000 of cash and cash equivalents in excess of insured limits.

**Regional Emergency Medical Services Authority**  
Notes to Consolidated Financial Statements  
June 30, 2020

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#### 4. Other Receivables

Other receivables consisted of the following at June 30, 2020:

Contract revenue receivables	\$ 694,881
Other receivables	101,118
Grant receivables	8,818
	<hr/>
	\$ 804,817
	<hr/> <hr/>

#### 5. Property, Plant and Equipment

Property, plant and equipment consisted of the following at June 30, 2020:

Buildings	\$ 8,884,373
Ground ambulance equipment	10,230,870
Rotary wing equipment	7,820,018
Facility and dispatch equipment	8,059,979
Office furniture and fixtures	1,400,010
Land	1,490,753
Garage equipment	320,693
Facility improvements	540,313
	<hr/>
Total Property, Plant and Equipment	38,747,009
Less accumulated depreciation	<hr/> (22,899,943)
	<hr/> <hr/> \$ 15,847,066

Depreciation and amortization expense was \$2,524,066 for the year ended June 30, 2020.

#### 6. Income Taxes

RASI, a wholly owned subsidiary of REMSA, is a Nevada corporation and is subject to federal and California income taxes. Nevada does not impose a corporate income tax. The income tax provision consisted of the following at June 30, 2020:

Federal income taxes	\$ 533,477
State income taxes	31,901
Deferred income taxes	122,387
	<hr/>
Income Tax Provision	\$ 687,765
	<hr/> <hr/>

#### Tax Returns Subject to Examination

RASI files income tax returns in the United States. These tax returns are subject to examination by taxation authorities provided the years remain open under the relevant statutes of limitations, which may result in the payment of income taxes. RASI is no longer subject to income tax examinations by US federal and state tax authorities for years ended June 30, 2016 and prior. While RASI believes that its tax filings do not include uncertain tax positions, the results of potential examinations or the effect of changes in tax law cannot be ascertained at this time. No tax years are currently under examination.



**Regional Emergency Medical Services Authority**  
Notes to Consolidated Financial Statements  
June 30, 2020

**7. Notes Payable**

Notes payable consisted of the following at June 30, 2020:

<b>Lender</b>	<b>Collateral</b>	<b>Monthly Payment</b>	<b>Interest Rate</b>	<b>Maturity</b>	<b>Current Maturities</b>	<b>Due After One Year</b>
A financial institution	N/A	\$ 262,703	1.00%	05/03/22	\$ 1,791,933	\$ 2,876,067
A financial institution	Building	21,614	5.10%	06/26/28	176,570	1,510,607
A financial institution	N/A	37,897	1.00%	05/06/22	258,502	414,898
A financial institution	Rotary wing aircraft	32,352	4.95%	06/15/22	358,971	378,068
Vendor	Equipment	34,568	4.70%	02/21/20	396,185	-
A financial institution	Equipment	19,975	4.65%	02/27/21	157,052	-
<b>Totals</b>					<b>\$ 3,139,213</b>	<b>\$ 5,179,640</b>

The following table represents future principal payments for the years ending June 30:

2021	\$ 3,139,213
2022	3,854,693
2023	195,478
2024	205,676
2025	216,702
Thereafter	707,091
	<b>\$ 8,318,853</b>

Certain of the notes payable require compliance with financial and other covenants. At June 30, 2020, REMSA was in compliance with all covenants.

**8. Defined Contribution Retirement Plans**

REMSA Plan

REMSA maintains a tax-deferred annuity program for all eligible employees. Under the terms of the plan, REMSA can elect to make discretionary contributions. Employer contributions for the year ended June 30, 2020 were \$155,183.

RASI Plan

RASI has a profit sharing plan which is operated as a Safe-Harbor 401(k) Plan. The safe-harbor component is a contribution equal to 3% of eligible compensation, plus 50% of the amount of elective deferrals that exceed 3%, but do not exceed 5% of the participant's eligible compensation.

The employee is 100% vested in the safe-harbor money at the time of contribution. Under the terms of the plan, RASI can elect to make discretionary contributions. This contribution is based on compensation, approved by the board,

**Regional Emergency Medical Services Authority**  
Notes to Consolidated Financial Statements  
June 30, 2020

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and subject to a four year vesting plan. In addition, employees may defer up to 50% of eligible salary and up to 100% of bonuses. Employer contributions for the year ended June 30, 2020 were \$614,791.

**9. Commitments and Lease Obligations**

REMSA has entered into lease agreements for facilities used for crew quarters and hangar space. The following table represents future minimum lease payments required under operating leases for the years ending June 30:

2021	\$	61,716
2022		15,120
Thereafter		-
	\$	<u>76,836</u>

Total rent expense for the year ended June 30, 2020 was \$155,738 for facilities.

**10. Contingencies**

REMSA is subject to various claims and legal proceedings that arise in the ordinary course of its operational activities. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial position or results of operations of the entity.

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**Staff Report**  
**Board Meeting Date: February 25, 2021**

DATE: February 16, 2021

TO: District Board of Health

FROM: Julie Hunter, EMS Coordinator  
775.326.6043, [jdhunter@washoecounty.us](mailto:jdhunter@washoecounty.us)

SUBJECT: 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.

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**SUMMARY**

On December 22, 2020, REMSA submitted to the EMS Oversight Program a response time exemption request in alignment with the Exemption Guidelines letter provided to REMSA on May 26th, 2016, which states the following:

“An exemption will be granted for a local, state or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All applicable documentation for this exemption must be provided to the EMS Oversight Program for review.”

REMSA respectfully requested a blanket exemption be granted beginning the month of July 2020, lasting through the end of the COVID-19 declared public health emergency, and until the EMS system impacts can be mitigated.

EMS Oversight Program staff recommend this request be approved for the reasons outlined in the REMSA COVID-19 Response Report: Emergency Medical Services Delivery Impact Report.

**PREVIOUS ACTION**

Per the exemption letter provided to REMSA on May 26th, 2016: “An exemption will be granted for a local, state, or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed”.

While the COVID-19 pandemic is both a state and federally declared emergency, the nature and length of such an emergency is unprecedented and unanticipated.

## **BACKGROUND**

Beginning in July 2020, REMSA has experienced a multitude of impacts related to the COVID-19 pandemic. Infected clinical staff and exposures, hospital offload delays and widening geographical response locations, among a multitude of other impacts, have lengthened response times. Additionally REMSA was asked to rise to the challenge of helping to bear the burden with public health initiatives to combat the pandemic including: staffing the Washoe County COVID-19 call center, providing transportation of COVID-19 positive citizens, homebound COVID-19 swabbing services, and others.

On March 12th, 2020, Governor Steve Sisolak issued a Declaration of Emergency for the state of Nevada to facilitate the State's response to the COVID-19 Pandemic. On March 13, President Donald Trump declared a nationwide emergency pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

## **FISCAL IMPACT**

There is no direct additional fiscal impact to the budget should the Board approve the emergency exemption request.

## **RECOMMENDATION**

Staff recommends the DBOH approve REMSA's request for a blanket exemption to response times beginning the month of July 2020 and lasting for 60 days from the date of approval.

## **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve REMSA's request for a blanket exception to response times retroactive to the month of July 2020 and lasting for 60 days from the date of approval."

## **ATTACHMETNS:**

- REMSA COVID-19 Response Report: Emergency Medical Services Delivery Impact Report
- REMSA Declared Emergency Exemption Request Dec 2020
- Exemption Letter Effective July 1, 2016

REMSA COVID19 Response  
EMS Delivery Impact Report  
January '21 Update

**Preface**

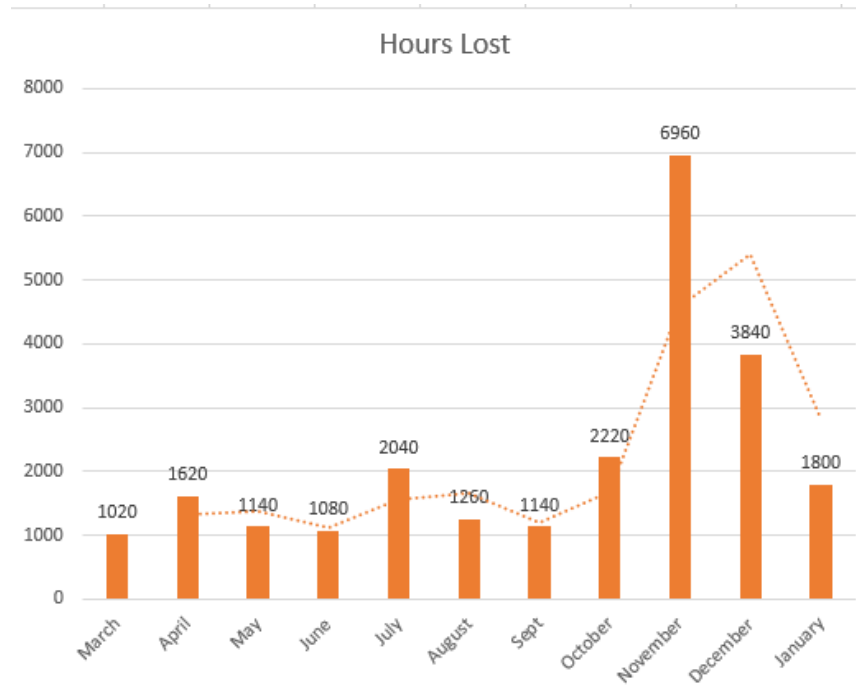
This document serves as a supplemental to the full *REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report*, submitted to the Washoe County District Board of Health in December 2020. This report is only meant to provide updated impact numbers. For the full description of metrics, please reference the full report for complete details and descriptions.

**Summary**

REMSA continued to see impacts from the COVID19 pandemic for the months of December '20 and January '21. However, in alignment with community COVID19 active case numbers and hospitalization trends, overall impacts are showing signs of softening.

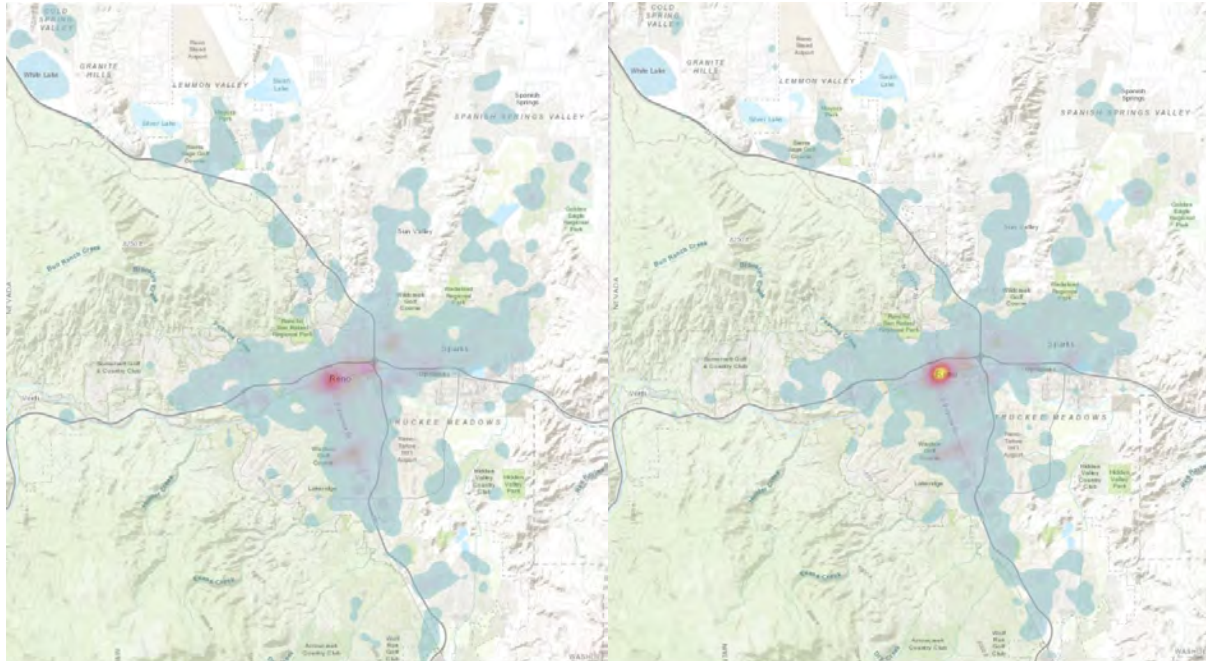
**Staffing Impacts**

Total lost staffing hours for the duration of the pandemic have now exceeded 24,000. However, lost staffing hours due to exposures and illness in the month of January have decrease to just below October's experience for a total of 1,800 hours lost.



## Geographical Demand Analysis

Geographical call disbursement has softened to pre-COVID19 pandemic geographical locations.



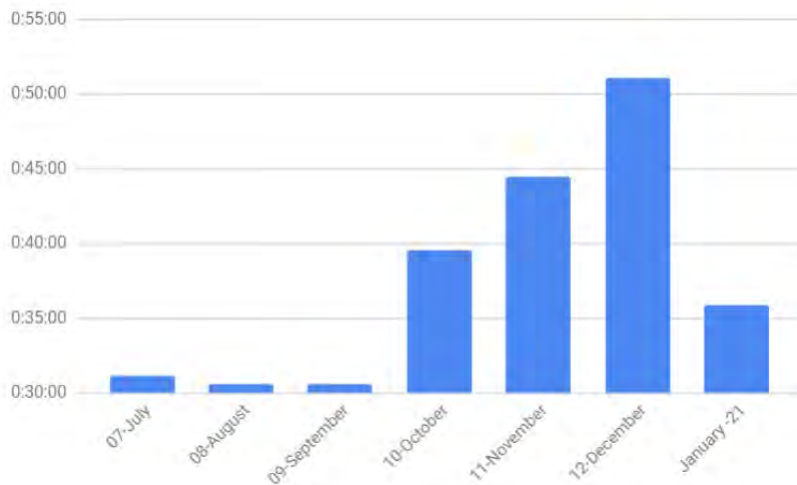
January 2021

January 2020

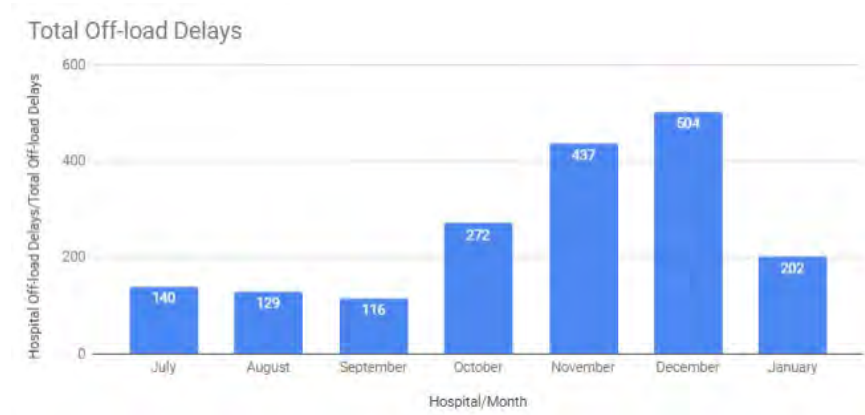
## Hospital Delays

Average hospital offload delays have decreased to an average of 36 minutes but continue to be far above acceptable levels for any other historical time. Offload delay counts remain high, but have dipped below totals for October.

### Average Offload Times

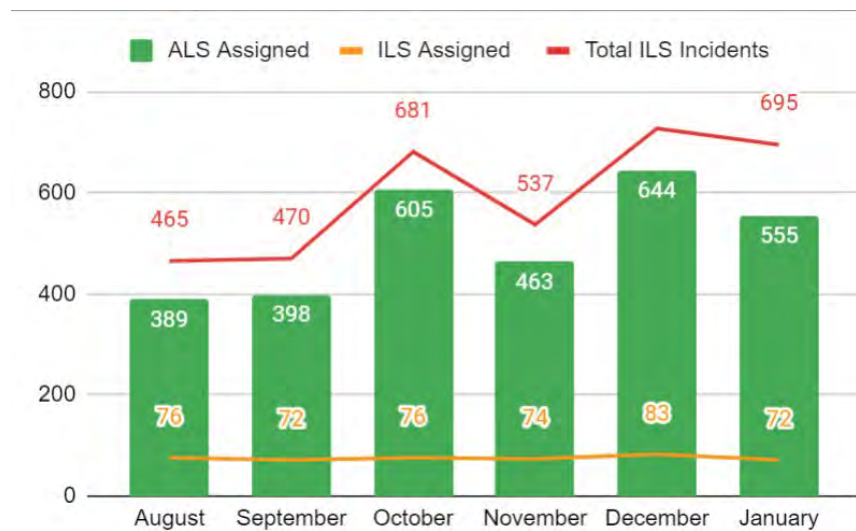


### Total hospital offload delays



### ILS Ambulance Responses

Intermediate Life Support (ILS) qualified calls per month remains steady at just under 700/month. REMSA's ILS division has handled approximately 13% of all ILS qualified 911 calls. Much opportunity still exists for the ILS division to manage an increased workload of low-acuity, ILS qualified 911 patients.



### Response Time Impacts

Average response times have improved by nine seconds since November; however remain high enough to affect overall compliance in A Zones.

Month	Pri 1 System - Wide Avg. Response Time	Pri 1 Zone A	Pri 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%

### Additional Duties/Expectations

REMSA continues to support our community and partners within county by providing In-home swabbing and non-medical COVID19 transports. Additionally, REMSA has been staffing medical personnel for vaccination PODs and homebound vaccinations.

Service	Quantity
<b>24/7 REMSA COVID19 Call Center</b>	<b>28,514 Calls (March through Sept.)</b>
<b>Non-Medical COVID19 Housing Transports</b>	<b>169 transports (April through Nov.)</b>
<b>In-Home Swabbing</b>	<b>702 swabs (April through Nov.)</b>
<b>Homebound Vaccines</b>	<b>24 vaccines (January)</b>





**To:** Kevin Dick, District Health Officer

**From:** Aaron Abbott, REMSA Executive Director of Operations

**CC:** Dean Dow, REMSA CEO

**Regarding:** Declared Emergency Exemption

**Date:** 12-22-20

Mr. Dick,

As you know, on March 12<sup>th</sup>, 2020 Governor Steve Sisolak issued a Declaration of Emergency for the state of Nevada to facilitate the State's response to the COVID19 Pandemic. On March 13, President Donald Trump declared a nationwide emergency pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Beginning in July 2020, REMSA has experienced a multitude of impacts related to the COVID19 pandemic. Infected clinical staff and exposures, hospital offload delays and widening geographical response locations, among a multitude of other impacts, have lengthened response times. Additionally REMSA has been asked to rise to the challenge of helping to bear the burden with public health initiatives to combat the pandemic including: staffing the Washoe County COVID19 call center, providing transportation of COVID19 positive citizens, homebound COVID19 swabbing services, and others.

To assist in combating the spread of COVID19 and better manage the impacts of the pandemic to our Emergency Medical Services (EMS) delivery model, REMSA enacted over 60 different process changes and programs. REMSA is proud of our response to our community's needs during these unprecedented times. Undoubtedly, the impacts to our service delivery have been significant enough to decrease response times pursuant to the REMSA Franchise Agreement. Specifically, response times have dipped below the fractal response time requirement of 8 minutes and 59 seconds or less 90% of the time for priority one calls. The *REMSA COVID19 Response: Emergency Medical Services Delivery Impact Report*, submitted to the EMS Oversight Program representatives, details REMSA's COVID19 Response and Impacts to the EMS Service Delivery in Washoe County.

REMSA respectfully requests a blanket exemption be granted beginning the month of July 2020, and lasting through the end of the declared public health emergency, and, until the EMS system impacts can be mitigated, in alignment with the *Exemption Guidelines* letter provided to REMSA on May 26<sup>th</sup>, 2016 which states the following:

*“An exemption will be granted for a local, state or federally declared emergency for which REMSA's resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed.. All applicable*

*documentation for this exemption must be provided to the EMS Oversight Program for review."*

We greatly appreciate the Washoe County Health District's leadership and guidance during these challenging times.

Respectfully,

Aaron Abbott

Executive Director, REMSA

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

May 26, 2016

Dean Dow, President/CEO  
REMSA  
450 Edison Way  
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2016.

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

## **Exemptions to be reviewed by REMSA and the WCHD:**

### **1. MCI**

An exemption will be granted during a declared multi-casualty incident (MCI) for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI is declared. However, the first responding unit must meet response requirements if the MCI occurs within the Franchise service area.

### **2. Incorrect Address**

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

## **Exemptions to be reviewed and approved by the WCHD:**

### **1. Miscellaneous**

A request for a miscellaneous exemption must be submitted in writing within 5 business days following the end of the month in which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

## **2. Weather**

Pursuant to Article 7.6 of the Amended and Restated Franchise, “an exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel.”

REMSA shall use the District Health Officer approved checklist for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at [EMSProgram@washoecounty.us](mailto:EMSProgram@washoecounty.us) to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification at the earliest convenience.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA’s response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within three business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

## **3. Local, State or Federal Declared Emergency**

An exemption will be granted for a local, state or federally declared emergency for which REMSA’s resources have been formally requested through the appropriate emergency management process. The exemption begins at the time the declared emergency is affirmed. All

applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

#### **4. System Overload**

REMSA shall use a third party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within three business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation then the WCHD may deny the exemption.

#### **5. Construction**

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within three business days of the call. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used that information to review the System Status Management Plan and made necessary adjustments.
- REMSA sent notifications to field staff of closures and delays.
- REMSA utilized additional unit hours for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight Program.

#### **6. Status 99**

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily

Subject: Exemption Guidelines

Date: May 26, 2016

Page 4 of 4

Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident – regardless of cause – or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Sincerely,



Kevin Dick  
District Health Officer

DD FVDHO \_\_\_\_\_ *KD*

**Staff Report**  
**Board Meeting Date: February 25, 2021**

**DATE:** February 11, 2021

**TO:** District Board of Health

**FROM:** Francisco Vega, AQM Division Director, 775-784-7211, [fvega@washoecounty.us](mailto:fvega@washoecounty.us)  
Erin Dixon, EHS Division Director, 775-328-2644, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

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

**SUMMARY**

Actions taken by the Washoe County Health District, Air Quality Management Division (AQMD) and the Washoe County Health District, Environmental Health Services Division (EHS) may be appealed and waivers may be applied for. This presentation provides specific details on the various appeal and waiver processes associated with each of the respective divisions.

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

- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

**PREVIOUS ACTION**

No previous action has been taken by the District Board of Health (DBOH) in relation to this item.

**BACKGROUND**

In situations in which members of the public, private entities, or government entities dispute the actions taken by the AQMD and/or EHS, there is a process to resolve the situation. The Washoe County District Board of Health regulations specify who and what may be appealed and how waivers from regulatory requirements may be sought. This presentation will provide information on the various appeal and waiver processes associated with each AQMD and EHS.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY2020-2021 budget associated with this presentation.

**RECOMMENDATION**

Staff recommends that the DBOH accept the presentation regarding the appeal and waiver processes associated with the AQMD and EHS and possibly provide direction to staff.

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | [OurCleanAir.com](http://OurCleanAir.com)

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

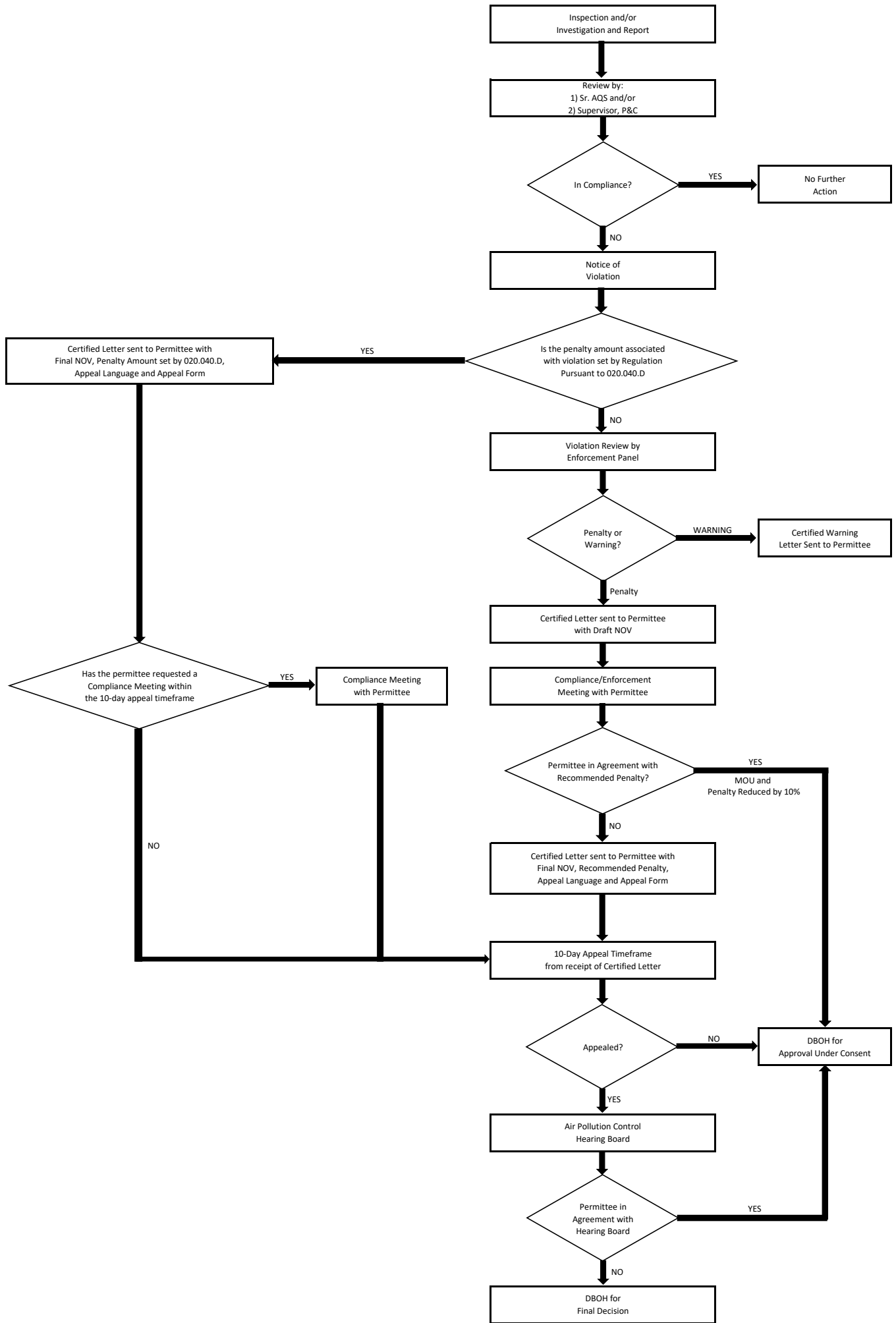


Subject: Presentation, discussion, and possible acceptance and direction regarding the Appeal and Waiver Processes for Air Quality Management and Environmental Health Services  
Date: February 25, 2021  
Page 2 of 2

**POSSIBLE MOTION**

A possible motion could be “Move to accept the presentation regarding the appeal and waiver processes associated with the AQMD and EHS [and possibly provide direction to staff]”.





Inspection and/or Investigation and Report

Review by:  
1) Sr. AQS and/or  
2) Supervisor, P&C

In Compliance?

No Further Action

Notice of Violation

Is the penalty amount associated with violation set by Regulation Pursuant to 020.040.D

Certified Letter sent to Permittee with Final NOV, Penalty Amount set by 020.040.D, Appeal Language and Appeal Form

Violation Review by Enforcement Panel

Penalty or Warning?

Certified Warning Letter Sent to Permittee

Certified Letter sent to Permittee with Draft NOV

Compliance/Enforcement Meeting with Permittee

Permittee in Agreement with Recommended Penalty?

MOU and Penalty Reduced by 10%

Certified Letter sent to Permittee with Final NOV, Recommended Penalty, Appeal Language and Appeal Form

10-Day Appeal Timeframe from receipt of Certified Letter

Appealed?

DBOH for Approval Under Consent

Air Pollution Control Hearing Board

Permittee in Agreement with Hearing Board

DBOH for Approval Under Consent

DBOH for Final Decision

Has the permittee requested a Compliance Meeting within the 10-day appeal timeframe

Compliance Meeting with Permittee

# Appeals Processes for Air Quality Management & Environmental Health Services

Francisco Vega, Director AQMD

Erin Dixon, Director EHS

February 25, 2021

# Air Quality Management Appeals Process

# Air Quality Management

- Appeals of Air Quality actions is governed by Washoe County District Board of Health Regulations Governing Air Quality Management 020.0252.
- Section 020.0252 states, " All appeals to the Hearing Board shall be initiated by the filing of a petition on forms prepared by the Control Officer within ten (10) days after the person bringing the appeal has received any order or Notice of Violation issued by the Control Officer or his authorized representative or has had any permit as required by these regulations issued, denied renewed, suspended or revoked.

# Air Quality Management

- The process begins with the discovery of noncompliance associated with a compliance evaluation of a permitted facility or as part of an investigation into a complaint.
  - At the conclusion of the compliance evaluation or investigation, AQM staff will complete a report and present the noncompliance information for review.
- AQM management and/or Senior staff will review the report and noncompliance information to determine if the information supports the issuance of a Notice of Violation (NOV).

# Air Quality Management

- After a complete review of the noncompliance information, there are three possible outcomes.
  - If the information does not support the issuance of a NOV, the case is closed and no further action is taken.
  - If the information supports the issuance of a NOV and the associated penalty is set by regulation, a certified letter is sent to the permittee which includes Final NOV, Penalty Amount set by 020.040.D, Appeal Language and Appeal Form.
    - The permittee may request a Compliance Meeting during the 10-day appeal timeframe.
  - If the information supports the issuance of a NOV and the associated penalty is NOT set by regulation, the case will proceed to the enforcement panel for review.

# Air Quality Management

- The Enforcement Panel, a group of staff members independent from the compliance group, reviews the information and determines the appropriate enforcement action that will be recommended to the DBOH. Enforcement Action may include the following:
  - Warning;
  - Penalty based on the WCAQMD Penalty Calculation Worksheet;
  - Environmental project where air quality improvements are made to the facility;
  - A combination of all the above.

# Air Quality Management

- If the decision of the Enforcement Panel is to recommend a penalty and/or environmental project to the DBOH, a compliance and enforcement meeting is scheduled with the permittee.
  - The compliance and enforcement meeting presents the opportunity for the permittee to present any information which contests the issuance of a NOV.
  - Prior to the compliance and enforcement meeting, the permittee is provided with all evidence which the AQMD has used to support the issuance of a NOV.



# Air Quality Management

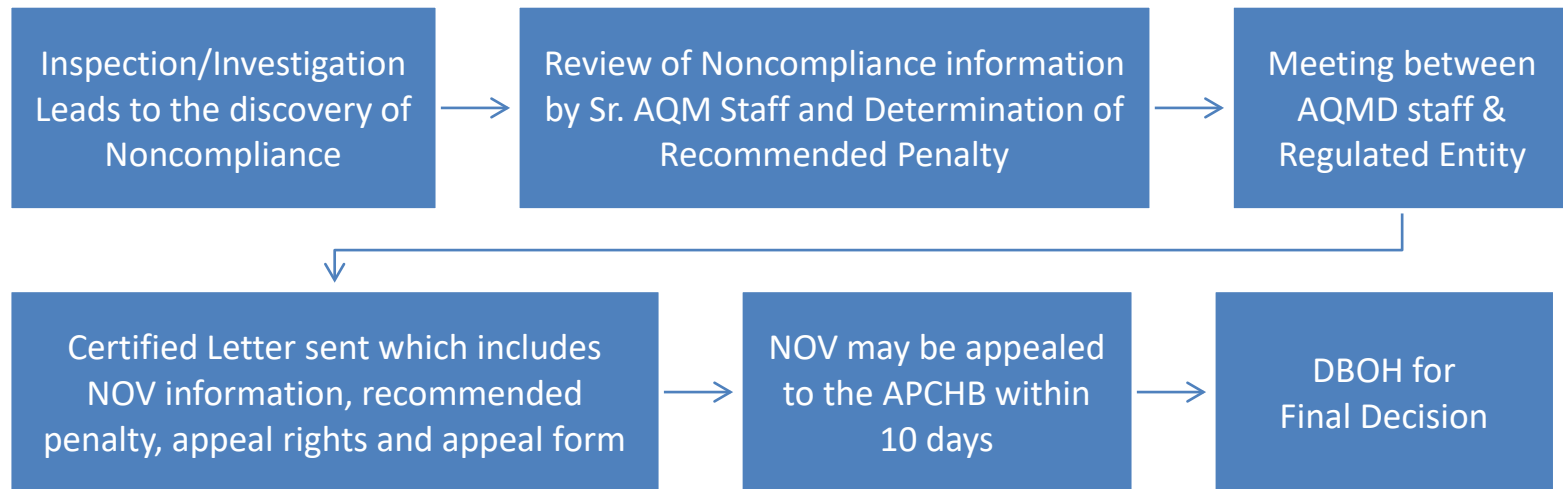
- If the permittee is unable to provide information disputing the issuance of a NOV, the recommended enforcement action is presented.
  - If the permittee agrees with the recommended enforcement action and agrees to not appeal the action, the penalty is reduced by 10%, an MOU is signed and the case is presented to the DBOH as a consent agenda item for approval.
  - If the permittee does not agree with the recommended enforcement action, a certified letter is sent which includes the final NOV, recommended penalty, appeal rights and appeal form.
    - Pursuant to Section 020.0252, the permittee has 10-days from receipt to file an appeal with the Air Pollution Control Hearing Board (APCHB).

# Air Quality Management

- Following the issuance of the final NOV, If the permittee does not file an appeal with the APCHB within the 10-day timeframe, the case is presented to the DBOH as a consent agenda item for approval.
- If the permittee does file an appeal, the case is heard by the APCHB.
  - The APCHB shall meet within 60-days after the receipt of any appeal.

# Air Quality Management

- After the case is heard by the APCHB, the board shall forward its findings and recommendations to the DBOH for final decision. (Section 020.0251)



# Air Quality Management

Questions and/or Discussion

# Environmental Health Services Appeals Process

# Environmental Health Services

## Consumer Protection

### Food/Food Safety

- Program Standards
- Training/Standardization
- HACCP/Operational Plan
  - Food Safety
  - Mobile Food
- Satellite Food Dist. Facilities
- Vending

- Special Events/Temp Food
- EPI/FBD Complaints
- Cottage Foods
- Farm-to-Fork

### Commercial Plans/ Permitted Facilities

#### COMMERCIAL PLAN REVIEW

- PERMITTED FACILITIES
  - Child Care
  - Hotel/Motel
    - IBD
  - Pool/Spa
  - RV/MHP
  - Temp IBD
  - Schools
  - Trainees

## Environmental Protection

### SB4 NAC 447E

### Vector/Waste Management

- VECTOR
  - Mosquito Abatement
  - Plague
  - Rabies

- Waste Management
- Solid Waste
- HazMat
- UST

### Land Development

#### PUBLIC WATER SYSTEMS

- Septics/Wells
- Liquid Waste



# Authority/Regulations

- **Certified Pool Operator – Public Swimming Pool and Spa Operator Certification Program**
  - Approved by DBOH 2-23-2017, approved by State Board of Health 3-10-2017
- **Childcare Facilities**
  - Washoe County Regulations for Childcare facilities (not a WCHD regulation)
- **Food Safety – Regulations of WC DBOH Governing Food Establishments**
  - Adopted by DBOH 7-25-2019, approved by State Board of Health 9-6-2019
- **Invasive Body Decorations – Regulations of WC DBOH Governing Invasive Body Decoration Establishments**
  - Adopted by DBOH 1-26-2017, approved by State Board of Health 3-10-2017
- **Mobile Home/Recreational Vehicle Parks – DBOH Regulations Governing Mobile Home and Recreational Vehicle Parks**
  - Filed 8-8-1995, does not contain appeals process, reverts to NAC 444.54675
- **Public Accommodations**
  - Adopted by DBOH 11-19-2020, to State Board of Health Spring 2021



# Authority/Regulations (2)

- **Public Bathing**
  - NAC 444.010 – 444.306 Adopted by reference
- **Public Spas**
  - NAC 444.310 – 444.545 Adopted by reference
- **SB4 – Regulations of WC DBOH Governing 447E Regulations Related to SARS-COV-2 and Public Accommodation Facilities**
  - Approved by WC DBOH 9-10-2020, Effective 10-10-2020
- **Schools**
  - NRS 444.335 and NAC444.568 Adopted by reference
- **Septic – Regulations of WC DBOH Governing Sewage, Wastewater and Sanitation**
  - Approved by DBOH 5-23-2013
- **Solid Waste - Regulations of WC DBOH Governing Solid Waste Management**
  - Approved by DBOH on 10-27-2011
- **Wells – Regulations of WC DBOH Governing Well Construction**
  - Approved by DBOH 5-23-2013





# Variations and Waivers

Request to be exempt from specific portions of regulations

- Permit application and fee
- Reviewed and recommendations made by:
  - EHS Management
  - Sewage, Wastewater & Sanitation Advisory Board
  - Food Protection Hearing and Advisory Board
- To District Board of Health

Inspection/Verified  
Complaint leads to  
Notice of Violation



Meeting with EHS  
Staff (Informal,  
Formal, or Letter)



If not resolved,  
appealed to DBOH

**SB4**

**Solid Waste**

**Public Accommodations**

**Invasive Body  
Decorations**

**Certified Pool Operator**

# Food/Food Safety

# Septic/Wells



Inspection/Verified  
Complaint leads to  
Notice of Violation



Meeting with EHS  
Staff (Informal)



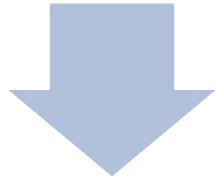
If not resolved,  
appealed to State  
agency

**Public Bathing**

**Public Spas**

**Mobile Home and  
Recreational Vehicle  
Parks**

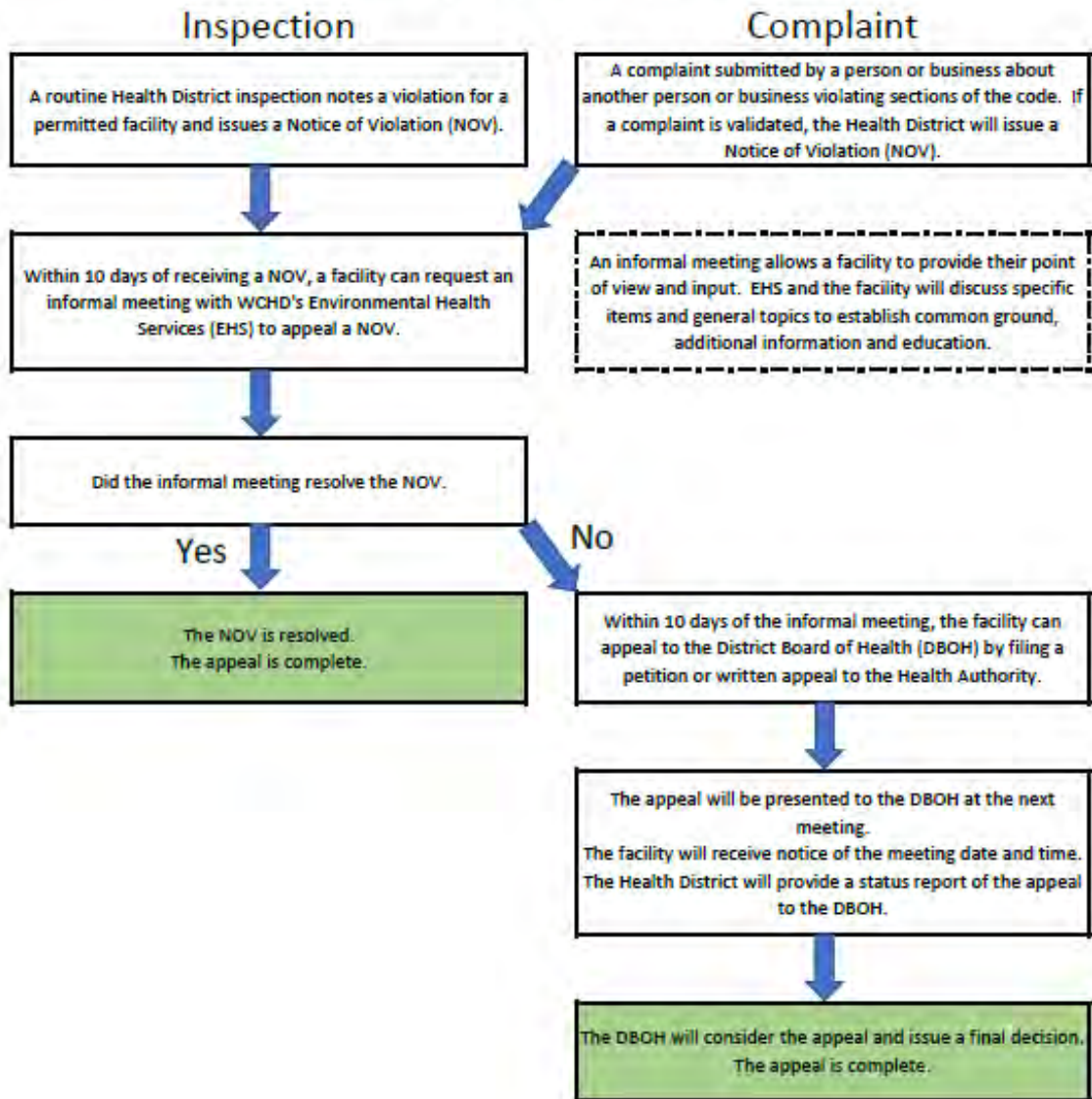
Inspection/Verified  
Complaint leads to  
Notice of Violation



If not resolved,  
appealed to Washoe  
County Social  
Services

**Childcare Facilities**

# Washoe County Health District SB4 Appeal Process



Example  
from  
Website

STAFF REPORT  
BOARD MEETING DATE: February 25, 2021

DHO



**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**THROUGH:** Kevin Dick, District Health Officer  
328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Approval of the Fiscal Year 2021-2022 Budget

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**SUMMARY**

Presented in this staff report is the proposed budget for Fiscal Year 2021-2022 (FY22). The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 168.74 full-time equivalents (FTEs) authorized to provide the services. The total revenues and County General Fund transfer are \$24,196,271 for a 0.6% increase over fiscal year 2021 (FY21) adopted budget of \$24,058,843. The budgeted revenues include the board approved fees increase for the consumer price index of 1.6% for Environmental Health Services, Air Quality Management, and Community and Clinical Health Services and adjustments due to the economic impact of COVID-19. Total FY22 proposed expenditures are \$25,891,284, which is a 1.0% increase over FY21, adopted budget of \$25,624,382. The FY21 estimated ending fund balance available for FY22 is \$9,488,501 or 24.2% of expenditures. FY22 reflects a decrease in fund balance by \$1,695,014 leaving a budgeted fund balance for FY22 of \$7,793,487 or 30.1% of total expenditures well above the policy guidelines of a 10% - 17% fund balance for special revenue funds.

The following above base request is included in the FY22 recommended budget:

- Eliminate a vacant 0.4 full-time equivalent (FTE) Health Educator II position and increase a filled 0.6 FTE Health Educator II position to 1.0 FTE.

The Health District Fund is estimated to spend approximately \$16.8 million on the COVID-19 response by the end of FY21. Funding is from grants and, except for a small grant of \$77,069 for COVID vaccinations, assumed to be spent out 100% by the end of FY21 so additional resources are not included in the FY22 proposed budget but will be brought back to the Board for approval when additional grant funds are awarded for the continuation of the COVID-19 response. Although the staffing for the Health District is authorized at 168.74 FTEs the headcount is at 234 and the additional temporary staffing for the COVID response is an additional 156 individuals for a total headcount of 390 people managed by the Health District.

**Health District Strategic priority #6 Financial Stability:** Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

**BACKGROUND**

***Health District Mission***

To protect and enhance the well-being and quality of life for all in Washoe County

### ***Health District Recent Accomplishments***

- All 22 programs continued to provide services to the community along with the added work of the COVID-19 response. Precautions were implemented to protect staff and customers.
- Sent out over 370 COVID-19 related press releases and hosted over 70 COVID-19 media briefings.
- Received a Silver Star from the Public Relations Society of America – Northern Nevada Chapter for the Regional Information Center COVID-19 Campaign.
- Increased Twitter followers from 523 to 2,228 and Facebook followers from 834 to 5,141.
- Updated and continued to improve our Community Health Needs Assessment and Community Health Improvement Plans.
- Epidemiology Program received the Nevada Public Health Association 2020 Public Health Program of the Year award.
- CCHS began providing services at the Our Place Family Shelter in September 2020.
- CCHS continues to be dedicated to mentoring and providing education to future health care providers in our community.
- Environmental Health Services (EHS) adopted stand-alone public accommodations regulations for the first time.
- EHS developed the Excellence in Food Safety Award, a program to recognize food establishments that have gone above and beyond in their commitment food safety practices.
- Air Quality Management (AQM) completed the first year of a three-year project with EPA's Office of Research and Development on a wildfire smoke monitoring project.
- The effectiveness of the woodstove program continued as evidenced by another winter season of no exceedances of the federal PM2.5 standard.
- Moved Acknowledgement of Asbestos Assessment and Dust Control Permitting processes to primarily an online submittal, approval, payment, and issuance.
- Public Health Preparedness continues to provide technical assistance, training, and collaboration with partners to increase preparedness capabilities in the community.
- The EMS Oversight Program updated the Mass Casualty Incident Plan and annexes, the Alpha Plan the Family Service Center Annex.

### ***Health District Emerging Strategic Considerations for the Future***

- Social determinants of health – housing and homelessness
- Behavioral Health – substance abuse, suicide, access to care
- Environmental Health Impacts of growth and climate change
- Ability to maintain current service levels with the increased community growth
- Uncertainty of the availability of federal grants
- State's lack of local investment in public health

### ***Interlocal Agreement establishing the Washoe County Health District***

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.



The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be prior to the Board meeting in March. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March 2021.

The Division Directors and Program staff met with Health Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2021 and to identify budget requirements for Fiscal Year 2022. The proposed budget reflects the discussion of the Program Managers, Division Directors, and direction from the District Health Officer.

***Fiscal Year 2021-2022 (FY22) Proposed Budget***

The FY22 proposed budget includes anticipated revenues and expenditures for all services provided by the Health District as outlined below.

<b>Washoe County Health District</b>
--------------------------------------

**Office of the District Health Officer**

Office of the District Health Officer Program

**Air Quality Management Division**

Air Quality Management Program

**Community and Clinical Health Services Division**

Chronic Disease Prevention Program  
Community & Clinical Health Admin and Client Billing Program  
Family Planning Program  
Immunizations Program  
Maternal, Child & Adolescent Health Program  
Sexual Health – HIV Program  
Sexual Health – STD Program  
Tuberculosis Program  
Women, Infants and Children Program

**Administrative Health Services Office**

Administrative Health Services Program

**Environmental Health Services Division**

General Environmental  
Food Safety  
Institutions/Facilities  
Plan Review  
Waste Management  
Vector Borne Diseases Control

**Epidemiology and Public Health Preparedness Division**

Emergency Medical Services Program  
Epidemiological Surveillance & Disease Investigation  
Public Health Preparedness Program  
Vital Statistics Program

The Office of the District Health Officer, Administrative Health Services Office and the Division budgets are summarized below. The details of the budgets within the Health District are in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is in Appendix D.

### Office of the District Health Officer

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through four divisions, Administrative Health Services Office, and the Office of the District Health Officer.

Total program full-time equivalents:	9.65 (1.32 FTE for surge capacity)
Total FY22 Program Revenues:	\$0
Total FY22 Program Expenditures:	\$1,957,060

#### Above base requests for FY22

- Eliminate a vacant 0.4 full-time equivalent (FTE) Health Educator II position (70010681) and increase a filled 0.6 FTE Health Educator II position (70010577) to 1.0 FTE.

### Administrative Health Services Office

Administrative Health Services Office provides administrative guidance and oversight for financial activities, human resources, and information technology for the District.

Total program full-time equivalents:	9.0
Total FY22 Program Revenues:	\$0
Total FY22 Program Expenditures:	\$1,511,309

#### Above base requests for FY22

- No above base requests

### Air Quality Management Division

The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

Total program full-time equivalents:	19.50
Total FY22 Division Revenues:	\$3,519,068
Total FY22 Division Expenditures:	\$3,534,912

#### Above base requests for FY22

- No above base request

### Community and Clinical Health Services Division

The Community and Clinical Health Services Division (CCHS) provides clinical services, community and individual health education, and partners with other community organizations and health care providers to improve the health of our community.

Total program full-time equivalents:	63.68
Total FY22 Division Revenues:	\$4,389,231
Total FY22 Division Expenditures:	\$8,630,646

#### Above base requests for FY22

- No above base requests

### Environmental Health Services Division

The Environmental Health Services Division (EHS) leads the team that ensures compliance with local, state, and federal laws regulating food, water, vector, and other areas of public health in Washoe County. The many programs under the EHS umbrella have an emphasis on regulation and enforcement, but also have a strong education component, promoting a collaborative approach with industry to meet local and national public health goals.

Total program full-time equivalents:	43.65
Total FY22 Division Revenues:	\$4,594,031
Total FY22 Division Expenditures:	\$7,323,367

#### Above base requests for FY22

- No above base requests: however, the Board approved the cancellation of the contracts with the State for Safe Drinking Water and Underground Storage Tanks to allow staff to be reassigned to COVID response due to the SB4 mandate. If the contracts are renegotiated and SB4 mandate continues then additional staff may be required and will be brought back to the Board for review when the contracts are presented to the Board for approval.

### Epidemiology and Public Health Preparedness

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions; analyzes communicable & chronic disease data to identify risk factors; disease control strategies; investigates disease outbreaks; serves as the local registrar for births & deaths; and develops departmental capabilities for response to biological terrorism and other public health emergencies; and oversees the Emergency Medical Services Program.

Total program full-time equivalents:	23.26
Total FY22 Division Revenues:	\$2,177,086
Total FY22 Division Expenditures:	\$2,933,991

#### Above base requests for FY22

- No above base requests.

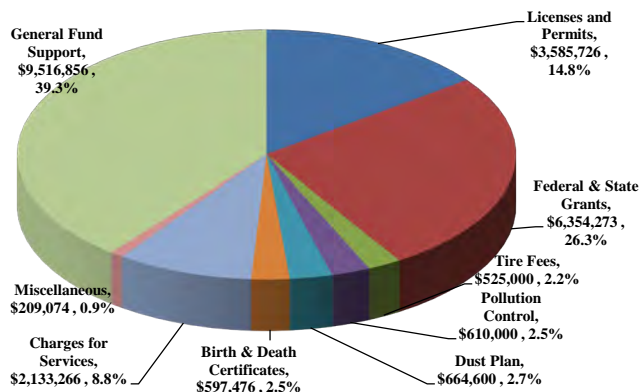
Total Health Fund revenues are budgeted to be \$24,196,271 and the expenditures are budgeted at \$25,891,284. The expenditures exceed the revenues by \$1,695,014 but still provide a fund balance of 30.1% which is well above the policy level of 10%-17%. The total full-time equivalents (FTEs) for the Health District are budgeted at 168.74, which is the existing authorized staffing level and no changes to the total FTE count for FY22.

Total budgeted revenues of \$24,196,271 are up \$137,428 or 0.6% over the FY21 adopted budget and includes:

- **Licenses and Permits - \$3,585,726 down \$40,585 or 1.1% over FY21 and 14.8% of total revenues anticipated for FY22**
  - Includes the annual CPI increase in fees approved by the board
  - Includes anticipated changes in work activities associated with the fees and anticipated economic impact due to COVID-19
- **Grant funding - \$6,354,273 up \$120,582 or 1.9% over FY21 and 26.3% of total revenues anticipated for FY22**
  - Increase is mainly in the Immunization Program for COVID-19
- **Restricted intergovernmental funds - \$1,135,000 down \$18,105 or 1.6% and 4.7% of total revenues anticipated for FY22**
  - \$610,000 restricted for the Air Quality Management program
  - \$525,000 restricted for the Solid Waste Management program
- **Charges for services - \$3,395,342 up \$75,535 or 2.3% over FY21 and 14.0% of total revenues anticipated for FY22**
  - Includes the annual CPI increase in fees approved by the board
  - Main increase is in the Air Quality Management program for Dust Plans
- **Miscellaneous Revenue - \$209,074 level funding compared to FY21 and 0.9% of total revenues anticipated for FY22 with the major revenue sources from:**
  - \$135,249 non-governmental grant funds in Chronic Diseases to support and promote a smoke free Truckee Meadows initiative
  - \$63,825 support from REMSA for the EMS program
- **County General Fund Support - \$9,516,856 no change since FY19 down \$534,835 from the FY18 support and 39.3% of total revenues for FY22**

FY2021 - 2022 Budgeted Revenues		
		% of Total Revenue
Licenses and Permits	\$ 3,585,726	14.8%
Federal & State Grants	\$ 6,354,273	26.3%
Tire Fees	\$ 525,000	2.2%
Pollution Control	\$ 610,000	2.5%
Dust Plan	\$ 664,600	2.7%
Birth & Death Certificates	\$ 597,476	2.5%
Charges for Services	\$ 2,133,266	8.8%
Miscellaneous	\$ 209,074	0.9%
General Fund Support	\$ 9,516,856	39.3%
<b>Total Revenue</b>	<b>\$24,196,271</b>	<b>100.0%</b>

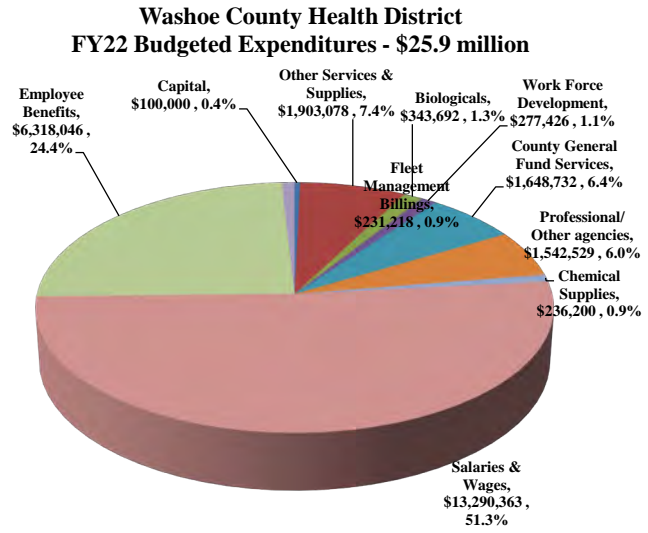
**Washoe County Health District  
 FY22 Budgeted Revenues - \$24.2 million**  
 (excludes opening fund balance)



Total budgeted expenditures are \$25,891,284 up \$266,902 or 1.0% over FY21 adopted budget mainly due to the \$512,963 decline in the County billings for retiree health benefits funding excluding this County bill the expenditures increased by \$779,865 or 3.2% and includes the following:

- **Salaries and Wages - \$13,290,363 up \$298,290 or 2.3% over FY21 and 51.3% of FY22 expenditures**
  - 168.74 FTEs up 3.47 from 165.27 budgeted in FY21 due to the increase in staff for the COVID-19 response
  - Includes employee merit increases for those not at the top of the pay range
  - Includes a 2.5% cost of living increase that was negotiated by the County, estimated cost is \$353,476
- **Employee Benefits - \$6,318,046 down \$410,091 or 6.1% over FY21 and 24.4% of FY22 expenditures**
  - \$512,963 decline in retiree health benefits paid to the County for FY22
  - PERS rate will increase from 29.25% to 29.75% with an estimated cost of \$61,452 in retirement but will be charged back 50% to the employees so net impact to the fund is estimated at \$30,726
- **Services and Supplies are budgeted at \$6,182,875 up \$378,704 or 6.5% over FY21 and is 23.9% of FY22 expenditures and the major increases include:**
  - Increase of \$107,861 for County overhead costs, total cost is budgeted at \$1,648,732 up 7.0%
  - Other Services & Supplies increase of \$214,587 up 12.7% due to increases in expenditures needed to spend down the restricted funds in EHS and AQM
- **Capital - \$100,000 level with the FY21 budget and 0.4% of FY22 expenditures**
  - \$100,000 is for equipment related to air monitoring systems

FY2021 - 2022 Budgeted Expenditures		
		% of Total Expenditures
Salaries & Wages	\$13,290,363	51.3%
Employee Benefits	\$ 6,318,046	24.4%
County General Fund Services	\$ 1,648,732	6.4%
Other Services & Supplies	\$ 1,903,078	7.4%
Professional/ Other agencies	\$ 1,542,529	6.0%
Work Force Development	\$ 277,426	1.1%
Biologicals	\$ 343,692	1.3%
Fleet Management Billings	\$ 231,218	0.9%
Chemical Supplies	\$ 236,200	0.9%
Capital	\$ 100,000	0.4%
<b>Total Expenditures</b>	<b>\$25,891,284</b>	<b>100.0%</b>



With calculating in the fund balance from FY20 of \$8,062,093 and combining the anticipated resources and uses for fiscal year 2021 the ending fund balance for FY21 is projected to be \$9,488,501 which will be available for the budget in FY22 and includes operating budget for the Health District twenty-two programs, \$500,000 for community public health projects, \$222,822 for anticipated retirement payouts, \$45,000 for temporary help for non-COVID related surge in work activities, and \$50,000 to continue security and facility enhancements. The total resources and uses for FY22 are generating a fund balance of \$7,793,487 which is 30.1% of annual expenditures which is well above the policy guidelines of a 10%-17% fund balance for special revenue funds.

The detail of the sources and uses are as follows:

	Actual					ETC	Proposed Budget
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
<b>FUND SUMMARY:</b>							
<b>SOURCES OF FUNDS:</b>							
Opening Fund Balance	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093	\$ 9,488,501
<b>Revenues:</b>							
Licenses and Permits	1,559,740	2,422,926	3,252,242	3,603,814	3,340,170	3,365,980	3,585,726
Federal & State Grants	5,571,322	5,557,814	5,413,067	5,436,829	5,287,776	21,578,016	5,699,675
Federal & State Indirect Rev.	415,541	507,118	532,608	545,551	564,586	994,244	654,598
Tire Fees (NRS 444A.090)	465,345	562,745	504,990	522,233	527,526	525,000	525,000
Pollution Control (NRS 445B.830)	599,290	573,910	745,724	650,382	629,970	628,105	610,000
Dust Plan	271,308	504,360	536,722	594,133	623,229	818,270	664,600
Birth & Death Certificates	521,837	548,064	532,982	541,301	569,553	600,000	597,476
Other Charges for Services	907,373	1,574,436	2,412,565	2,280,892	2,157,625	2,200,153	2,133,266
Miscellaneous	81,259	116,665	78,712	371,381	203,360	342,561	209,074
Total Revenues	10,393,014	12,368,039	14,009,611	14,546,516	13,903,796	31,052,328	14,679,415
Total General Fund transfer	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	20,469,870	22,370,420	24,061,302	24,063,372	23,420,652	40,569,184	24,196,271
<b>Total Sources of Funds</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>30,399,773</b>	<b>31,262,188</b>	<b>48,631,277</b>	<b>33,684,771</b>
<b>USES OF FUNDS:</b>							
<b>Expenditures:</b>							
Salaries & Wages	10,052,614	10,644,057	10,774,122	11,199,593	12,010,723	13,446,958	13,290,363
Group Insurance	1,480,594	1,682,564	1,655,278	1,611,235	1,547,604	1,800,488	1,897,845
OPEB Contribution	1,011,161	1,181,460	1,305,189	1,286,542	1,118,614	1,113,772	600,809
Retirement	2,654,379	2,793,067	2,812,595	2,921,733	3,132,706	3,461,092	3,561,428
Other Employee Benefits	222,140	252,901	258,593	269,338	250,499	262,101	257,964
Professional/Other agencies	735,738	656,044	821,317	1,107,227	1,009,451	10,683,059	1,542,529
Chemical Supplies	250,088	403,041	767,031	392,702	296,585	236,200	236,200
Biologicals	227,771	247,083	281,701	325,000	358,430	350,411	343,692
Fleet Management billings	182,379	175,525	195,899	190,311	174,577	189,836	231,218
Workforce training & development	128,749	129,825	149,608	164,849	140,001	74,521	277,426
Other Services and Supplies	978,196	1,230,288	1,268,436	1,783,461	1,598,194	5,537,759	1,903,078
Indirect cost allocation	1,784,721	1,700,797	1,520,621	1,218,079	1,400,792	1,540,871	1,648,732
Capital	62,001	60,714	95,406	88,167	161,920	445,711	100,000
Total Expenditures	19,770,532	21,157,367	21,905,797	22,558,237	23,200,095	39,142,776	25,891,284
Total Uses of Funds	19,770,532	21,157,367	21,905,797	22,558,237	23,200,095	39,142,776	25,891,284
Net Change in Fund Balance	699,338	1,213,053	2,155,505	1,505,134	220,557	1,426,408	(1,695,014)
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 8,062,093</b>	<b>\$ 9,488,501</b>	<b>\$ 7,793,487</b>
<b>FB as a percent of Uses of Funds</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>34.8%</b>	<b>34.8%</b>	<b>24.2%</b>	<b>30.1%</b>

**Three- year projection**

The increase in revenues for FY25 compared to proposed budget FY22 is \$795,480 or a 3.3% increase. The transfer from the County General Fund, the single largest source of revenue, is projected to be flat due to enough fund balance. The expenditures increase in FY25 compared to proposed budget FY22 is \$1,129,368 or an increase of 4.4%. This increase in expenditures is supported by the ample Health Fund balance that is available to meet community needs. The expenditures are projected to be greater than the revenues by \$1,012,392 in FY23, \$1,450,240 for FY24, and \$2,028,902 in FY25. If needed in FY25, to manage the progressive decline in fund balance examples of adjustments that can be made in the budget includes: \$500,000 for community special projects; \$222,822 for retiree payouts (hold position vacant to recover the cost of retirement); \$45,000 for temporary help for surge in work activities; and \$50,000 for security and facility enhancements. The details for the projections are as follows:

	ETC	Proposed Budget	Projected Based on Historical Trends		
	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
<b>FUND SUMMARY:</b>					
<b>SOURCES OF FUNDS:</b>					
Opening Fund Balance	\$ 8,062,093	\$ 9,488,501	\$ 7,793,487	\$ 6,781,095	\$ 5,330,855
<b>Revenues:</b>					
Licenses and Permits	3,365,980	3,585,726	3,657,441	3,730,589	3,767,895
Federal & State Grants	21,578,016	5,699,675	5,870,665	5,988,079	6,047,959
Federal & State Indirect Rev.	994,244	654,598	674,236	687,721	694,598
Tire Fees (NRS 444A.090)	525,000	525,000	535,500	546,210	557,134
Pollution Control (NRS 445B.830)	628,105	610,000	616,100	625,958	632,217
Dust Plan	818,270	664,600	677,892	691,450	698,364
Birth & Death Certificates	600,000	597,476	611,396	627,293	643,602
Other Charges for Services	2,200,153	2,133,266	2,154,598	2,189,072	2,210,963
Miscellaneous	342,561	209,074	213,859	218,646	222,162
<b>Total Revenues</b>	<b>31,052,328</b>	<b>14,679,415</b>	<b>15,011,688</b>	<b>15,305,017</b>	<b>15,474,895</b>
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	40,569,184	24,196,271	24,528,544	24,821,873	24,991,751
<b>Total Sources of Funds</b>	<b>48,631,277</b>	<b>33,684,771</b>	<b>32,322,031</b>	<b>31,602,967</b>	<b>30,322,606</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	13,446,958	13,290,363	12,834,864	13,244,244	13,666,681
Group Insurance	1,800,488	1,897,845	1,980,401	2,039,813	2,070,410
OPEB Contribution	1,113,772	600,809	1,041,840	1,031,422	1,030,906
Retirement	3,461,092	3,561,428	3,651,809	3,768,287	3,888,480
Other Employee Benefits	262,101	257,964	269,185	277,261	281,420
Professional/Other agencies	10,683,059	1,542,529	1,433,935	1,462,614	1,477,240
Chemical Supplies	236,200	236,200	236,791	237,382	239,756
Biologicals	350,411	343,692	354,003	361,083	364,694
Fleet Management billings	189,836	231,218	233,530	237,267	239,640
Workforce training & development	74,521	277,426	279,506	281,603	282,307
Other Services and Supplies	5,537,759	1,903,078	1,401,646	1,429,679	1,451,124
Indirect cost allocation	1,540,871	1,648,732	1,722,925	1,800,457	1,926,488
Capital	445,711	100,000	100,500	101,003	101,508
<b>Total Expenditures</b>	<b>39,142,776</b>	<b>25,891,284</b>	<b>25,540,936</b>	<b>26,272,113</b>	<b>27,020,653</b>
<b>Total Uses of Funds</b>	<b>39,142,776</b>	<b>25,891,284</b>	<b>25,540,936</b>	<b>26,272,113</b>	<b>27,020,653</b>
Net Change in Fund Balance	1,426,408	(1,695,014)	(1,012,392)	(1,450,240)	(2,028,902)
<b>Ending Fund Balance (FB)</b>	<b>\$ 9,488,501</b>	<b>\$ 7,793,487</b>	<b>\$ 6,781,095</b>	<b>\$ 5,330,855</b>	<b>\$ 3,301,953</b>
<b>FB as a percent of Uses of Funds</b>	<b>24.2%</b>	<b>30.1%</b>	<b>26.5%</b>	<b>20.3%</b>	<b>12.2%</b>



***Next Steps***

- **Early March**, District Health Officer delivers FY22 budget to the County Manager and Cities Manager
- **March 25<sup>th</sup>**, DBOH update on the Managers meeting for FY22 Budget
- **April 20<sup>th</sup>**, BCC meeting, County Manager’s recommendations for FY22 budget, General Fund support should be finalized
- **May 18<sup>th</sup>**, BCC Public Hearing and possible adoption of the FY22 Budget
- **June 1<sup>st</sup>**, County delivers Final Budget to the Department of Taxation

**FISCAL IMPACT**

Approval of the FY22 proposed budget would provide an expenditure budget of \$25,891,284. Resources include \$14,679,415 in Health District revenues, \$9,516,856 in a transfer from the County General Fund, and \$9,488,501 from unspent funding in FY21. With total resources at \$33,684,771 and the expenditures at \$25,891,284, the fund balance anticipated for FY22 is \$7,793,487, which is 30.1% of the total expenditures. Approval of this budget does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May 2021. Any material changes by the County will be reported to the District Board of Health.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Fiscal Year 2021-2022 Budget.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2022 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2022 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates for FY21, FY22 Recommended Budget & Projections to FY25
  - Appendix B - Washoe County Health District FY22 Proposed Budget
  - Appendix C – Washoe County Health District History of Budgeted Full-time equivalents (FTEs)
  - Appendix D - Health District Organization Chart

**Appendix A**

**Washoe County Health District Fund**

**History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

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**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual				E/C	Proposed Budget		Projected Based on Historical Trends			
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019		FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
<b>FUND SUMMARY:</b>											
<b>SOURCES OF FUNDS:</b>											
Opening Fund Balance	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093	\$ 9,488,501	\$ 7,793,487	\$ 6,781,095	\$ 5,330,855	
<b>Revenues:</b>											
Licenses and Permits	1,559,740	2,422,926	3,252,242	3,603,814	3,340,170	3,365,980	3,585,726	3,657,441	3,730,589	3,767,895	
Federal & State Grants	5,571,322	5,557,814	5,413,067	5,436,829	5,287,776	21,578,016	5,699,675	5,870,665	5,988,079	6,047,959	
Federal & State Indirect Rev.	415,541	507,118	532,608	545,551	564,586	994,244	654,598	674,236	687,721	694,598	
Tire Fees (NRS 444A.090)	465,345	562,745	504,990	522,233	527,526	525,000	525,000	535,000	546,210	557,134	
Pollution Control (NRS 445B.830)	599,290	573,910	745,724	650,382	629,970	628,105	610,000	616,100	625,958	632,217	
Dust Plan	271,308	504,360	536,722	594,133	623,229	818,270	664,600	677,892	691,450	698,364	
Birth & Death Certificates	521,837	548,064	532,982	541,301	569,553	600,000	597,476	611,396	627,293	643,602	
Other Charges for Services	907,373	1,574,436	2,412,565	2,280,892	2,157,625	2,200,153	2,133,266	2,154,598	2,189,072	2,210,963	
Miscellaneous	81,259	116,665	78,712	371,381	203,360	342,561	209,074	213,859	218,646	222,162	
<b>Total Revenues</b>	<b>10,393,014</b>	<b>12,368,039</b>	<b>14,009,611</b>	<b>14,546,516</b>	<b>13,903,796</b>	<b>31,052,328</b>	<b>14,679,415</b>	<b>15,011,688</b>	<b>15,305,017</b>	<b>15,474,895</b>	
Total General Fund transfer	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	
Total Revenues & General Fund transfer	20,469,870	22,370,420	24,061,302	24,063,372	23,420,652	40,569,184	24,196,271	24,528,544	24,821,873	24,991,751	
<b>Total Sources of Funds</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>30,399,773</b>	<b>31,262,188</b>	<b>48,631,277</b>	<b>33,684,771</b>	<b>32,322,031</b>	<b>31,602,967</b>	<b>30,322,606</b>	
<b>USES OF FUNDS:</b>											
<b>Expenditures:</b>											
Salaries & Wages	10,052,614	10,644,057	10,774,122	11,199,593	12,010,723	13,446,958	13,290,363	12,834,864	13,244,244	13,666,681	
Group Insurance	1,480,594	1,682,564	1,655,278	1,611,235	1,547,604	1,800,488	1,897,845	1,980,401	2,039,813	2,070,410	
OPEB Contribution	1,011,161	1,181,460	1,305,189	1,286,542	1,118,614	1,113,772	600,809	1,041,840	1,031,422	1,030,906	
Retirement	2,654,379	2,793,067	2,812,595	2,921,733	3,132,706	3,461,092	3,561,428	3,651,809	3,768,287	3,888,480	
Other Employee Benefits	222,140	252,901	258,593	269,338	250,499	262,101	257,964	269,185	277,261	281,420	
Professional/Other agencies	735,738	656,044	821,317	1,107,227	1,009,451	10,683,059	1,542,529	1,433,935	1,462,614	1,477,240	
Chemical Supplies	250,088	403,041	767,031	392,702	296,585	236,200	236,200	236,791	237,382	239,756	
Biologicals	227,771	247,083	281,701	325,000	358,430	350,411	343,692	354,003	361,083	364,694	
Fleet Management billings	182,379	175,525	195,899	190,311	174,577	189,836	231,218	233,530	237,267	239,640	
Workforce training & development	128,749	129,825	149,608	164,849	140,001	74,521	277,426	279,506	281,603	282,307	
Other Services and Supplies	978,196	1,230,288	1,268,436	1,783,461	1,598,194	5,537,759	1,903,078	1,401,646	1,429,679	1,451,124	
Indirect cost allocation	1,784,721	1,700,797	1,520,621	1,218,079	1,400,792	1,540,871	1,648,732	1,722,925	1,800,457	1,926,488	
Capital	62,001	60,714	95,406	88,167	161,920	445,711	100,000	100,500	101,003	101,508	
<b>Total Expenditures</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>22,558,237</b>	<b>23,200,095</b>	<b>39,142,776</b>	<b>25,891,284</b>	<b>25,540,936</b>	<b>26,272,113</b>	<b>27,020,653</b>	
<b>Total Uses of Funds</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>22,558,237</b>	<b>23,200,095</b>	<b>39,142,776</b>	<b>25,891,284</b>	<b>25,540,936</b>	<b>26,272,113</b>	<b>27,020,653</b>	
Net Change in Fund Balance	699,338	1,213,053	2,155,505	1,505,134	220,557	1,426,408	(1,695,014)	(1,012,392)	(1,450,240)	(2,028,902)	
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 8,062,093</b>	<b>\$ 9,488,501</b>	<b>\$ 7,793,487</b>	<b>\$ 6,781,095</b>	<b>\$ 5,330,855</b>	<b>\$ 3,301,953</b>	
<b>FB as a percent of Uses of Funds</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>34.8%</b>	<b>34.8%</b>	<b>24.2%</b>	<b>30.1%</b>	<b>26.5%</b>	<b>20.3%</b>	<b>12.2%</b>	
FY21 increase in revenues and expenditures is due to the COVID-19 CARES Act funding and the substantial decline in workforce training & development is due to training cancellations because of COVID-19. FY22 decline in OPEB Contribution (retiree health benefits) is due to the County lowering the billing rate for one year. \$1,016,752 of restricted funds in Air Quality Management and Solid Waste Management is assumed to be spent out between FY21-22 thus causing a reduction in fund balance.											

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					E.T.C. FY 2020- 2021	Proposed Budget FY 2021- 2022	Projected Based on Historical Trends	
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020			FY 2022- 2023	FY 2023- 2024
<b>Revenues and Expenditures by Program:</b>									
<b>Office of the District Health Officer</b>									
<b>Revenues:</b>									
Federal & State Grants	15,000	14,111	2,796	-	-				
Federal & State Indirect Rev.	-	2,117	419	-	-				
Miscellaneous	-	35,000	150	-	-				
<b>Sub-total Revenues</b>	<b>15,000</b>	<b>51,228</b>	<b>3,365</b>	<b>-</b>	<b>-</b>				
<b>Expenditures:</b>									
Salaries & Wages	328,280	448,896	428,437	502,945	412,814	599,488	803,992	768,987	818,824
Group Insurance	38,760	60,761	55,983	58,761	51,215	76,164	97,109	101,333	105,939
OPEB Contribution	27,874	43,491	63,169	68,187	62,123	61,854	34,423	59,692	59,065
Retirement	91,351	124,784	94,929	124,006	104,987	153,168	211,340	216,704	230,748
Other Employee Benefits	6,672	10,113	11,189	12,557	7,905	9,696	13,274	13,851	14,481
Professional/Other agencies	29,199	56,684	46,212	183,203	289,667	621,396	551,396	567,938	585,090
Workforce training & development	9,369	10,448	10,536	12,254	18,975	-	14,500	14,609	14,718
Other Services and Supplies	14,794	102,708	74,401	304,824	107,378	130,727	115,536	119,002	123,203
Indirect cost allocation	48,371	46,382	41,468	33,218	98,122	107,934	115,489	120,686	134,946
Capital	-	-	-	34,538	-	-	-	-	-
<b>Sub-total Expenditures</b>	<b>\$ 594,672</b>	<b>\$ 904,267</b>	<b>\$ 826,325</b>	<b>\$ 1,336,494</b>	<b>\$ 1,153,187</b>	<b>\$ 1,760,426</b>	<b>\$ 1,957,060</b>	<b>\$ 1,982,802</b>	<b>\$ 2,036,379</b>
<b>Revenues Less Expenditures</b>	<b>\$ (579,672)</b>	<b>\$ (853,040)</b>	<b>\$ (822,960)</b>	<b>\$ (1,336,494)</b>	<b>\$ (1,153,187)</b>	<b>\$ (1,760,426)</b>	<b>\$ (1,957,060)</b>	<b>\$ (1,982,802)</b>	<b>\$ (2,036,379)</b>
Increase in FY19 is due to the above base request for a Government Affairs Manager, intermittent hourly positions for Health District surge capacity, and one-time use of fund balance for Public Health Community projects.									
FY21 increase in professional/other agencies is the \$500,000 base funding approved in FY20 for one-time projects - funding will be transferred to the appropriate program once allocations are approved.									
<b>Administrative Health Services Office</b>									
<b>Revenues:</b>									
Miscellaneous	-	-	-	-	-				
<b>Sub-total Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>				
<b>Expenditures:</b>									
Salaries & Wages	640,045	631,475	574,274	576,597	547,487	746,931	914,557	874,738	931,429
Group Insurance	91,131	99,880	98,208	92,583	85,634	90,913	103,580	108,086	111,328
OPEB Contribution	19,879	81,163	81,735	80,787	66,792	66,504	34,902	60,522	59,917
Retirement	178,097	176,752	128,217	150,683	150,384	176,893	201,748	206,868	220,275
Other Employee Benefits	14,200	14,973	15,292	14,630	11,437	12,245	13,456	14,041	14,462
Professional/Other agencies	3,241	3,000	3,150	3,540	4,000	4,000	4,000	4,120	4,244
Workforce training & development	-	-	6,348	7,352	1,769	100	9,830	9,904	9,978
Other Services and Supplies	14,933	79,046	79,863	89,808	142,056	113,917	141,888	146,145	149,068
Indirect cost allocation	34,497	33,077	29,573	23,689	74,213	81,634	87,348	91,279	95,387
Capital	-	-	-	20,000	-	-	-	-	-
<b>Sub-total Expenditures</b>	<b>996,022</b>	<b>1,119,366</b>	<b>1,016,660</b>	<b>1,059,669</b>	<b>1,083,771</b>	<b>1,293,136</b>	<b>1,511,309</b>	<b>1,515,703</b>	<b>1,606,883</b>
<b>Revenues Less Expenditures</b>	<b>\$ (996,022)</b>	<b>\$ (1,119,366)</b>	<b>\$ (1,016,660)</b>	<b>\$ (1,059,669)</b>	<b>\$ (1,083,771)</b>	<b>\$ (1,293,136)</b>	<b>\$ (1,511,309)</b>	<b>\$ (1,515,703)</b>	<b>\$ (1,606,883)</b>
FY20 Other Services and Supplies increase is due to \$50,000 safety budget moving from ODHO to AHS.									
FY21 & FY22 increase in Salaries & Wages is due to the \$117,499 in FY21 & \$222,822 in FY22 for retiree accrued benefits payout budgeted in AHS; it will move to divisions when retirements occur.									

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual						E/C	Proposed Budget		Projected Based on Historical Trends		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021		FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	
<b><u>Air Quality Management Program</u></b>												
<b>Revenues:</b>												
Licenses and Permits	523,612	554,557	716,574	704,475	718,164	699,094	691,950	719,905	705,789	719,905	727,104	
Federal & State Grants	727,088	736,335	697,654	643,408	740,913	700,670	700,670	736,124	721,690	736,124	743,485	
Federal & State Indirect Rev.	32,794	33,218	31,108	29,091	45,642	31,949	31,949	33,566	32,908	33,566	33,902	
Pollution Control (NRS 445B.830)	599,290	573,910	745,724	650,382	629,970	628,105	610,000	625,958	616,100	625,958	632,217	
Dust Plan	271,308	504,360	536,722	594,133	623,229	818,270	664,600	691,450	677,892	691,450	698,364	
Other Charges for Services	366,311	577,340	815,558	793,820	729,189	830,839	819,899	841,347	828,098	841,347	849,761	
Miscellaneous	50	-	-	27,960	6,736	76,665	-	-	-	-	-	
<b>Sub-total Revenues</b>	<b>2,520,452</b>	<b>2,979,720</b>	<b>3,543,340</b>	<b>3,443,270</b>	<b>3,493,841</b>	<b>3,785,592</b>	<b>3,519,068</b>	<b>3,648,349</b>	<b>3,582,476</b>	<b>3,648,349</b>	<b>3,684,833</b>	
<b>Expenditures:</b>												
Salaries & Wages	1,365,722	1,441,018	1,455,026	1,595,076	1,555,069	1,599,300	1,674,626	1,779,881	1,724,865	1,779,881	1,836,652	
Group Insurance	202,182	225,098	210,156	215,708	197,210	204,281	216,217	232,391	225,623	232,391	235,877	
OPEB Contribution	128,749	171,961	188,415	187,704	166,276	165,557	84,372	144,843	146,306	144,843	144,771	
Retirement	368,286	389,982	403,682	435,780	435,381	450,703	486,197	514,437	498,535	514,437	530,845	
Other Employee Benefits	29,518	37,004	36,822	40,957	41,198	41,938	44,451	47,776	46,385	47,776	48,493	
Professional/Other agencies	142,822	82,645	94,229	70,053	17,787	85,456	135,456	43,415	42,564	43,415	43,850	
Fleet Management billings	36,710	32,246	44,034	46,613	41,914	46,109	41,249	42,328	41,662	42,328	42,752	
Workforce training & development	27,077	23,772	25,500	15,856	19,952	8,000	37,000	37,557	37,278	37,557	37,651	
Other Services and Supplies	114,408	203,657	216,828	174,666	165,483	429,262	478,022	14,115	13,838	14,115	14,327	
Indirect cost allocation	223,424	214,235	191,539	153,430	201,631	221,795	237,321	259,160	248,000	259,160	277,301	
Capital	31,736	35,340	70,032	-	143,925	100,000	100,000	101,003	100,500	101,003	101,508	
<b>Sub-total Expenditures</b>	<b>2,670,635</b>	<b>2,856,957</b>	<b>2,936,262</b>	<b>2,935,843</b>	<b>2,985,827</b>	<b>3,352,402</b>	<b>3,534,912</b>	<b>3,216,907</b>	<b>3,125,556</b>	<b>3,216,907</b>	<b>3,314,026</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (150,183)</b>	<b>\$ 122,763</b>	<b>\$ 607,078</b>	<b>\$ 507,427</b>	<b>\$ 508,015</b>	<b>\$ 433,190</b>	<b>\$ (15,844)</b>	<b>\$ 431,442</b>	<b>\$ 456,920</b>	<b>\$ 431,442</b>	<b>\$ 370,807</b>	
Due to budgeting guidelines, \$739,084 of revenue carried over from FY20 that is required to be spent in the Air Quality Management program has been assumed to be spent 100% over FY21 and FY22.												

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					E/C	Proposed Budget			Projected Based on Historical Trends		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020		FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	
<b><u>Chronic Disease Prevention</u></b>												
<b>Revenues:</b>												
Federal & State Grants	276,505	292,968	355,764	246,374	201,207	555,046	270,834	278,959	284,538	287,383		
Federal & State Indirect Rev.	15,536	17,463	23,991	20,452	16,908	68,334	27,401	28,223	28,788	29,075		
Miscellaneous	-	-	-	162,863	120,664	135,249	135,249	139,306	142,093	143,514		
Sub-total Revenues	292,042	310,431	379,755	429,689	338,779	758,629	433,484	446,488	455,418	459,972		
<b>Expenditures:</b>												
Salaries & Wages	220,935	247,735	318,965	335,562	342,752	518,997	622,879	595,759	614,761	634,370		
Group Insurance	27,298	37,649	45,785	48,457	43,851	68,872	82,278	85,857	88,433	89,759		
OPEB Contribution	11,094	23,139	22,554	29,469	28,242	28,120	26,774	46,429	45,964	45,941		
Retirement	48,587	52,043	71,486	77,551	78,507	118,994	153,591	157,489	162,513	167,696		
Other Employee Benefits	3,944	5,490	7,089	7,405	5,250	7,141	8,248	8,607	8,865	8,998		
Professional/Other agencies	138,575	148,308	168,525	214,562	96,865	251,709	73,747	75,959	77,479	78,253		
Workforce training & development	2,265	4,420	4,753	4,361	8,742	8,774	12,972	13,069	13,167	13,200		
Other Services and Supplies	9,584	13,295	21,506	63,224	46,874	154,282	47,631	49,060	50,041	50,792		
Indirect cost allocation	49,251	36,709	32,820	26,290	45,368	49,905	53,398	55,801	58,312	62,394		
Sub-total Expenditures	511,533	568,789	693,481	806,881	696,451	1,206,794	1,081,519	1,088,031	1,119,536	1,151,404		
<b>Revenues Less Expenditures</b>	\$ (219,491)	\$ (258,358)	\$ (313,726)	\$ (377,192)	\$ (357,672)	\$ (448,165)	\$ (648,035)	\$ (641,543)	\$ (664,117)	\$ (691,432)		
FY21 increase in expenditures is due to an increase in grant funding mainly for addressing e-cigarette use and exposure in our community, with a focus on youth plus the additional Health Educator position approved in FY21.												
<b><u>Community &amp; Clinical Health Administration &amp; Billing</u></b>												
<b>Revenues:</b>												
Other Charges for Services	-	-	-	-	-	-	-	-	-	-		
Miscellaneous	-	-	-	-	-	151	-	-	-	-		
Sub-total Revenues	-	-	-	-	-	151	-	-	-	-		
<b>Expenditures:</b>												
Salaries & Wages	125,305	209,121	252,529	312,539	347,319	297,221	433,584	414,706	427,934	441,583		
Group Insurance	13,500	26,463	34,048	40,676	36,605	41,443	61,611	64,291	66,220	67,213		
OPEB Contribution	11,867	16,738	28,194	34,014	35,234	35,081	17,264	29,936	29,637	29,622		
Retirement	34,803	59,005	70,675	87,511	77,911	76,601	126,824	130,042	134,190	138,470		
Other Employee Benefits	2,711	4,694	5,638	7,126	5,517	4,704	7,176	7,488	7,713	7,828		
Professional/Other agencies	3,597	6,976	17,043	14,801	-	34,378	27,328	28,147	28,710	28,997		
Fleet Management billings	3,409	4,420	4,452	4,110	4,185	4,639	4,216	4,258	4,326	4,370		
Workforce training & development	1,779	2,119	4,728	8,475	8,285	3,500	10,375	10,453	10,531	10,558		
Other Services and Supplies	8,530	10,015	18,256	61,384	50,434	54,086	57,219	58,936	60,115	61,016		
Indirect cost allocation	20,594	19,747	17,655	14,142	41,014	45,115	48,273	50,445	52,715	56,405		
Capital	30,265	25,374	25,374	18,829	-	-	-	-	-	-		
Sub-total Expenditures	256,359	384,673	478,592	603,607	606,503	596,768	793,870	798,704	822,091	846,063		
<b>Revenues Less Expenditures</b>	\$ (256,359)	\$ (384,673)	\$ (478,592)	\$ (603,607)	\$ (606,503)	\$ (596,618)	\$ (793,870)	\$ (798,704)	\$ (822,091)	\$ (846,063)		
FY22 increase in expenditures is due to the COVID response PH Supervisor position approved in FY21 budget process that will be reallocated to other programs once the COVID response is completed.												

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					E/C FY 2020- 2021	Proposed Budget FY 2021- 2022	Projected Based on Historical Trends		
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020			FY 2022- 2023	FY 2023- 2024	FY 2024- 2025
<b><i>Family Planning</i></b>										
<b>Revenues:</b>										
Federal & State Grants	743,944	835,313	967,598	807,058	945,008	982,457	979,922	1,009,320	1,029,506	1,039,801
Federal & State Indirect Rev.	32,593	124,392	143,824	110,385	122,856	126,689	126,689	130,490	133,099	134,430
Other Charges for Services	74,173	107,310	193,137	169,265	208,972	201,000	201,168	203,180	206,431	208,495
Miscellaneous	20,937	16,448	14,260	3,966	6,670	6,952	5,000	5,050	5,101	5,152
<b>Sub-total Revenues</b>	<b>871,646</b>	<b>1,083,463</b>	<b>1,318,818</b>	<b>1,090,674</b>	<b>1,283,506</b>	<b>1,317,098</b>	<b>1,312,779</b>	<b>1,348,039</b>	<b>1,374,137</b>	<b>1,387,878</b>
<b>Expenditures:</b>										
Salaries & Wages	493,055	541,807	622,942	575,556	713,030	829,585	833,609	797,314	822,745	848,988
Group Insurance	98,577	96,255	98,693	81,420	93,038	120,640	120,284	125,517	129,282	131,221
OPEB Contribution	58,070	36,734	56,399	55,299	34,822	34,671	27,066	46,934	46,465	46,442
Retirement	125,217	126,468	147,691	134,296	178,653	227,975	228,621	234,423	241,900	249,616
Other Employee Benefits	12,221	11,802	13,769	15,703	11,346	13,437	12,865	13,425	13,827	14,035
Professional/Other agencies	22,875	51,892	41,488	27,296	52,479	23,200	25,200	25,956	26,475	26,740
Biologicals	91,652	118,490	119,683	131,584	163,247	120,971	114,502	117,937	120,296	121,499
Workforce training & development	4,574	7,037	11,621	15,553	10,574	2,725	12,200	12,292	12,384	12,415
Other Services and Supplies	55,135	49,416	83,477	86,199	125,808	118,962	95,259	98,117	100,079	101,581
Indirect cost allocation	100,772	96,628	86,392	69,204	66,721	73,393	78,531	82,064	85,757	91,760
Capital	-	-	-	(200)	-	-	-	-	-	-
<b>Sub-total Expenditures</b>	<b>1,062,150</b>	<b>1,136,527</b>	<b>1,282,154</b>	<b>1,191,910</b>	<b>1,449,718</b>	<b>1,567,559</b>	<b>1,548,137</b>	<b>1,553,979</b>	<b>1,599,211</b>	<b>1,644,295</b>
<b>Revenues Less Expenditures</b>	<b>\$ (190,504)</b>	<b>\$ (53,064)</b>	<b>\$ (36,664)</b>	<b>\$ (101,235)</b>	<b>\$ (166,212)</b>	<b>\$ (250,461)</b>	<b>\$ (235,358)</b>	<b>\$ (205,940)</b>	<b>\$ (225,075)</b>	<b>\$ (256,417)</b>
<b><i>Immunizations</i></b>										
<b>Revenues:</b>										
Federal & State Grants	290,366	274,682	252,617	240,564	179,694	402,117	268,406	276,458	281,987	284,807
Federal & State Indirect Rev.	37,748	37,878	32,841	31,272	23,360	55,603	34,892	35,939	36,658	37,024
Other Charges for Services	120,257	247,840	341,266	332,173	333,208	335,000	335,200	338,552	343,969	347,409
Miscellaneous	5,882	6,655	3,512	2,181	2,276	1,000	2,000	2,020	2,040	2,061
<b>Sub-total Revenues</b>	<b>454,253</b>	<b>567,054</b>	<b>630,235</b>	<b>606,190</b>	<b>538,538</b>	<b>793,720</b>	<b>640,498</b>	<b>652,969</b>	<b>664,654</b>	<b>671,300</b>
<b>Expenditures:</b>										
Salaries & Wages	694,865	684,211	663,230	650,565	609,363	752,282	681,222	651,562	672,344	693,789
Group Insurance	114,657	117,507	103,658	90,631	79,468	103,026	108,960	113,700	117,111	118,868
OPEB Contribution	78,590	75,357	86,484	78,053	59,749	59,490	27,041	46,892	46,423	46,399
Retirement	173,379	177,340	170,597	154,600	143,404	160,424	173,217	177,613	183,278	189,124
Other Employee Benefits	15,294	15,170	14,915	14,357	9,925	9,751	9,724	10,147	10,451	10,608
Professional/Other agencies	15,333	19,863	21,608	40,078	12,071	27,920	27,254	28,072	28,633	28,919
Biologicals	127,622	113,635	154,880	186,009	185,775	214,690	214,690	221,131	225,553	227,809
Workforce training & development	4,622	3,179	2,093	635	3,892	2,770	4,770	4,806	4,842	4,854
Other Services and Supplies	48,941	30,975	37,250	27,710	34,412	105,633	70,218	72,325	73,771	74,878
Indirect cost allocation	136,382	130,772	116,919	93,657	82,275	90,502	96,837	101,195	105,749	113,151
<b>Sub-total Expenditures</b>	<b>1,409,685</b>	<b>1,368,008</b>	<b>1,371,634</b>	<b>1,336,295</b>	<b>1,220,333</b>	<b>1,526,487</b>	<b>1,413,934</b>	<b>1,427,442</b>	<b>1,468,156</b>	<b>1,508,400</b>
<b>Revenues Less Expenditures</b>	<b>\$ (955,432)</b>	<b>\$ (800,953)</b>	<b>\$ (741,399)</b>	<b>\$ (730,105)</b>	<b>\$ (681,795)</b>	<b>\$ (732,767)</b>	<b>\$ (773,436)</b>	<b>\$ (774,473)</b>	<b>\$ (803,502)</b>	<b>\$ (837,099)</b>

Increase in FY21 revenues and expenditures is due to an increase in grant funding for flu and COVID-19 vaccinations, an additional \$30,000 was received in FY21 for software to track immunizations.

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					E/T/C FY 2020- 2021	Proposed Budget		Projected Based on Historical Trends		
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020		FY 2021- 2022	FY 2022- 2023	FY 2023- 2024	FY 2024- 2025	
<b>Maternal, Child &amp; Adolescent Health</b>											
<b>Revenues:</b>											
Federal & State Grants	54,540	56,622	58,705	58,035	55,087	58,661	60,421	61,629	62,246		
Federal & State Indirect Rev.	5,181	5,662	5,871	5,803	5,509	5,866	6,042	6,163	6,224		
Sub-total Revenues	59,721	62,284	64,576	63,838	60,596	64,527	66,463	67,792	68,470		
<b>Expenditures:</b>											
Salaries & Wages	96,702	100,500	99,099	61,362	52,107	58,032	62,182	64,165	66,212		
Group Insurance	16,455	16,681	16,516	8,673	6,247	7,407	7,695	7,926	8,045		
OPEB Contribution	10,862	10,283	11,275	9,833	3,843	3,826	3,068	3,037	3,035		
Retirement	26,907	28,082	27,744	14,800	13,870	11,035	11,339	11,701	12,074		
Other Employee Benefits	4,644	2,183	2,148	1,284	805	663	613	631	641		
Professional/Other agencies	468	500	610	468	-	270	-	-	-		
Biologicals	215	166	257	-	-	250	-	-	-		
Workforce training & development	258	2,389	1,376	894	803	3,750	3,778	3,806	3,816		
Other Services and Supplies	5,742	5,741	5,773	3,658	3,391	6,882	5,349	5,660	5,745		
Indirect cost allocation	18,849	18,074	16,159	12,944	8,530	9,383	10,492	10,964	11,731		
Sub-total Expenditures	181,101	184,598	180,957	113,915	89,595	99,248	104,979	107,890	111,299		
Revenues Less Expenditures	\$ (121,380)	\$ (122,314)	\$ (116,381)	\$ (50,077)	\$ (29,000)	\$ (34,721)	\$ (38,252)	\$ (40,098)	\$ (42,829)		
<b>Sexual Health - HIV</b>											
<b>Revenues:</b>											
Federal & State Grants	419,160	379,320	377,734	472,326	432,196	470,925	489,923	499,721	504,718		
Federal & State Indirect Rev.	43,813	40,816	42,121	51,790	46,835	48,707	51,659	52,692	53,219		
Sub-total Revenues	462,973	420,136	419,854	524,116	479,031	519,632	541,582	552,414	557,938		
<b>Expenditures:</b>											
Salaries & Wages	229,906	205,387	221,449	278,411	346,190	330,324	316,338	326,428	336,840		
Group Insurance	30,557	32,798	35,800	36,506	40,101	47,640	51,299	52,838	53,631		
OPEB Contribution	26,876	24,326	26,736	23,002	28,407	28,284	24,660	24,414	24,401		
Retirement	55,855	47,268	52,162	57,234	69,023	80,136	84,189	86,875	89,646		
Other Employee Benefits	4,542	4,662	4,823	6,519	5,512	4,621	4,498	4,834	4,907		
Professional/Other agencies	54,494	43,599	28,295	10,850	-	600	2,163	2,206	2,228		
Workforce training & development	10,771	4,686	3,907	16,923	2,103	640	9,307	9,377	9,401		
Other Services and Supplies	33,073	40,933	35,381	69,147	35,878	55,476	44,399	46,646	47,345		
Indirect cost allocation	46,640	44,722	39,984	32,029	37,007	40,708	45,518	47,566	50,896		
Sub-total Expenditures	492,715	448,380	448,538	530,621	564,222	588,429	583,900	601,184	619,294		
Revenues Less Expenditures	\$ (29,742)	\$ (28,243)	\$ (28,683)	\$ (6,505)	\$ (85,191)	\$ (68,797)	\$ (42,318)	\$ (48,770)	\$ (61,357)		



**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					ETC FY 2020- 2021	Proposed Budget		Projected Based on Historical Trends	
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020		FY 2021- 2022	FY 2022- 2023	FY 2023- 2024	FY 2024- 2025
<b><i>Sexual Health - STD</i></b>										
<b>Revenues:</b>										
Federal & State Grants	118,225	119,378	119,858	116,374	109,676	122,818	125,064	128,816	131,392	132,706
Federal & State Indirect Rev.	11,250	11,360	11,386	11,354	10,968	12,282	12,506	12,882	13,139	13,271
Other Charges for Services	33,513	60,492	71,719	61,005	46,759	35,500	24,384	24,628	25,022	25,272
Miscellaneous	3,610	4,180	1,918	2,199	1,319	500	2,000	2,020	2,040	2,061
<b>Sub-total Revenues</b>	<b>166,598</b>	<b>195,610</b>	<b>204,880</b>	<b>190,933</b>	<b>168,722</b>	<b>171,100</b>	<b>163,954</b>	<b>168,345</b>	<b>171,593</b>	<b>173,309</b>
<b>Expenditures:</b>										
Salaries & Wages	472,553	568,207	547,121	622,777	556,824	576,765	623,045	595,919	614,926	634,540
Group Insurance	70,734	94,688	82,895	87,259	73,319	78,408	86,773	90,548	93,265	94,664
OPEB Contribution	52,197	55,392	67,885	59,685	55,089	54,851	30,514	52,913	52,384	52,358
Retirement	124,803	154,470	145,551	162,105	155,412	161,686	174,787	179,223	184,939	190,838
Other Employee Benefits	9,076	12,546	12,271	11,303	9,138	9,306	9,844	10,272	10,581	10,739
Professional/Other agencies	17,299	17,731	18,643	15,767	18,358	18,581	18,581	19,138	19,521	19,716
Biologicals	169	3,954	(2,067)	825	1,347	4,000	4,000	4,120	4,202	4,244
Workforce training & development	1,964	1,928	2,792	4,878	7,058	2,500	2,500	2,519	2,538	2,544
Other Services and Supplies	59,422	67,041	65,153	73,369	64,743	49,776	49,776	51,269	52,295	53,079
Indirect cost allocation	90,581	86,855	77,654	62,204	62,079	68,287	73,067	76,355	79,791	85,376
<b>Sub-total Expenditures</b>	<b>898,799</b>	<b>1,062,812</b>	<b>1,017,896</b>	<b>1,100,172</b>	<b>1,003,367</b>	<b>1,024,160</b>	<b>1,072,888</b>	<b>1,082,277</b>	<b>1,114,441</b>	<b>1,148,099</b>
<b>Revenues Less Expenditures</b>	<b>\$ (732,200)</b>	<b>\$ (867,202)</b>	<b>\$ (813,016)</b>	<b>\$ (909,239)</b>	<b>\$ (834,645)</b>	<b>\$ (853,060)</b>	<b>\$ (908,934)</b>	<b>\$ (913,931)</b>	<b>\$ (942,848)</b>	<b>\$ (974,789)</b>
<b><i>Tuberculosis</i></b>										
<b>Revenues:</b>										
Federal & State Grants	93,421	104,380	91,304	100,735	96,473	95,834	95,294	98,153	100,116	101,117
Federal & State Indirect Rev.	12,739	15,135	13,097	14,423	13,989	13,896	13,818	14,233	14,517	14,662
Other Charges for Services	8,463	10,190	11,170	10,433	2,129	-	-	-	-	-
Miscellaneous	21	-	-	0	857	175	1,000	1,010	1,020	1,030
<b>Sub-total Revenues</b>	<b>114,644</b>	<b>129,705</b>	<b>115,571</b>	<b>125,591</b>	<b>113,448</b>	<b>109,905</b>	<b>110,112</b>	<b>113,395</b>	<b>115,653</b>	<b>116,810</b>
<b>Expenditures:</b>										
Salaries & Wages	365,632	365,166	397,552	390,059	387,046	390,802	405,500	387,844	400,215	412,980
Group Insurance	58,698	60,347	67,016	55,399	47,889	47,051	45,608	47,592	49,020	49,755
OPEB Contribution	41,539	35,484	34,378	34,969	29,232	29,105	15,268	26,476	26,211	26,198
Retirement	99,750	98,118	103,386	99,567	98,396	106,620	110,741	113,552	117,173	120,911
Other Employee Benefits	7,719	8,030	8,663	8,617	6,313	6,183	6,310	6,584	6,782	6,884
Professional/Other agencies	20,918	22,139	21,724	20,694	23,455	21,294	21,294	21,933	22,371	22,595
Biologicals	7,908	10,840	8,948	6,425	7,677	10,000	10,000	10,300	10,506	10,611
Workforce training & development	6,437	3,460	4,245	4,991	2,988	3,690	6,033	6,078	6,123	6,139
Other Services and Supplies	28,442	28,371	23,892	32,157	36,345	51,086	47,585	49,013	49,993	50,743
Indirect cost allocation	72,085	69,120	61,798	49,503	41,255	45,380	48,557	50,742	53,025	56,737
<b>Sub-total Expenditures</b>	<b>709,128</b>	<b>701,075</b>	<b>731,604</b>	<b>702,381</b>	<b>680,597</b>	<b>711,212</b>	<b>716,895</b>	<b>720,113</b>	<b>741,420</b>	<b>763,553</b>
<b>Revenues Less Expenditures</b>	<b>\$ (594,484)</b>	<b>\$ (571,370)</b>	<b>\$ (616,032)</b>	<b>\$ (576,790)</b>	<b>\$ (567,149)</b>	<b>\$ (601,307)</b>	<b>\$ (606,783)</b>	<b>\$ (606,718)</b>	<b>\$ (625,767)</b>	<b>\$ (646,743)</b>

Washoe County Health District

History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25

	Actual						E/T/C	Proposed Budget		Projected Based on Historical Trends		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021		FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	
<b>Women, Infants and Children</b>												
<b>Revenues:</b>												
Federal & State Grants	1,058,684	1,082,564	1,022,806	1,018,633	974,118	1,031,110	1,062,921	1,094,809	1,116,705	1,127,872		
Federal & State Indirect Rev.	25,708	21,651	23,254	55,210	87,936	72,178	75,148	77,402	78,950	79,740		
Miscellaneous	700	-	-	-	-	-	-	-	-	-		
Sub-total Revenues	1,085,091	1,104,215	1,046,060	1,073,843	1,062,054	1,103,288	1,138,069	1,172,211	1,195,655	1,207,612		
<b>Expenditures:</b>												
Salaries & Wages	682,510	712,240	669,616	660,383	688,429	696,673	719,074	687,766	709,703	732,340		
Group Insurance	156,990	171,472	157,972	155,953	135,600	147,372	152,613	159,252	164,029	166,490		
OPEB Contribution	90,898	88,242	89,449	85,999	72,458	72,144	34,859	60,448	59,843	59,813		
Retirement	182,955	194,599	184,327	185,255	184,732	199,647	203,538	208,703	215,360	222,229		
Other Employee Benefits	17,462	15,431	14,396	14,648	10,464	10,862	11,051	11,532	11,878	12,056		
Professional/Other agencies	509	2,427	819	10,331	3,529	4,452	225	232	236	239		
Workforce training & development	-	167	4,458	1,660	1,210	4,050	9,797	9,870	9,945	9,969		
Other Services and Supplies	70,049	103,451	77,607	77,105	59,662	90,511	92,507	95,282	97,187	98,645		
Indirect cost allocation	157,740	151,252	135,230	108,325	80,494	88,543	94,741	99,004	103,460	110,702		
Capital	-	-	-	15,000	-	-	-	-	-	-		
Sub-total Expenditures	1,359,114	1,439,282	1,333,873	1,314,659	1,236,578	1,314,255	1,318,405	1,332,089	1,371,642	1,412,483		
Revenues Less Expenditures	\$ (274,022)	\$ (335,067)	\$ (287,813)	\$ (240,816)	\$ (174,523)	\$ (210,967)	\$ (180,336)	\$ (159,878)	\$ (175,986)	\$ (204,872)		

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					ETC	Proposed Budget			Projected Based on Historical Trends	
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020		FY 2020-2021	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025
<b>General Environmental Health Services</b>											
<b>Revenues:</b>											
Licenses and Permits	1,036,128	1,868,369	2,535,668	2,899,338	2,622,006	2,666,886	2,893,776	2,951,652	3,010,685	3,040,791	
Federal & State Grants	356,200	390,532	339,927	366,829	253,302	639,180	384,288	395,816	403,733	407,770	
Federal & State Indirect Rev.	45,376	44,040	67,194	58,838	44,662	21,357	38,352	39,503	40,293	40,696	
Tire Fees (NRS 444A.090)	465,345	562,745	504,990	522,233	527,526	525,000	525,000	535,500	546,210	557,134	
Other Charges for Services	227,621	484,832	872,217	820,182	755,872	712,813	668,446	675,130	685,932	692,792	
Miscellaneous	500	-	800	110,357	13,007	64,292	-	-	-	-	
<b>Sub-total Revenues</b>	<b>2,131,171</b>	<b>3,350,518</b>	<b>4,320,796</b>	<b>4,777,777</b>	<b>4,216,376</b>	<b>4,629,528</b>	<b>4,509,862</b>	<b>4,597,601</b>	<b>4,686,852</b>	<b>4,739,183</b>	
<b>Expenditures:</b>											
Salaries & Wages	2,690,216	2,495,425	2,382,116	2,676,075	2,321,022	2,731,341	3,039,591	2,907,250	2,999,980	3,095,667	
Group Insurance	346,781	375,381	350,805	378,849	309,328	394,586	419,391	437,634	450,763	457,525	
OPEB Contribution	291,636	320,487	311,517	304,868	273,334	272,151	146,066	253,288	250,755	250,630	
Retirement	703,408	658,251	631,676	730,242	641,819	770,914	854,354	876,036	903,978	932,811	
Other Employee Benefits	57,440	64,783	60,722	69,366	62,842	74,961	80,798	84,312	86,842	88,144	
Professional/Other agencies	122,045	89,939	248,658	178,087	149,754	392,843	313,990	265,496	270,806	273,514	
Chemical Supplies	845	1,301	723	1,204	635	1,200	1,200	1,203	1,206	1,218	
Fleet Management billings	89,742	88,664	104,192	91,392	83,570	92,526	109,593	110,689	112,460	113,585	
Workforce training & development	35,806	39,384	43,782	43,525	36,759	13,972	79,600	80,197	80,798	81,000	
Other Services and Supplies	209,587	143,657	245,150	313,930	224,389	316,438	365,564	273,531	279,001	283,186	
Indirect cost allocation	506,092	485,275	433,868	347,546	302,608	332,870	356,171	372,199	388,948	416,174	
<b>Sub-total Expenditures</b>	<b>5,053,597</b>	<b>4,762,548</b>	<b>4,813,209</b>	<b>5,135,084</b>	<b>4,406,060</b>	<b>5,393,801</b>	<b>5,766,318</b>	<b>5,661,835</b>	<b>5,825,536</b>	<b>5,993,453</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (2,922,426)</b>	<b>\$ (1,412,030)</b>	<b>\$ (492,413)</b>	<b>\$ (357,306)</b>	<b>\$ (189,685)</b>	<b>\$ (764,273)</b>	<b>\$ (1,256,456)</b>	<b>\$ (1,064,234)</b>	<b>\$ (1,138,684)</b>	<b>\$ (1,254,271)</b>	
Due to budgeting guidelines, \$277,668 of revenue carried over from FY20 that is required to be spent in the Solid Waste Management program has been assumed to be spent 100% over FY21 and FY22.											
<b>Environmental Health Services Administration</b>											
<b>Revenues:</b>											
Miscellaneous	-	-	-	-	-	-	-	-	-	-	
<b>Sub-total Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>Expenditures:</b>											
Salaries & Wages	-	347,096	457,574	257,315	314,419	374,739	434,062	415,163	428,405	442,070	
Group Insurance	-	45,532	65,817	40,127	38,442	44,467	59,297	61,876	63,732	64,688	
OPEB Contribution	-	-	34,470	45,912	42,648	42,463	21,999	38,148	37,766	37,747	
Retirement	-	77,304	129,504	71,605	91,965	91,305	126,963	130,185	134,337	138,622	
Other Employee Benefits	-	6,565	10,940	5,367	5,616	5,383	7,668	8,002	8,242	8,365	
Professional/Other agencies	-	-	6,028	36,455	43,779	-	-	-	-	-	
Workforce training & development	-	-	1,159	276	-	500	3,000	3,023	3,045	3,053	
Other Services and Supplies	-	49,663	65,925	95,806	67,024	78,168	80,513	80,513	82,123	83,355	
Indirect cost allocation	-	-	-	-	46,409	51,050	54,624	57,082	59,650	63,826	
<b>Sub-total Expenditures</b>	<b>-</b>	<b>526,161</b>	<b>771,417</b>	<b>552,862</b>	<b>650,302</b>	<b>688,074</b>	<b>785,780</b>	<b>793,990</b>	<b>817,301</b>	<b>841,726</b>	
<b>Revenues Less Expenditures</b>	<b>\$ -</b>	<b>\$ (526,161)</b>	<b>\$ (771,417)</b>	<b>\$ (552,862)</b>	<b>\$ (650,302)</b>	<b>\$ (688,074)</b>	<b>\$ (785,780)</b>	<b>\$ (793,990)</b>	<b>\$ (817,301)</b>	<b>\$ (841,726)</b>	

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					E/C FY 2020- 2021	Proposed Budget		Projected Based on Historical Trends		
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020		FY 2021- 2022	FY 2022- 2023	FY 2023- 2024	FY 2024- 2025	
<b><i>Vector-Borne Diseases</i></b>											
<b>Revenues:</b>											
Other Charges for Services	76,713	86,433	107,498	94,014	81,496	85,000	84,169	85,011	86,371	87,235	
Miscellaneous	1,375	-	-	-	-	-	-	-	-	-	
<b>Sub-total Revenues</b>	<b>78,088</b>	<b>86,433</b>	<b>107,498</b>	<b>94,014</b>	<b>81,496</b>	<b>85,000</b>	<b>84,169</b>	<b>85,011</b>	<b>86,371</b>	<b>87,235</b>	
<b>Expenditures:</b>											
Salaries & Wages	301,486	311,658	299,267	277,712	198,848	201,723	235,515	225,261	232,446	239,860	
Group Insurance	31,270	36,740	37,111	26,840	22,309	21,466	23,875	24,913	25,661	26,046	
OPEB Contribution	35,187	30,482	33,187	19,375	16,031	15,962	9,728	16,869	16,700	16,692	
Retirement	68,611	71,047	63,931	51,502	51,068	50,389	56,203	57,629	59,467	61,364	
Other Employee Benefits	6,699	8,214	7,796	6,706	5,411	4,894	5,623	5,867	6,043	6,134	
Professional/Other agencies	1,928	3,403	4,183	6,322	10,627	8,415	8,415	8,667	8,841	8,929	
Chemical Supplies	249,243	401,740	766,309	391,498	294,200	235,000	235,000	235,588	236,176	238,538	
Fleet Management billings	34,900	35,445	32,169	36,548	29,257	31,406	41,146	41,558	42,223	42,645	
Workforce training & development	-	30	2,065	2,286	2,176	500	4,000	4,030	4,060	4,070	
Other Services and Supplies	95,976	120,204	147,480	121,101	87,663	104,507	102,637	128,717	131,291	133,260	
Indirect cost allocation	61,061	58,550	52,347	41,932	41,739	45,913	49,127	51,338	53,648	57,403	
<b>Sub-total Expenditures</b>	<b>886,361</b>	<b>1,077,512</b>	<b>1,445,843</b>	<b>981,822</b>	<b>759,329</b>	<b>720,175</b>	<b>771,269</b>	<b>800,437</b>	<b>816,556</b>	<b>834,942</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (808,273)</b>	<b>\$ (991,079)</b>	<b>\$ (1,338,345)</b>	<b>\$ (887,808)</b>	<b>\$ (677,833)</b>	<b>\$ (635,175)</b>	<b>\$ (687,100)</b>	<b>\$ (715,426)</b>	<b>\$ (730,186)</b>	<b>\$ (747,707)</b>	

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual					FJC FY 2020- 2021	Proposed Budget FY 2021- 2022	Projected Based on Historical Trends		
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020			FY 2022- 2023	FY 2023- 2024	FY 2024- 2025
<b><i>Emergency/Medical Services</i></b>										
<b>Revenues:</b>										
Federal & State Grants	-	-	14,816	11,978	-	-	-	-	-	-
Federal & State Indirect Rev.	-	-	1,632	1,331	-	-	-	-	-	-
Miscellaneous	48,184	54,181	57,818	61,773	51,710	57,578	63,825	64,453	66,352	68,346
Sub-total Revenues	48,184	54,181	74,266	75,082	51,710	57,578	63,825	64,453	66,352	68,346
<b>Expenditures:</b>										
Salaries & Wages	196,040	191,600	214,850	221,179	186,388	194,447	223,639	213,902	220,725	227,765
Group Insurance	27,611	31,893	34,582	34,453	20,960	27,996	31,129	32,483	33,457	33,959
OPEB Contribution	17,028	19,658	22,426	22,517	19,769	19,683	11,444	19,845	19,646	19,636
Retirement	54,449	53,338	60,871	62,710	49,390	59,661	65,344	67,002	69,139	71,345
Other Employee Benefits	3,478	4,768	5,109	5,321	3,652	3,840	4,520	4,716	4,858	4,931
Professional/Other agencies	11,521	17,808	29,728	18,185	2,021	10,809	10,809	11,133	11,356	11,469
Workforce training & development	6,267	5,674	5,248	1,563	1,310	-	7,600	7,657	7,714	7,734
Other Services and Supplies	5,591	5,902	8,064	16,967	9,371	11,013	11,013	11,343	11,570	11,744
Indirect cost allocation	29,549	28,334	25,332	20,292	24,365	26,801	28,677	29,968	31,316	33,508
Sub-total Expenditures	351,534	359,175	406,210	403,187	317,226	354,250	394,175	398,050	409,783	422,092
Revenues Less Expenditures	\$ (303,350)	\$ (304,994)	\$ (331,944)	\$ (328,105)	\$ (265,516)	\$ (296,672)	\$ (330,350)	\$ (333,597)	\$ (343,430)	\$ (353,746)
<b><i>Epidemiology/Surveillance</i></b>										
<b>Revenues:</b>										
Federal & State Grants	286,515	330,185	257,901	215,834	162,594	9,268,295	156,466	161,160	164,383	166,027
Federal & State Indirect Rev.	42,920	60,718	50,490	41,126	32,409	231,951	31,293	32,232	32,876	33,205
Other Charges for Services	321	-	-	-	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-	-
Sub-total Revenues	329,755	390,903	308,391	256,960	195,003	9,500,246	187,759	193,391	197,259	199,232
<b>Expenditures:</b>										
Salaries & Wages	415,642	453,821	462,572	475,451	1,193,032	760,102	536,066	512,726	529,080	545,955
Group Insurance	57,241	54,999	49,686	48,563	141,445	94,439	67,708	70,653	72,773	73,865
OPEB Contribution	39,657	53,381	56,373	56,924	49,009	48,797	27,354	47,434	46,959	46,936
Retirement	115,461	125,741	129,043	123,600	347,577	237,625	156,602	160,576	165,698	170,983
Other Employee Benefits	9,676	10,175	10,471	10,460	24,611	12,128	8,794	9,177	9,452	9,594
Professional/Other agencies	12,528	13,488	14,292	54,609	36,472	6,357,131	13,650	14,060	14,341	14,484
Biologicals	-	-	-	157	384	500	500	515	525	531
Fleet Management billings	1,654	-	-	-	-	-	-	-	-	-
Workforce training & development	3,874	8,493	8,861	535	2,177	-	5,750	5,793	5,837	5,851
Other Services and Supplies	16,319	18,566	16,516	16,618	36,768	2,370,851	20,280	20,888	21,306	21,626
Indirect cost allocation	68,820	65,989	58,998	47,260	48,478	53,326	57,059	59,626	62,310	66,671
Sub-total Expenditures	740,872	804,654	806,812	834,176	1,879,953	9,934,899	893,763	901,448	928,280	956,495
Revenues Less Expenditures	\$ (411,117)	\$ (413,751)	\$ (498,421)	\$ (577,216)	\$ (1,684,950)	\$ (434,653)	\$ (706,004)	\$ (708,057)	\$ (731,021)	\$ (757,264)
Increase in revenues and expenditures in FY20 and FY21 is due to the grant funding received for the COVID-19 response.										

**Washoe County Health District  
History, Current Estimates for FY21, FY22 Proposed Budget and Projections to FY25**

	Actual				EJC FY 2020- 2021	Proposed Budget FY 2021- 2022		Projected Based on Historical Trends	
	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019		FY 2019- 2020	FY 2022- 2023	FY 2023- 2024	FY 2024- 2025
<b>Public Health Preparedness</b>									
<b>Revenues:</b>									
Federal & State Grants	1,131,675	941,225	853,588	1,138,681	1,137,508	1,121,497	1,155,142	1,178,245	1,190,027
Federal & State Indirect Rev.	109,883	92,668	85,381	114,476	113,513	206,529	212,725	216,979	219,149
Sub-total Revenues	1,241,557	1,033,893	938,969	1,253,156	1,251,020	1,328,026	1,367,867	1,395,224	1,409,176
<b>Expenditures:</b>									
Salaries & Wages	569,544	518,500	546,034	560,650	1,057,329	496,293	474,684	489,825	505,448
Group Insurance	68,180	69,309	75,112	73,626	93,124	127,746	133,303	137,302	139,362
OPEB Contribution	50,823	72,285	68,266	67,419	55,590	25,203	43,704	43,267	43,245
Retirement	156,792	135,454	151,946	151,297	210,334	77,571	79,539	82,076	84,694
Other Employee Benefits	12,935	12,501	12,869	13,201	20,578	5,628	5,873	6,049	6,140
Professional/Other agencies	132,306	53,378	34,600	178,688	230,498	281,084	289,516	295,306	298,259
Chemical Supplies	-	-	-	-	1,750	-	-	-	-
Biologicals	205	-	-	-	-	-	-	-	-
Fleet Management billings	15,964	14,750	11,052	11,648	15,652	35,013	35,363	35,929	36,288
Workforce training & development	13,686	12,639	6,137	22,832	11,228	44,511	44,845	45,181	45,294
Other Services and Supplies	168,520	135,105	34,027	133,038	280,830	60,624	62,443	63,692	64,647
Indirect cost allocation	88,196	84,568	75,609	60,566	76,139	89,616	93,648	97,863	104,713
Capital	-	-	-	-	17,995	-	-	-	-
Sub-total Expenditures	1,277,150	1,108,489	1,015,653	1,272,963	2,071,047	1,243,288	1,262,919	1,296,490	1,328,091
Revenues Less Expenditures	\$ (35,593)	\$ (74,596)	\$ (76,684)	\$ (19,807)	\$ (820,027)	\$ 84,738	\$ 104,948	\$ 98,734	\$ 81,085
FY20 deficit increase is due to \$836,272 of COVID-19 grant funds posted in FY21 but the expenditures were posted in FY20, net increase in revenues less expenditures over FY20 & FY21 is due to an increase in indirect revenue.									
<b>Vital Statistics</b>									
<b>Revenues:</b>									
Birth & Death Certificates	521,837	548,064	532,982	541,301	569,553	597,476	611,396	627,293	643,602
Miscellaneous	-	201	255	82	123	-	-	-	-
Sub-total Revenues	521,837	548,265	533,237	541,383	569,676	597,476	611,396	627,293	643,602
<b>Expenditures:</b>									
Salaries & Wages	164,175	170,194	161,469	169,380	181,255	217,360	207,896	214,527	221,370
Group Insurance	29,969	29,112	35,437	36,753	31,820	37,129	38,745	39,907	40,506
OPEB Contribution	18,334	22,858	22,276	22,526	19,966	10,541	18,279	18,096	18,087
Retirement	45,669	42,820	45,178	47,390	49,892	60,624	62,162	64,145	66,191
Other Employee Benefits	3,908	3,797	3,812	3,812	2,977	3,449	3,599	3,707	3,763
Professional/Other agencies	6,080	22,262	21,483	21,238	18,088	28,000	28,840	29,417	29,711
Other Services and Supplies	19,150	22,542	11,887	22,749	19,686	19,363	19,944	20,343	20,648
Indirect cost allocation	31,817	30,508	27,276	21,849	22,345	26,300	27,483	28,720	30,730
Sub-total Expenditures	319,103	344,093	328,678	345,698	346,029	402,765	406,947	418,861	431,004
Revenues Less Expenditures	\$ 202,734	\$ 204,172	\$ 204,558	\$ 195,685	\$ 223,647	\$ 194,711	\$ 204,449	\$ 208,432	\$ 212,598

**Appendix B**

**Washoe County Health District FY22 Proposed Budget**

	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY22	Expenditure (Exp.) Total	% of Total Exp.
<b>ADMINISTRATION:</b>							
Office of the District Health Officer	-	-	-	1,957,060	1,957,060	1,957,060	7.6%
Administrative Health Services Office	-	-	-	1,511,309	1,511,309	1,511,309	5.8%
TOTAL ADMINISTRATION	-	-	-	3,468,369	3,468,369	3,468,369	13.4%
<b>AIR QUALITY MANAGEMENT (AQM):</b>							
Air Quality Division	700,670	31,949	2,786,449	15,844	3,534,912	3,534,912	13.7%
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>							
Chronic Disease Prevention	270,834	27,401	135,249	648,035	1,081,519	1,081,519	4.2%
Community & Clinical Health Admin	-	-	-	793,870	793,870	793,870	3.1%
Family Planning	979,922	126,689	206,168	235,358	1,548,137	1,548,137	6.0%
Immunizations	268,406	34,892	337,200	773,436	1,413,934	1,413,934	5.5%
Maternal, Child & Adolescent Health	58,661	5,866	-	40,452	104,979	104,979	0.4%
Sexual Health - HIV	475,653	50,154	-	54,211	580,018	580,018	2.2%
Sexual Health - STD	125,064	12,506	26,384	908,934	1,072,888	1,072,888	4.1%
Tuberculosis	95,294	13,818	1,000	606,783	716,895	716,895	2.8%
Women, Infants and Children	1,062,921	75,148	-	180,336	1,318,405	1,318,405	5.1%
TOTAL CCHS	3,336,755	346,475	706,001	4,241,415	8,630,646	8,630,646	33.3%
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):</b>							
General Environmental Health Services	384,288	38,352	4,087,222	1,256,456	5,766,318	5,766,318	22.3%
Environmental Health Services Administration	-	-	-	785,780	785,780	785,780	3.0%
Vector Borne Diseases	-	-	84,169	687,100	771,269	771,269	3.0%
TOTAL EHS	384,288	38,352	4,171,391	2,729,336	7,323,367	7,323,367	28.3%
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>							
Emergency Medical Services	-	-	63,825	330,350	394,175	394,175	1.5%
Epidemiology Surveillance	156,466	31,293	-	706,004	893,763	893,763	3.5%
Public Health Preparedness	1,121,497	206,529	-	(84,738)	1,243,288	1,243,288	4.8%
Vital Statistics	-	-	597,476	(194,711)	402,765	402,765	1.6%
TOTAL EPHP	1,277,963	237,822	661,301	756,905	2,933,991	2,933,991	11.3%
TOTAL HEALTH DISTRICT	\$5,699,675	\$654,598	\$8,325,142	\$11,211,870	\$25,891,284	\$25,891,284	100.0%

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)										Appendix C	
Title of FTEs	FY17	FY18	FY19	FY20	FY21	FY 2021/22 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)				Full-Time Position Equivalent FY 2021/22 (base 2080 hours)	
						Full Time	Part Time	On-call/ Seasonal	Total Positions		
Account Clerk	1.00	1.00	1.00	2.00	2.00	2	0	0	2	2.00	
Administrative Assistant I	3.00	3.00	3.00	3.00	3.00	4	0	0	4	4.00	
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Advanced Practice Registered Nurse	1.72	1.97	2.96	2.96	3.25	1	2	1	4	3.10	
Air Quality Specialist II	8.00	7.00	7.00	7.00	7.00	7	0	0	7	7.00	
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Community Health Aide	6.81	6.22	6.22	7.21	7.37	6	0	1	7	6.44	
Community Health Nutritionist (reclass to Reg. Dietitian)	2.00	2.06	2.06	2.06	0.00	0	0	0	0	-	
Department Systems Specialist	2.00	2.00	2.00	1.00	1.00	1	0	0	1	1.00	
Director of Programs and Projects	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
District Health Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-EPHP	0.00	0.00	0.00	0.00	0.00	1	0	0	1	1.00	
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Environmental Engineer II	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Environmental Health Specialist	19.67	20.32	22.06	22.04	21.99	21	0	1	22	21.87	
Environmental Health Specialist Supervisor	3.00	3.00	3.00	4.00	4.00	4	0	0	4	4.00	
EPI Center Director	1.00	1.00	1.00	1.00	1.00	0	0	0	0	-	
Epidemiologist	2.00	2.00	2.00	2.00	3.00	5	0	0	5	5.00	
Epidemiologist Program Manager	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Government Affairs Liaison	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00	
Grants Coordinator	0.00	0.00	0.00	0.00	0.00	1	0	0	1	1.00	
Health Educator Coordinator	2.00	2.00	2.00	2.00	3.00	3	0	0	3	3.00	
Health Educator II	2.03	2.94	4.29	5.61	7.62	6	0	1	7	7.53	
Human Services Support Specialist II	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Licensed Engineer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Medical Billing Specialist	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00	
Office Assistant I	0.51	0.51	0.49	0.48	0.00	0	0	1	1	0.26	
Office Assistant II	16.00	15.00	16.00	16.00	16.12	16	0	1	17	16.12	
Office Assistant III	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Office Support Specialist	10.00	10.00	10.00	10.00	11.00	12	0	0	12	12.00	
Preparedness and EMS Program Manager	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Program Coordinator	2.00	2.00	2.00	1.00	1.00	1	0	0	1	1.00	
Public Health Communications Program Manager	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Health Emergency Response Coord	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	

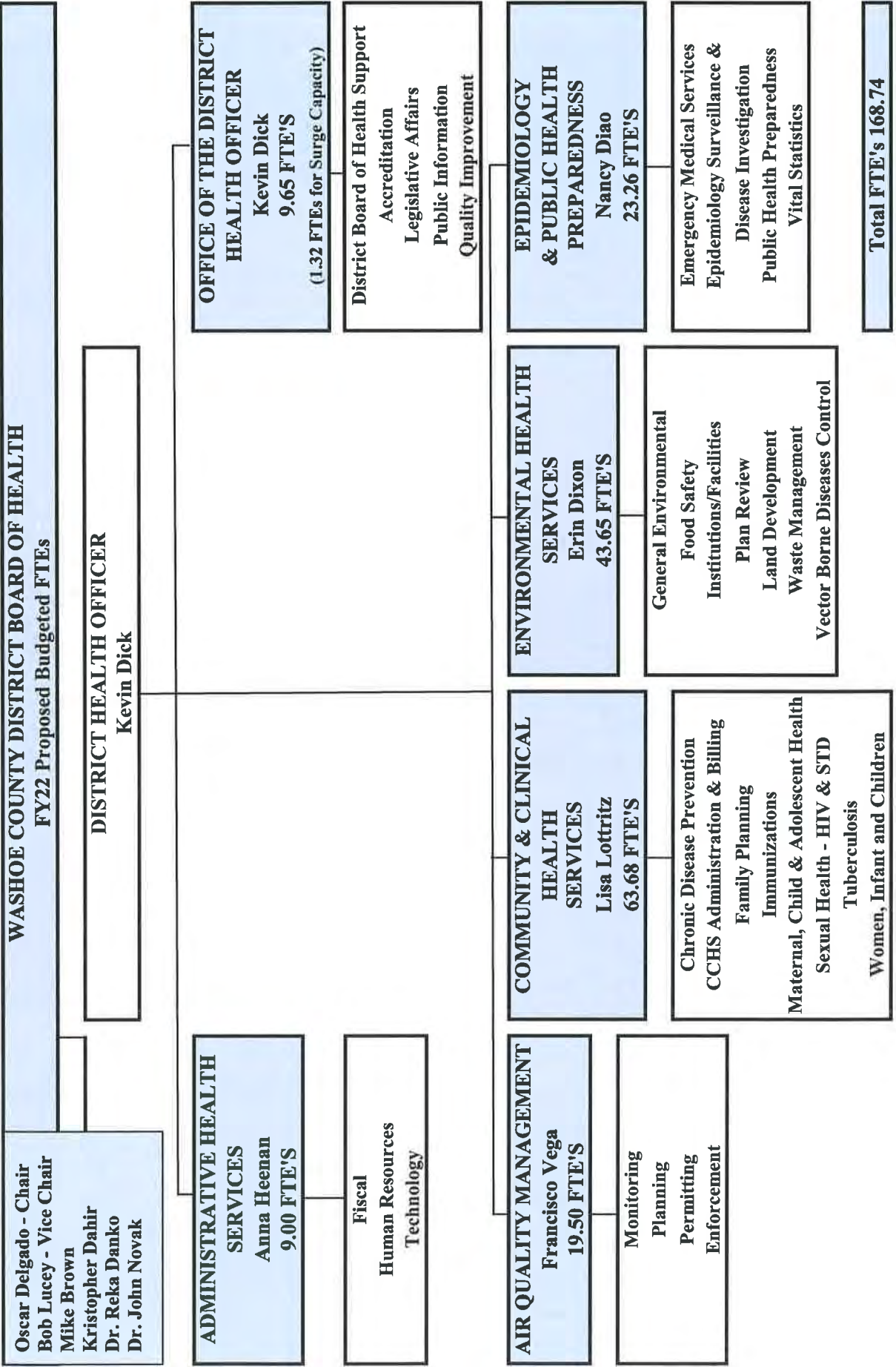


**Washoe County Health District History of Budgeted Full-time equivalents (FTEs)**

**Appendix C**

Title of FTEs	FY17	FY18	FY19	FY20	FY21	FY2021/22 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)				Full-Time Equivalent Position FY2021/22 (base 2080 hours)
						Full Time	Part Time	On-call/ Seasonal	Total Positions	
Public Health Investigator II	1.00	1.00	1.00	3.00	4.00	3	0	1	4	3.00
Public Health Nurse II	15.40	15.40	14.30	12.40	12.40	10	3	0	13	12.40
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	4.00	4	0	0	4	4.00
Public Health Supervisor	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Public Service Intern	4.04	4.66	2.75	2.63	4.14	0	0	1	1	4.07
Registered Dietitian Nutritionist	0.00	0.00	0.00	0.00	2.19	2	0	1	3	2.19
Registered Nurse I	2.70	2.81	2.15	2.37	2.66	0	0	1	1	2.76
SR. Air Quality Specialist	3.00	4.00	4.00	4.00	4.00	4	0	0	4	4.00
SR. Environmental Health Specialist	6.00	7.00	7.00	7.00	7.00	7	0	0	7	7.00
Statistician	1.53	1.53	1.53	1.53	1.53	2	0	0	2	2.00
Storekeeper	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Vector Borne Disease Specialist	2.00	0.00	0.00	0.00	0.00	0	0	0	0	-
Vector Control Coordinator	1.00	1.00	1.00	0.00	0.00	0	0	0	0	-
<b>Total Health District FTE's</b>	<b>151.41</b>	<b>151.42</b>	<b>154.81</b>	<b>156.29</b>	<b>165.27</b>	<b>154</b>	<b>5</b>	<b>10</b>	<b>169</b>	<b>168.74</b>
Year over year increase (decrease)	1.40	0.01	3.39	1.48	8.98	5.00	-3.00	1.00	3.00	3.47
<b>Reconciliation of FY21 versus FY22 FTEs</b>										
FTE's for the COVID-19 Response:										
Administrative Assistant I									0	-
Epidemiologist						1			1	1.00
Grants Coordinator						1			1	1.00
Changed a .53FTE Statistician to 1.0 FTE						1			1	1.00
Office Assistant approved 12/2019-Family Planning - no funding is allocated for this position						0	0	1	1	-
Combine two Part-time Health Educators to 1 Full-time						1	-2		-1	-
<b>Total Adjustments for FY21</b>						<b>5</b>	<b>-3</b>	<b>1</b>	<b>3</b>	<b>3.47</b>
					FY21 count	149	8	9	166	165.27
					Variance from FY21 to FY22	5	-3	1	3	3.47

**APPENDIX D**



# District Health Officer's Recommended Fiscal Year 2021-2022 Budget

District Board of Health  
February 25, 2021



Fiscal Year  
2021-2022  
Proposed  
Budget

- **Health District Recent Accomplishments**
- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY22 Sources and Uses of Funds**
- **Impact of Proposed FY22 Budget on Future Fund Balance**
- **Next Steps**



**Highlights  
of the  
Health District  
Recent  
Accomplishments**  
(complete list is  
in the staff report)

**Responded to the COVID-19 Pandemic with:**

- Over 370 COVID-19 related press releases
- Hosted over 70 media briefings
- Increase of Twitter followers from 523 to 2,228 and Facebook followers from 834 to 5,141
- Received a Silver Star from the Public Relations Society of America-Northern Nevada Chapter for the Regional Information Center COVID-19 Campaign
- Maintained continuity of operations by providing the 22 Health programs to the community with added precautions to protect staff and customers

**EPHP received the Nevada Public Health Association 2020 Public Health Program of the Year award**

**CCHS/Family Planning/Sexual Health provided services at the Our Place Family Shelter**

**EHS developed the Excellence in Food Safety Award**

**AQM continued to work on a 3-year project with the EPA on a wildfire smoke monitoring project**



Health  
District  
provides  
twenty-two  
different  
programs to  
the  
Community

Office of the District Health  
Officer Program

Administrative Health Services  
Program

Air Quality Management  
Program

**Programs in Community and  
Clinical Health Services Division**

Chronic Disease Prevention  
CCHS Administration & Billing  
Family Planning  
Immunizations  
Maternal, Child & Adolescent  
Health  
Sexual Health - HIV  
Sexual Health - STD  
Tuberculosis  
Women, Infants and Children

**Programs in Environmental  
Health Services Division**

General Environmental  
Food Safety  
Institutions/Facilities  
Plan Review  
Land Development  
Vector Borne Diseases Control

**Programs in Epidemiology and  
Public Health Preparedness  
Division**

Emergency Medical Services  
Epidemiology Surveillance &  
Disease Investigation  
Public Health Preparedness  
Vital Statistics



FY22 Proposed  
Revenues and  
Expenditures  
(includes  
County Indirect  
Costs) and FTEs  
for each Division

## Office of the District Health Officer

- Total program FTEs 9.65
- Total FY22 Revenues \$0
- Total FY22 Expenditures \$1,957,060

## Administrative Health Services Office

- Total program FTEs 9.0
- Total FY22 Revenues \$0
- Total FY22 Expenditures \$1,511,309

## Air Quality Management

- Total program FTEs 19.50
- Total FY22 Revenues \$3,519,068
- Total FY22 Expenditures \$3,534,912



FY22 Proposed  
Revenues and  
Expenditures  
(includes  
County Indirect  
Costs)  
and FTEs for  
each Division

## Community & Clinical Health Services

- Total program FTEs 63.68
- Total FY22 Revenues \$4,389,231
- Total FY22 Expenditures \$8,630,646

## Environmental Health Services

- Total program FTEs 43.65
- Total FY22 Revenues \$4,594,031
- Total FY22 Expenditures \$7,323,367

## Epidemiology and Public Health Preparedness

- Total program FTEs 23.26
- Total FY22 Revenues \$2,177,086
- Total FY22 Expenditures \$2,933,991





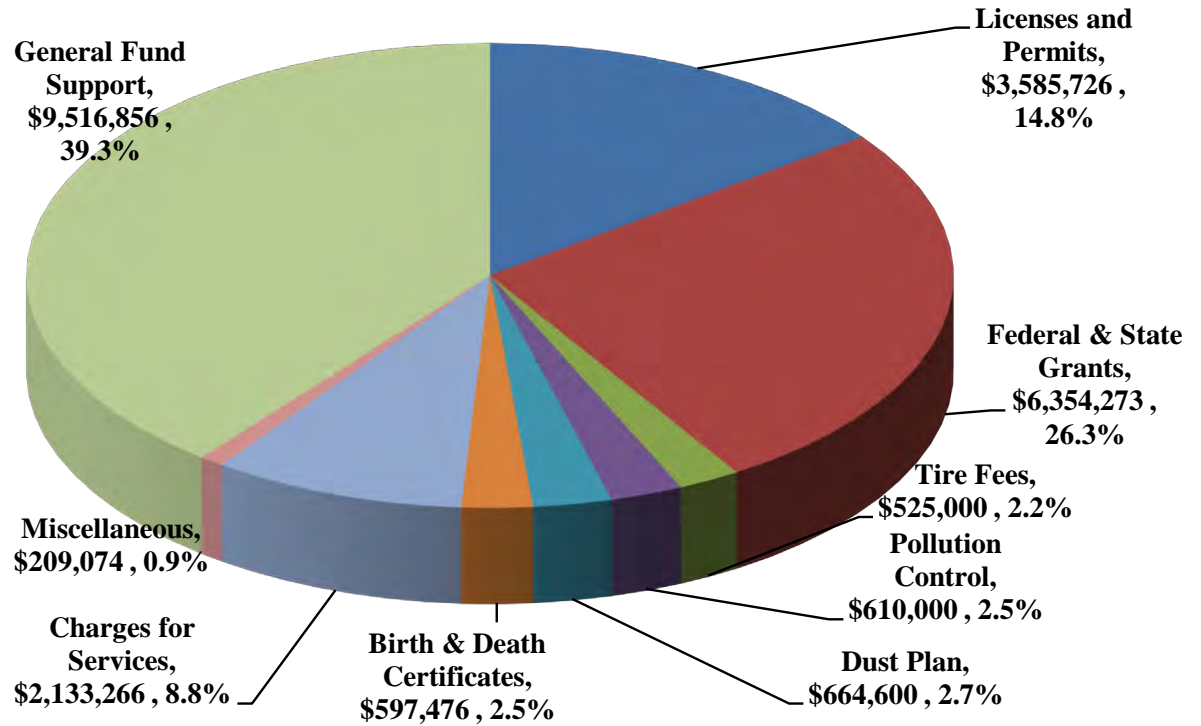
Summary  
Of  
Health Fund  
Revenue

**Budgeted revenues-\$24,196,271 up \$137,428 or 0.6% over FY21 adopted budget**

- **Licenses and Permits-\$3,585,726 down \$40,585**
  - Includes the CPI increase in fees
  - Includes anticipated changes in work activities, and anticipated economic impact due to COVID-19
- **Grants - \$6,354,273 up \$120,582**
  - Increase is mainly due to additional funds in the Immunization program for COVID-19 response
- **Intergovernmental - \$1,135,000 down \$18,105**
  - \$610,000 restricted for the Air Quality program
  - \$525,000 restricted for the Solid Waste program
- **Charges for services - \$3,395,342 up \$75,535**
  - Includes the CPI increase in fees
  - Additional increase in the AQM dust plans
- **Miscellaneous - \$209,074 level compared to FY21**
  - \$135,249 non-profit grant funds in Chronic Disease to support and promote a smoke free Truckee Meadows initiative
  - \$63,825 support from REMSA for the EMS program
- **County General Fund Support - \$9,516,856 same level since FY19 and down \$534,835 from the FY18 funding**



**Washoe County Health District  
FY22 Budgeted Revenues - \$24.2 million**  
(excludes opening fund balance)



**Summary of  
Health Fund  
Revenue  
\$24,196,271**

**County Support  
of \$9.5 million is  
39.3% of the total  
and Grants of  
\$6.4 million are  
at 26.3%**



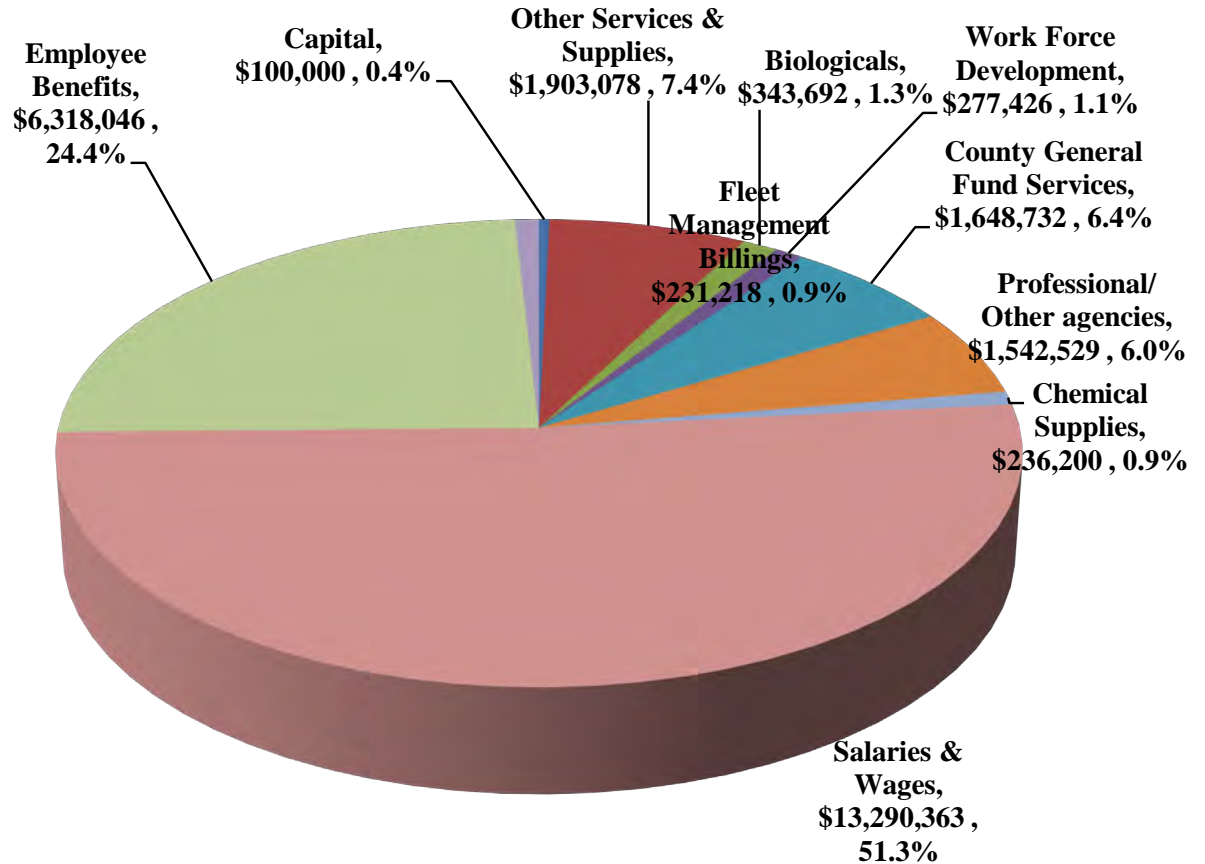
Summary  
Of  
Expenditures

**Total budgeted Expenditures-\$25,891,284 up \$266,902 or 1.0% over FY21 adopted budget**

- **Salaries and Wages-\$13,290,363 up \$298,290**
  - 168.74 FTEs up 3.47 from 165.27 in FY21
  - Includes employee merit increases
  - Includes a 2.5% cost of living increase, estimated cost is \$353,476
- **Employee Benefits-\$6,318,046 down \$410,091**
  - \$512,963 decline in retiree health benefits paid to the County for FY22
  - PERS increased from 29.25% to 29.75%, estimated increase in retirement is \$61,452
- **Services & Supplies-\$6,182,875 up \$378,704 or 6.5% and 23.9% of expenditures**
  - County overhead costs of \$1,648,732 increased by \$107,861 up 7.0%
  - Other services & supplies increased \$214,587 up 12.7% for increases needed to spend down the restricted funds in EHS and AQM
- **Capital-\$100,000 level with FY21 and 0.4% of expenditures**
  - \$100,000 is for air monitoring equipment



### Washoe County Health District FY22 Budgeted Expenditures - \$25.9 million



Summary of  
Expenditures  
\$25,891,284

Salaries &  
Benefits of  
\$19,608,409 are  
75.7% of total  
expenditures



## Summary of Above Base Requests

### Summary of Above Base Requests

- Eliminate a vacant 0.4 full-time equivalent (FTE) Health Educator II position and increase a filled 0.6 FTE Health Educator II position to 1.0 FTE – no fiscal impact to the Health Fund

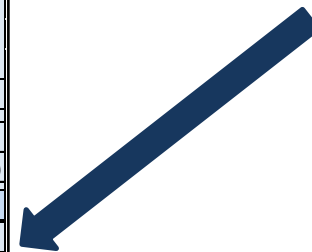


# Sources and Uses of Funds

FY 2021-2022  
Fund Balance  
projected  
to be  
**\$7,793,487**  
30.1% of  
Expenditures

	Actual	ETC	Proposed Budget
	FY 2019-2020	FY 2020-2021	FY 2021-2022
<b>FUND SUMMARY:</b>			
<b>SOURCES OF FUNDS:</b>			
Opening Fund Balance	\$ 7,841,536	\$ 8,062,093	\$ 9,488,501
<b>Revenues:</b>			
Licenses and Permits	3,340,170	3,365,980	3,585,726
Federal & State Grants	5,287,776	21,578,016	5,699,675
Federal & State Indirect Rev.	564,586	994,244	654,598
Tire Fees (NRS 444A.090)	527,526	525,000	525,000
Pollution Control (NRS 445B.830)	629,970	628,105	610,000
Dust Plan	623,229	818,270	664,600
Birth & Death Certificates	569,553	600,000	597,476
Other Charges for Services	2,157,625	2,200,153	2,133,266
Miscellaneous	203,360	342,561	209,074
<b>Total Revenues</b>	<b>13,903,796</b>	<b>31,052,328</b>	<b>14,679,415</b>
Total General Fund transfer	9,516,856	9,516,856	9,516,856
<b>Total Revenues &amp; General Fund transfer</b>	<b>23,420,652</b>	<b>40,569,184</b>	<b>24,196,271</b>
<b>Total Sources of Funds</b>	<b>31,262,188</b>	<b>48,631,277</b>	<b>33,684,771</b>
<b>USES OF FUNDS:</b>			
<b>Expenditures:</b>			
Salaries & Wages	12,010,723	13,446,958	13,290,363
Group Insurance	1,547,604	1,800,488	1,897,845
OPEB Contribution	1,118,614	1,113,772	600,809
Retirement	3,132,706	3,461,092	3,561,428
Other Employee Benefits	250,499	262,101	257,964
Professional/Other agencies	1,009,451	10,683,059	1,542,529
Chemical Supplies	296,585	236,200	236,200
Biologicals	358,430	350,411	343,692
Fleet Management billings	174,577	189,836	231,218
Workforce training & development	140,001	74,521	277,426
Other Services and Supplies	1,598,194	5,537,759	1,903,078
Indirect cost allocation	1,400,792	1,540,871	1,648,732
Capital	161,920	445,711	100,000
<b>Total Expenditures</b>	<b>23,200,095</b>	<b>39,142,776</b>	<b>25,891,284</b>
<b>Total Uses of Funds</b>	<b>23,200,095</b>	<b>39,142,776</b>	<b>25,891,284</b>
Net Change in Fund Balance	220,557	1,426,408	(1,695,014)
<b>Ending Fund Balance (FB)</b>	<b>\$ 8,062,093</b>	<b>\$ 9,488,501</b>	<b>\$ 7,793,487</b>
<b>FB as a percent of Uses of Funds</b>	<b>34.8%</b>	<b>24.2%</b>	<b>30.1%</b>

FY22 Proposed Budget	
Opening Fund Balance	\$ 9,488,501
Total Revenues	24,196,271
Total Expenditures	25,891,284
Revenues less Expenditures	(1,695,014)
Ending Fund Balance	\$ 7,793,487
Ending Fund as a Percent of Expenditures	30.1%

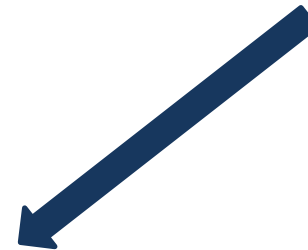


**Impact of  
Proposed  
FY22  
Budget on  
Future Fund  
Balance**

**Negative Net  
Change in  
Fund Balance  
for  
FY23 – FY25  
fund balance  
still within the  
policy level of  
10%-17%**

	Projected Based on Historical Trends		
	FY 2022-2023	FY 2023-2024	FY 2024-2025
<b>FUND SUMMARY:</b>			
<b>SOURCES OF FUNDS:</b>			
Opening Fund Balance	\$ 7,793,487	\$ 6,781,095	\$ 5,330,855
<b>Revenues:</b>			
Licenses and Permits	3,657,441	3,730,589	3,767,895
Federal & State Grants	5,870,665	5,988,079	6,047,959
Federal & State Indirect Rev.	674,236	687,721	694,598
Tire Fees (NRS 444A.090)	535,500	546,210	557,134
Pollution Control (NRS 445B.830)	616,100	625,958	632,217
Dust Plan	677,892	691,450	698,364
Birth & Death Certificates	611,396	627,293	643,602
Other Charges for Services	2,154,598	2,189,072	2,210,963
Miscellaneous	213,859	218,646	222,162
Total Revenues	15,011,688	15,305,017	15,474,895
Total General Fund transfer	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	24,528,544	24,821,873	24,991,751
<b>Total Sources of Funds</b>			
	32,322,031	31,602,967	30,322,606
<b>USES OF FUNDS:</b>			
<b>Expenditures:</b>			
Salaries & Wages	12,834,864	13,244,244	13,666,681
Group Insurance	1,980,401	2,039,813	2,070,410
OPEB Contribution	1,041,840	1,031,422	1,030,906
Retirement	3,651,809	3,768,287	3,888,480
Other Employee Benefits	269,185	277,261	281,420
Professional/Other agencies	1,433,935	1,462,614	1,477,240
Chemical Supplies	236,791	237,382	239,756
Biologicals	354,003	361,083	364,694
Fleet Management billings	233,530	237,267	239,640
Workforce training & development	279,506	281,603	282,307
Other Services and Supplies	1,401,646	1,429,679	1,451,124
Indirect cost allocation	1,722,925	1,800,457	1,926,488
Capital	100,500	101,003	101,508
Total Expenditures	25,540,936	26,272,113	27,020,653
Total Uses of Funds	25,540,936	26,272,113	27,020,653
Net Change in Fund Balance	(1,012,392)	(1,450,240)	(2,028,902)
<b>Ending Fund Balance (FB)</b>	<b>\$ 6,781,095</b>	<b>\$ 5,330,855</b>	<b>\$ 3,301,953</b>
<b>FB as a percent of Uses of Funds</b>	<b>26.5%</b>	<b>20.3%</b>	<b>12.2%</b>

	Proposed Budget		
	FY23	FY24	FY25
Opening Fund Balance	\$7,793,487	\$6,781,095	\$5,330,855
Total Revenues	24,528,544	24,821,873	24,991,751
Total Expenditures	25,540,936	26,272,113	27,020,653
Revenues less Expenditures	(1,012,392)	(1,450,240)	(2,028,902)
Ending Fund Balance	\$6,781,095	\$5,330,855	\$3,301,953
Ending Fund as a Percent of Expenditures	26.5%	20.3%	12.2%
Ending Fund Balance Policy is a range from 10% - 17%			



## Next Steps

**Early March**, District Health Officer delivers FY22 budget to the County Manager and Cities Manager

**March 25<sup>th</sup>**, DBOH update on the Managers meeting for FY22 Budget

**April 20<sup>th</sup>**, BCC meeting, County Manager's recommendations for FY22 budget, General Fund support should be finalized

**May 18<sup>th</sup>**, BCC Public Hearing and possible adoption of the FY22 Budget

**June 1<sup>st</sup>**, County delivers Final Budget to the Department of Taxation





**Staff requests approval of the FY22 Budget**

**Once approved it will be submitted to the Cities and County Managers for comment as outlined in the Interlocal Agreement**

**Staff recommends that the DBOH approve the Fiscal Year 2021-2022 Budget which in summary includes:**

- Approval to fund 22 programs
- Total Revenues budgeted at \$24.2 million
- Total Expenditures budgeted at \$25.9 million
- Budget authorization for 168.74 FTEs
- Anticipated FY22 ending fund balance of \$7,793,487 which is 30.1% of expenditures

**Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May 2021**

**We will update the Board if there are significant changes by the County**



Fiscal Year  
2021-2022  
Proposed  
Budget

**Questions?**



DD\_FV \_\_\_\_\_  
DHO \_\_\_\_\_ 

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

**DATE:** February 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

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**1. Program Update**

**a. International Code Council, Code Development and Climate Change**

Just about every new building that goes up in America is governed by construction codes. They protect people from numerous hazards, like moving into firetraps or having their roofs blown off in storms. Increasingly, those codes also protect people from high energy bills — and they protect the planet from the greenhouse gas emissions that go with them.

State and local governments tend to adopt model codes drawn up every three years at the national level instead of devising their own. The group that puts out the most influential models is the International Code Council (ICC). The council is supposed to consider the public interest, broadly defined, in carrying out its work, even as the home building industry participates in drawing up the codes. The National Association of Home Builders (NAHB) short-term interest is to weaken the codes, which cuts their costs. The interest of home buyers and of society at large is exactly the opposite: Strong building standards, even when they drive up the initial cost of a house, almost always result in lower costs over the long run.



In the development of the most recent codes, the NAHB, the main trade association and lobby for the home building industry, is now trying to argue against the rules meant to protect buyers and ensure that new homes meet the highest standards. If the group succeeds, the nation could be saddled with millions of houses, stores and offices that waste too much energy and cost people too much money to heat and cool. Weakened construction standards could also leave houses and other buildings more vulnerable to the intensifying

climate crisis, from floods to fires to storms. And they will make that crisis worse by pouring excessive greenhouse gases into the atmosphere.

Building codes must play a critical role as the nation confronts the climate crisis, and the need to cut its emissions drastically. The codes can require better insulation, tighter air sealing, advanced windows and more efficient delivery of hot water, heating and air-conditioning. They can also increase the resilience of buildings in an age of intensifying weather disasters, turning every new building into a climate asset.

For additional information, the full article is available here:

<https://www.nytimes.com/2021/01/21/opinion/homes-climate-change-building-codes-biden.html>

#### **b. New Report to Quantify the Benefits of Driving on Electricity in Nevada**

Nevadans can save more than \$14 billion through 2050 by moving from gas-powered cars to electric vehicles (EVs), according to a report released today. EVs can also reduce air pollution, providing an additional \$3 billion in benefits for public health and the climate, and EVs can help make the electricity system more efficient, reducing utility customer bills by more than \$3 billion. Altogether, the report identifies \$20 billion in benefits.

The report calculated these savings by exploring a scenario where Nevada achieves one of the key goals in the State Climate Strategy: zero greenhouse gas emissions by 2050. Given the significance of transportation pollution in the state, achieving this goal would require more than 15% of light-duty cars and trucks to be electric in 2030, two-thirds to be electric in 2040 and 95% to be electric in 2050.



“Many Nevadans know that EVs help reduce the air pollution that threatens our health, but not everyone realizes that they also reduce spending on fuel, maintenance, and even utility bills,” said NRDC Senior Attorney Max Baumhefner. “This report reminds us that EV drivers save every time they charge up and explains how getting more EVs on the road will reduce electricity prices for every Nevadan. That’s because EVs can charge while people are sleeping and there is plenty of spare capacity on the electric grid, which improves the utilization of the system and reduces everyone’s utility bills.”

Because the state’s electricity is increasingly generated using renewable resources such as solar and geothermal energy, these EVs will get even cleaner over time. The report calculates the benefits of this transition, including:

- Reducing costs for drivers
- Reducing out-of-state fuel spending
- Reducing electricity costs for all Nevadans
- Reducing air pollution

The American Council for an Energy Efficient Economy (ACEEE) has noted that Nevada has considerable room to make further progress by setting more ambitious EV deployment goals, increasing incentives for EV purchases, improving transportation system efficiency, and improving equity to ensure that all Nevadans can participate in and benefit from the transition to clean transportation.

For additional information, the full article is available here:

<https://swenergy.org/press-release?PressID=281>

The full report is available here:

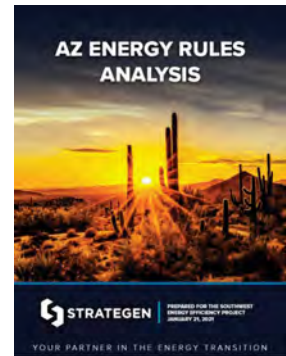
[https://mjbradley.com/sites/default/files/NV\\_PEV\\_CB\\_Analysis\\_FINAL.pdf](https://mjbradley.com/sites/default/files/NV_PEV_CB_Analysis_FINAL.pdf)

### c. Clean Energy Could Save Arizona \$2 Billion, Grow State Economy

Greater investment in clean energy, such as energy efficiency, solar, and batteries, consistent with the new “Energy Rules” approved by state utility regulators in November, could create an economic windfall of \$2 billion for Arizona, according to a new major study.

This new study finds that:

- Arizonans could save over \$2 billion if Arizona Public Service (APS) and Tucson Electric Power (TEP) meet and exceed the new clean energy requirements.
- Arizona’s cheapest option is to invest in even greater levels of solar, energy efficiency, and battery storage than what is included in the Energy Rules.
- If utilities continue to pursue a greater use of solar, wind, and battery storage; make meaningful investments in energy efficiency; as well as take other measures consistent with the proposed Energy Rules, it would reduce electricity generation costs by more than \$2 billion through 2035. This amount represents an 11 percent reduction in generation costs relative to a “business as usual” scenario.



For additional information, the full article is available here:

<https://swenergy.org/press-release?PressID=280>

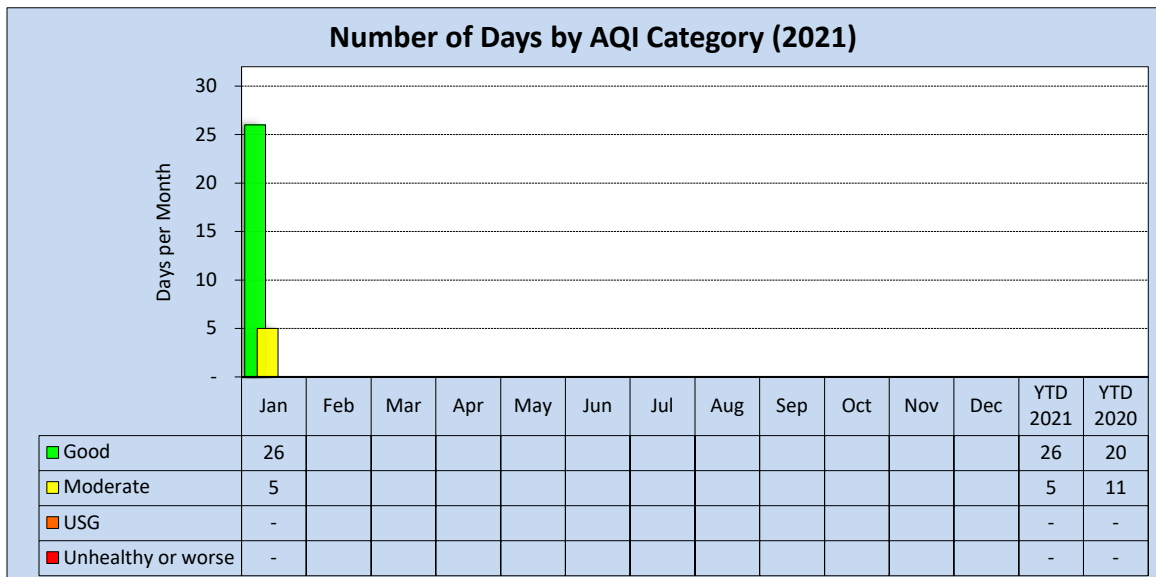
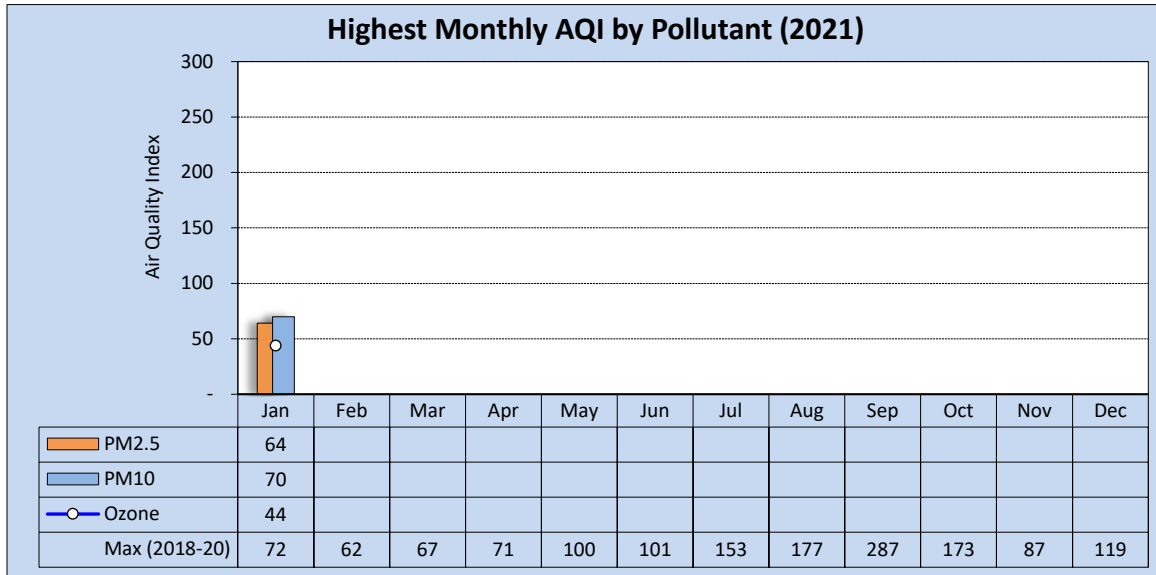
The full report is available here:

<https://swenergy.org/pubs/arizona-energy-rules-analysis-jan2021>

Francisco Vega, P.E., MBA  
Division Director

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



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.

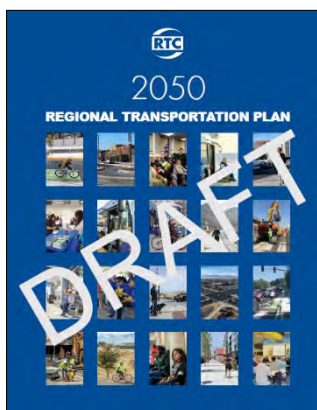
### 3. Program Reports

#### a. Monitoring and Planning

January Air Quality and Burn Code: There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during January. The highest ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> concentrations for the month are listed in the table below.

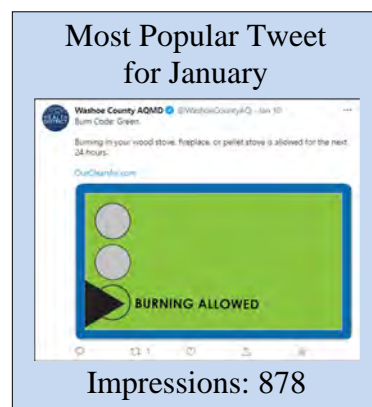
Pollutant	Concentration	Date	Site	Notes
Ozone (8-hour)	0.047 ppm	1/21	Incline	---
PM <sub>2.5</sub> (24-hour)	18 µg/m <sup>3</sup>	1/01	Sparks	Fireworks
PM <sub>10</sub> (24-hour)	94 µg/m <sup>3</sup>	1/19	Reno4	Windblown Dust

In January, the AQMD issued 31 Green, 0 Yellow, and 0 Red Burn Codes.



2050 Regional Transportation Plan (RTP): The Regional Transportation Commission (RTC) is finalizing our region's long-range transportation plan. The purpose of the RTP is to identify the long-term transportation needs and goals for our regional transportation system. The RTP identifies the transportation projects, programs and services that may be implemented through 2050. AQM staff actively participate in the development of the RTC to ensure it: 1) Conforms to State Implementation Plans, and 2) supports Health District goals. The plan is expected to be adopted by the RTC Governing Board in Spring 2021.

Spring Air Quality in Washoe County: Spring is typically the cleanest air pollution season of the year. Weather is the most significant factor to our Air Quality Index (AQI) levels. Temperature inversions are the key factor to wintertime PM<sub>2.5</sub> levels. These are not as strong in spring because of warmer temperatures and more frequent weather systems that help with atmospheric mixing. Temperatures and the amount of UV light are much lower in spring than summer. These two natural factors, plus man-made sources, determine our local ozone levels. The data tables on the previous page illustrate that the lowest historic AQIs typically occur in February, March, and April.



Daniel K. Inouye  
 Supervisor, Monitoring and Planning

b. Permitting and Compliance

**January**

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 January 2021, Staff conducted twenty-two (22) stationary source inspections; seventeen (17) gasoline station inspections; and two (2) initial compliance inspections. Staff was also assigned ten (10) new asbestos abatement projects, overseeing the removal of approximately one hundred twelve thousand four hundred and five (112,405) square feet and zero (0) linear feet of asbestos-containing materials. Staff received five (5) facility demolition projects to monitor. Further, there were seventeen (17) new construction/dust projects comprised of an additional one hundred seventy-two (172) acres. Staff documented thirty-one (31) construction site inspections. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to thirteen (13) complaints.

Type of Permit	2021		2020	
	January	YTD	January	Annual Total
<b>Renewal of Existing Air Permits</b>	84	84	78	989
<b>New Authorities to Construct</b>	3	3	4	58
<b>Dust Control Permits</b>	17 (172 acres)	17 ( 172 acres)	22 (202 acres)	209 (3,714 acres)
<b>Wood Stove (WS) Certificates</b>	31	31	40	418
<b>WS Dealers Affidavit of Sale</b>	12 (9 replacements)	12 (9 replacements)	17 (12 replacements)	108 (30 replacements)
<b>WS Notice of Exemptions</b>	578 (8 stoves removed)	578 (8 stoves removed)	486 (3 stoves removed)	8740 (58 stoves removed)
<b>Asbestos Assessments</b>	54	54	50	614
<b>Asbestos Demo and Removal (NESHAP)</b>	15	15	10	242



COMPLAINTS	2021		2020*	
	January	YTD	January	Annual Total
Asbestos	0	0	0	10
Diesel Idling	1	1	0	3
Dust	3	3	6	141
Nuisance Odor	7	7	3	36
Permit to Operate	2	2	0	4
Burn Code	0	0	0	0
General	0	0	0	0
<b>TOTAL</b>	<b>13</b>	<b>13</b>	<b>9</b>	<b>194</b>
NOV's	January	YTD	January	Annual Total
Warnings	26	26	0	5
Notice of Violation	1	1	0	3
<b>TOTAL</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>8</b>

\*The complaint categories were reduced from ten (10) categories to seven (7) categories. The totals in January 2020 and Annual Total for 2020 were combined in the following way to fit the new category format:

- Asbestos = Asbestos
- Diesel Idling = Diesel Idling
- Dust = Construction Dust, Dust Control Permit and General Dust
- Nuisance Odor = Burning, Odor, Spray Painting and Woodstove
- Permit to Operate = Permit to Operate
- Burn Code = (no category was set for this complaint type in the past)
- General = (no category was set for this complaint type in the past)

\*\*The number of Warnings issued in the month of January 2021 is due to an enforcement case backlog. This number should be considered an outlier as these Warnings were issued for enforcement cases generated in the 2020 calendar year.

Joshua C. Restori,  
 Supervisor, Permitting & Compliance

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

**DATE:** February 05, 2021  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN  
775-328-6159; llottritz@washoecounty.us  
**SUBJECT:** 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

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**1. Divisional Update – WIC Program Update**

The foods and beverages that people consume have a profound impact on their health. The scientific connection between food and health has been well documented for many decades, with substantial evidence showing that healthy dietary patterns can help people achieve and maintain good health and reduce the risk of chronic diseases throughout all stages of the lifespan. Yet, Federal data shows that Americans fall far short of meeting dietary recommendations, and diet-related chronic disease rates have risen to pervasive levels and continue to be a major public health concern.



The Dietary Guidelines for Americans, 2020-2025 are the first set of guidelines that guide healthy dietary patterns by life stage, from birth through older adulthood, including pregnant and lactating women.

**1. Follow a healthy dietary pattern at every life stage.**

At every life stage—infancy, toddlerhood, childhood, adolescence, adulthood, pregnancy, lactation, and older adulthood—it is never too early or too late to eat healthfully.

- **For about the first 6 months** of life, exclusively feed infants' human milk. Continue to feed infants human milk through at least the first year of life, and longer if desired. Feed infants iron-fortified infant formula during the first year of life when human milk is unavailable. Provide infants with supplemental vitamin D beginning soon after birth.

- **At about 6 months**, introduce infants to nutrient-dense complementary foods. Introduce infants to potentially allergenic foods along with other complementary foods. Encourage infants and toddlers to consume a variety of foods from all food groups. Include foods rich in iron and zinc, particularly for infants fed human milk.

- **From 12 months through older adulthood**, follow a healthy dietary pattern across the lifespan to meet nutrient needs, help achieve healthy body weight, and reduce the risk of chronic disease.

**2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.**

A healthy dietary pattern can benefit all individuals regardless of age, race, or ethnicity, or current health status. The Dietary Guidelines provides a framework intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States.

**3. Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.**

A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. The core elements that make up a healthy dietary pattern include:

- **Vegetables** of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables
- **Fruits**, especially whole fruit
- **Grains**, at least half of which are whole grain
- **Dairy**, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- **Protein** foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- **Oils**, including vegetable oils and oils in food, such as seafood and nuts.

**4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.**

A healthy dietary pattern does not have much room for extra added sugars, saturated fat, or sodium—or alcoholic beverages. A small amount of added sugars, saturated fat, or sodium can be

added to nutrient-dense foods and beverages to help meet food group recommendations, but foods and beverages high in these components should be limited.

Limits are:

- **Added sugars**—Less than 10% of calories per day starting at age 2. Avoid foods and beverages with added sugars for those younger than age 2.
- **Saturated fat**—Less than 10 % of calories per day starting at age 2.
- **Sodium**—Less than 2,300 milligrams per day—and even less for children younger than age 14.
- **Alcoholic beverages**—Adults of legal drinking age can choose not to drink, or to drink in moderation by limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women when alcohol is consumed. Drinking less is better for health than drinking more. Some adults should not drink alcohol, such as women who are pregnant.

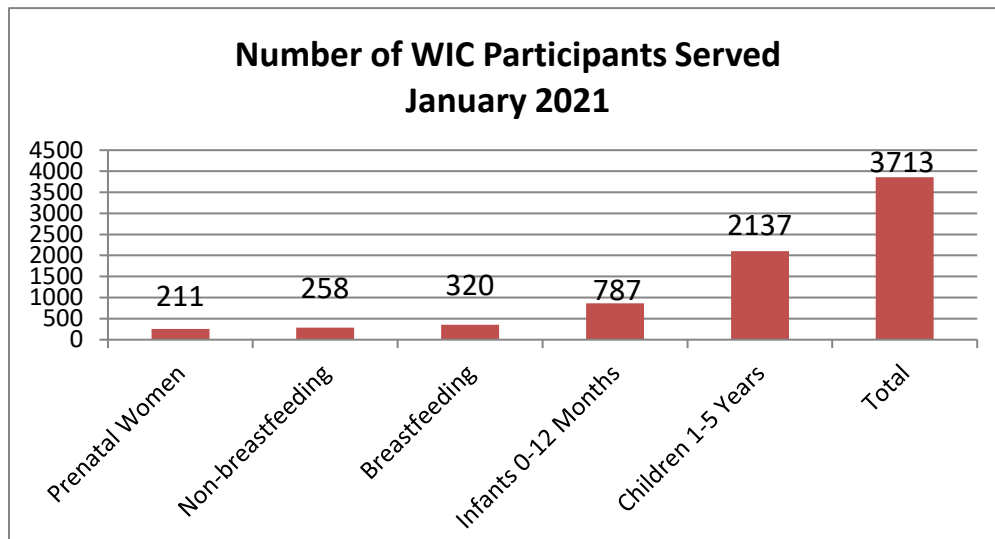
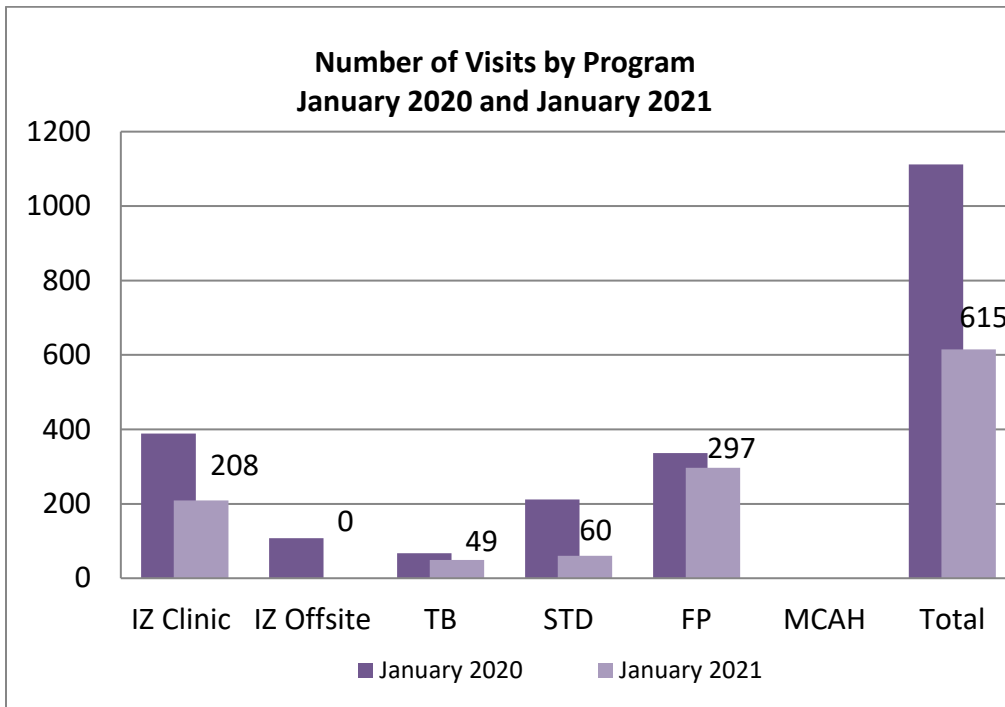
**The Washoe County Health District's (WCHD) WIC Program (Special Supplemental Nutrition Program for Women, Infants and Children)** is excited to promote and support the Dietary Guidelines 2020-2025 with their pregnant, breastfeeding, infants, and children participants. Nutrition education is the cornerstone of the WIC program and the dietary guidelines information is weaved into the appointments with the clients. Clients are encouraged to actively participate in establishing small steps towards a healthy lifestyle and celebrate successes.

WIC provides a wide variety of foods that considers cultural preferences and food allergies. The food package includes food that supports Protein, Calcium, Iron, Vitamin A and Vitamin C in the WIC population. Pregnant moms are educated on the importance of breastfeeding and baby behaviors to establish a long-lasting breastfeeding relationship with their infants. WIC staff are trained to support breastfeeding in all forms and to refer to an International Board Certified Lactation Consultant (IBCLC) for in-depth support. Electric breast pumps and other breastfeeding supplies are available to mom's who need additional support in their breastfeeding journey. WIC also provides individualized referrals to clients that encompasses food insecurity, housing, mental health, Nevada Early Intervention Services, and other health agencies.

WCDH WIC continues to serve WIC participants safely and effectively through the pandemic, using technology to accept confidential information, providing extended hours/days at the Moana location, and offering the clients the ability to meet educational requirements by completing an online education class. Nevada WIC program has offered different food flexibilities to WIC participants during the pandemic and currently is not limiting the client to the Least Expensive brand for milk, eggs, and juice.

WCHD WIC is committed to providing quality nutrition services to improve health outcomes for pregnant and postpartum women, infants, and children under age five.

## 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)** – CY2020 investigations are being closed and data entered into the statewide disease surveillance database. Data is utilized by the program, state and federal partners for surveillance reporting and program planning.

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

- b. **Immunizations** – WCHD Immunization Program staff are leading COVID-19 vaccine administration activities at the Point of Dispensing (POD) held at the Livestock Event Center. There are multiple POD events each week running morning and afternoon, almost six days a week. Immunization team is responsible for training and scheduling dispensers for each event as well as assuring vaccine is transported and stored at required temperatures. To date immunization nursing staff have successfully trained 10 National Guard medics and 10 EMTs provided by FEMA for the purpose of vaccine administration. Immunization clerical staff are also part of this monumental effort and have trained 50 individuals from various locations including temporary staffing agencies, full and part time county staff, call center staff and eight individuals from FEMA to meet the huge amount of vaccine data entry created by POD vaccine administration activities. Additionally, nursing staff continue to take part in planning and redistributing COVID-19 vaccine to community providers on a weekly basis.

During this massive COVID-19 vaccine effort, WCHD Immunization Program continues to provide childhood and adult immunizations at the onsite immunization clinic serving 208 community members with 601 doses of vaccine given for the month of January 2021.

- c. **Tuberculosis Prevention and Control Program** – WCHD TB Program is happy to report they successfully completed the annual Cohort review on 1/28/2021 reviewing cases from 2019. Susan McElhany with Nevada State Health Division was instrumental in hosting the event using a Web conferencing App. All presenters did an excellent job presenting to approximately 30 healthcare professionals. The format was so successful it is being considered for future cohort review. The cohort had been rescheduled from 12/2020.

Staff are monitoring final treatment for two active cases and evaluating two new presumptive extra pulmonary cases. Evaluation and treatment of LTBI is ongoing with referrals coming from Davita Dialysis, Civil Surgeons, and primary care providers. There is a current decrease in B1 immigrant referrals due to COVID-19 travel restrictions.

Cory Sobrio, TB program coordinator, completed the on-line National TB Controllers Association Annual conference and has disseminated knowledge gleaned to WCHD TB team.

- d. **Reproductive and Sexual Health Services** – The Family Planning staff completed annual FPAR reporting and the Title X Non-Competing Continuation Grant Application. Staff is currently preparing for OPA Title X Virtual Review. Staff are still unable to offer services at the Washoe County Sheriff's Office due to COVID-19 restrictions. Staff hope to return in February. 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 40 vaccines to clients in the month of January.
- e. **Chronic Disease Prevention Program (CDPP)** – CDPP staff recognized the Gold N' Silver Inn Restaurant with an Extra Mile Award (EMA) for going smoke-free after COVID closures. They are currently the only gaming establishment in Washoe County to offer smoke free gaming.

Staff attended and presented at the three-day statewide virtual Public Health Cannabis and Vaping Summit January 12-14. On January 26, staff presented at the virtual Vaping Prevention Awareness Day event and did interviews with local media as well as media in Southern Nevada.

The CDPP team celebrated supervisor Erin Dixon as she moved into a position in EHS and welcomed Anthony Omaye as a Public Service Intern who will be helping the team analyze data for a chronic disease report card, updating the previous report card completed in 2018.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff completed the FIMR multiyear Executive Summary report. Staff attended a 'wrap up' session of the Fetal Infant Mortality Review Storytelling Collaborative in January. 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. **COVID-19 Testing** – 4,718 COVID-19 tests were conducted at the Point of Screening and Testing (POST) site in January. A total of 22 Intermittent Hourly Registered Nurses have been hired to conduct COVID-19 testing at the POST. Nine Intermittent Hourly Community Health Aides were hired to assist at the POST with COVID-19 testing.
- h. **COVID-19 Vaccination** – There were 7 COVID-19 vaccination clinics in December and 30 vaccination clinics January (21 first dose and 9 second dose clinics). Approximately 4,061 individuals were vaccinated in December and 18,641 individuals were vaccinated in January.

DD	ED	
DHO		KD

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

**DATE:** February 5, 2021  
**TO:** District Board of Health  
**FROM:** Erin Dixon, Division Director  
 775-328-2644; [edixon@washoecounty.us](mailto:edixon@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division: **Program Updates;**  
**Consumer Protection** (Food/Food Safety, Commercial Plans, Permitted Facilities);  
**Environmental Protection** (Land Development, Safe Drinking Water, Vector-Borne  
 Diseases, Waste Management); and **Inspections.**

**Program Updates**

- EHS provided two full-time staff to the COVID-19 Response to support the management of scheduling COVID-19 Vaccinations for the month of January. This is in addition to the one staff member who remains reassigned to the COVID-19 Response.

**Consumer Protection**

Food/Food Safety

- The Food Safety Program is on track to have all Registered Environmental Health Services (REHS) staff current on their field standardization training in 2021. All staff must complete field standardization training once every three years for the food program to be in conformance with Standard 2 - Trained Regulatory Staff of the FDA Retail Food Program Standards. Due to the COVID-19 pandemic and staff being temporarily reallocated, field standardization did not occur for most staff in 2020.
- The Food Safety Program is revamping the Mobile Food Inspection program in order to ensure consistency with inspections. This project includes guidance documents for prospective business operators and an updated plan review process for all new mobile units. The Food Safety Program expects this project to be completed by May 2021. Upon completion, staff will send out additional information to mobile food operators to educate everyone on any changes and expectations.
- Epidemiology (EPI) –The weekly CD/EHS team meetings that were paused due to the COVID-19 Response have resuming as well as the monthly team meeting between EHS/CCHS/EPHP.

<b>Epidemiology</b>	<b>JAN 2021</b>	<b>JAN 2020</b>	<b>DIF</b>
Foodborne Disease Complaints	8	20	-12
Foodborne Disease Interviews	4	14	-10
Foodborne Disease Investigations	0	0	0
CD Referrals Reviewed	13	12	1
Product Recalls Reviewed	13	3	10
Child Care/School Outbreaks Monitored	1	13	-12





Temp Foods/Special Events – All permits and plan reviews are on hold pending the Governor's Directives. The Large Event work group, made up of members from Carson City, Southern Nevada Health District, State of Nevada, Business and Industry, Washoe County, and Burning Man Group met once in January. The goal is to develop a plan that would allow large events to be held safely and to present the plan to the Governor's Office for approval. Future meetings of the group are anticipated.

Commercial Plans

- Commercial plan reviews increased in January compared to last year during this time, which is a positive indication for the beginning of the new year.
- A total of 85 plan reviews and 21 inspections were conducted during the month of January.
- 40 pre-development reviews were conducted during the month of January, which is a positive indication of continued future developments.
- Program staff presented to all REHS staff to increase consistency on the topic of Opening Inspections and the implementation of the updated Plan Review Application for all food facilities.

<b>Community Development</b>	<b>JAN 2021</b>	<b>JAN 2020</b>	<b>DIF</b>
Development Reviews	40	23	17
Commercial Plans Received	85	97	-12
Commercial Plan Inspections	21	34	-13
Water Projects Received	1	9	-8
Lots/Units Approved for Construction	251	158	93

Permitted Facilities

- Child Care – EHS staff will be working closely with the Human Services Agency Child Care Licensing to ensure consistent messaging and enforcement for all permit holders.
- Schools – Inspections resumed in January despite a week of closed school facilities due to snow. Many of the school kitchens have increased meal service to students and it is anticipated that all schools and school kitchens will be inspected during the Spring 2021 semester.
- Public Accommodations – The Field Inspection Guide for Public Accommodations is being developed in anticipation of the Public Accommodations Facility regulations going before the State Board of Health in March 2021.
- Training – New REHS staff assigned to Permitted Facilities completed almost the full course of required field inspection trainings. The inspection types completed include: Public Accommodations, Invasive Body Decoration and Mobile Home/RV Parks.

**Environmental Protection**

Land Development

- Septic plan numbers were 33% higher than January 2020. Well permits are also up 24%, with current permits at 13 compared to 10 in January 2020.
- Inspections associated with septic and well plan reviews and construction activity also increased approximately 34% in January compared to last year at this time.
- Staff are developing a standard comments document, formalizing the Well Plan Review Standard Operating Procedure and developing a field troubleshooting guide.

<b>Land Development</b>	<b>JAN 2021</b>	<b>JAN 2020</b>	<b>DIF</b>
Plans Received (Residential/Septic)	79	53	26
Residential Septic/Well Inspections	109	72	37
Well Permits	13	10	3

Vector-Borne Diseases (VBD)

- Program staff are updating the website in order to provide residents with direct map access of mosquito surveillance data, mosquito-control treatments, and planned aerial treatment areas including dates.
- A complete overview of the program Integrated Mosquito Control plan will be added to the website.
- Seasonal recruitments have started for the Public Service Intern positions.

<b>Vector</b>	<b>JAN 2021</b>	<b>JAN 2020</b>	<b>DIF</b>
Total Service Requests	1	4	-3
Mosquito Pools Tested	0	0	0
Mosquito Surveys and Treatments	0	0	0

Waste Management (WM)

- EHS is working with the regional response team to ensure the COVID-19 Vaccination POD is environmentally friendly and minimizing waste whenever possible.

**Inspections**

<b>EHS 2020 Inspections</b>	<b>JAN 2021</b>	<b>JAN 2020</b>	<b>DIF</b>
Child Care	5	21	-16
Food/Exempt Food	354	474	-120
Schools/Institutions	9	21	-12
Tattoo/Permanent Make-Up (IBD)	5	3	2
Temporary IBD Events	0	1	-1
Liquid Waste Trucks	5	6	-1
Mobile Home/RV Parks	6	17	-11
Public Accommodations	17	5	12
Aquatic Facilities/Pools/Spas	4	13	-9
RV Dump Station	2	0	2
Underground Storage Tanks	0	4	-4
Waste Management	11	13	-2
Temporary Foods/Special Events	0	3	-3
Complaints	47	76	-29
<b>TOTAL</b>	<b>465</b>	<b>657</b>	<b>-192</b>
EHS Public Record Requests	337	204	133

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

**DATE:** February 8, 2021

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, EPHP Division Director  
775-328-2443, [ndiao@washoecounty.us](mailto:ndiao@washoecounty.us)

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

**Communicable Disease (CD)**

**SARS-CoV-2 (COVID-19)**

As of early February, Washoe County Health District’s Epidemiology Program and COVID Unit has received reports of just over 42,000 cumulative cases of COVID-19. November case counts remain the highest on record to date. At this time, 84% of the cases reported in the past 14 days have been investigated, a marked improvement from the previous update to the Board.

Washoe County average number of cases over a 30-day rolling period is 772 per 100,000 population, while the 7-day rolling average is currently 89 new cases per day, down from 239.3 per day at last report.

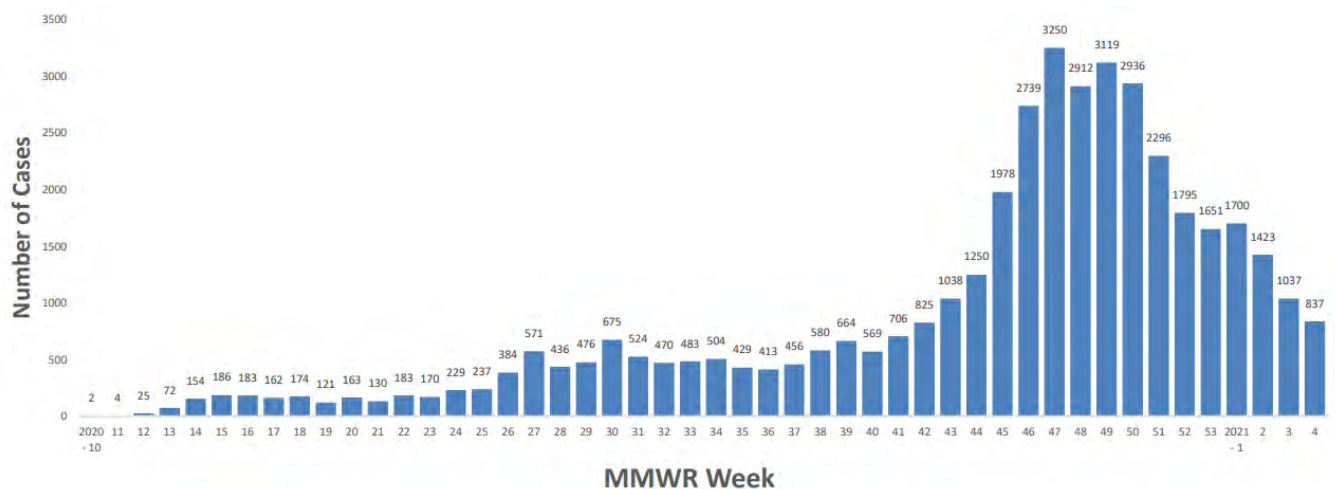
Month Reported	# COVID-19 Cases Reported	Avg # Cases per Day	% of Cumulative Cases
March	142	5	0.3%
April	766	26	2%
May	658	21	2%
June	1,231	41	3%
July	2,374	77	6%
August	2,108	68	5%
September	2,305	77	5%
October	4,054	131	10%
November	11,577	386	28%
December	10,486	339	25%
January	5,714	185	14%
February* (as of 2/7)	601	85	1%
<b>Total</b>	<b>42,081</b>	-	-

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

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

As case counts decline the age groups in the third bullet point will expand to all ages once more.

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



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

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 are currently being trained by the Epidemiology Program and COVID disease investigation staff and monitored daily 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 continues to meet weekly with the Washoe County School District's Student Health Services staff to update processes as each case at a school provides a learning opportunity to adjust accordingly. In mid-November, WCHD and WCSD agreed to exclude the entire elementary school classroom for the incubation period when a case is in a classroom while infectious. This is in alignment with how other jurisdictions are handling school exclusions across the country, including Southern Nevada Health District.

The Epidemiology Program has continued to host the weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local area physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners have joined this call to provide weekly updates.

Outbreaks - The Epidemiology Program has opened two outbreaks since end of December, on COVID-like Illness (CLI) and one gastrointestinal (GI) outbreak. The GI outbreak met criteria to be closed, while the CLI outbreak is not yet deemed over. Both outbreaks occurred in school settings.

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 4 (2021 calendar week), ILI activity back above baseline levels, but lower than Region 9. To date there have been nine (9) hospitalizations and one influenza associated death.

General Communicable Diseases – During the month of January 122 reportable conditions were investigated by the Epidemiology team, this is a slight decrease compared to December (n=133).

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

The PHP program is responsible for the development and publication of a bi-monthly Incident Action Plan (IAP) for vaccine operations in WebEOC. This IAP sets the incident objectives, staffing, safety and communications for all operations conducted at the Reno-Sparks Livestock Events Center Point of Dispensing site over the operational time period.

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). Currently, there are a total of 140 vetted volunteers who are active on the Vaccination POD Volunteer Group. Additionally, PHP and Community and Clinical Health Services (CCHS) is working with the State of Nevada Board of Pharmacy to Coordinate pharmacists and pharmacy techs to assist with the vaccinations and increase efficiency of the doses. There are currently 46 vetted pharmacists/pharm techs on the active list who are volunteering. PHP will also begin coordinating with the University

of Nevada, Reno to incorporate their public health, social work, and nursing student volunteers into POD operations.

The COVID-19 Call Center received a total of 6,747 risk assessments over the month of January, with some entered by end-users through the web portal, and others entered by the Call Center staff. The total number of packets assembled for testing at the POST was 5,562.

During the month of January, call volume increased by 39% over December and testing decreased by more than 50%. The COVID-19 Call Center has integrated COVID-19 vaccine scheduling emails and telephone calls into the daily activities, and provided supplemental staff to support vaccine data entry tasks.

As of February 3, 2021, the COVID-19 Call Center was staffed with a total of 29.5 personnel, comprised of 16 UNR paid contractors, six members of the National Guard, 3.5 RLEC staff members, 3 Talent Framework temporary agency staff and one Washoe County Health District employee. A total of 10.5 of the employees are assigned to testing specific tasks, and 18 are focusing on vaccine related items.

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

### **Inter-Hospital Coordinating Council (IHCC)**

The Hospital Preparedness Program (HPP) is currently working on preparations for two different training and exercises. The Emergent evacuation training/workshop will go over lessons learned from other healthcare facility evacuations as well as discuss how to integrate/update existing response plans for our region. The Burn Care and Mass Casualty Course will be offered by specialists from the University of Utah Health Care Burn Center and the Utah Department of Health. The course includes a review of adult and pediatric burn patient management from the field through definitive care and beyond, in addition to burn crisis standards of care. The course will end with a tabletop exercise scenario that our region can use to update internal and community plans.

Personal Protective Equipment (PPE) from the HPP COVID-19 grant was distributed on Jan 21. 220,000 surgical masks and 61,050 gowns were distributed to 19 different healthcare partners. 26 Fit test kits will be distributed in the coming month as well as n95 masks.

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

Vicky Olson's last day as EMS Coordinator was January 29, Julie Hunter is her replacement as the new EMS Coordinator, having started in the position January 25.

The EMS Coordinator will resume hosting the EMS Task Force meeting February 9, 2021, following the EMS Partners meeting and will plan to meet every two weeks. The goals remain the same, to understand the status of Computer Aided Dispatch (CAD) CAD-to-CAD system implementation and explore an interagency Continued Quality Improvement (CQI)/Quality Assurance (QA) program.

Critical items identified by the EMS Protocols Task Force in the Fall of 2020 were put into effect January 1, 2021. The last EMS Protocols Task Force meeting with agency medical directors was January 14. Moving forward, the EMS Protocols Task Force will continue to discuss protocols as well as CQI.

EMS Program staff will hold the next Emergency Department (ED) Consortium meeting on February 5 with presentation and discussions on Legal 2000, Sex Trafficking and Health Insurance Portability and Accountability Act (HIPAA) Waiver during CA wildfires.

A training video and User Guide for Healthcare Representatives has been completed for WebEOC and a Just in Time training video developed for Healthcare Representatives on the Mutual Aid Evacuation Agreement (MAEA).

The EMSAB meeting was held February 4, with Neil Krutz being elected as Chair and Eric Brown Vice Chair. Program updates were provided by the EMS Program, REMSA, Reno, Sparks, TMF and the CAD-to-CAD project.

**REMSA Percentage of Compliant Responses**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zone B,C, and D</b>	<b>All Zones</b>
July 2020	88%	-	-	-	84%	-
August 2020	85%	-	-	-	88%	-
September 2020	89%	-	-	-	96%	-
October 2020	88%	-	-	-	93%	-
November 2020	87%	-	-	-	90%	-
December 2020	89%	-	-	-	90%	-
January 2021	86%	-	-	-	87%	-

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

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

Per the Franchise Agreement, REMSA shall insure that 90% of all presumptively defined life-threatening calls have a response time of 8 minutes and 59 seconds or less within the combined Zone A areas. The response compliance also applies to Zones, B,C, and D with a response time of 15 minutes and 59 seconds or less for combined Zone B areas, 20 minutes and 59 seconds or less for the combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

For January 2021, REMSA reported 86% compliance for Zone A Priority 1 calls, and 87% compliance for Zone B/C/D Priority 1 calls. REMSA has outlined a summary of interventions to the EMS Oversight Program and EMS partners to mitigate future non-compliances for response time. The summary of interventions have been submitted and reviewed by the District Board of Health (DBOH). The submitted response and priority level interventions ensure that citizen continues to receive quality emergency care services in Washoe County.

**REMSA Exemption Requests**

<b>Exemption</b>	<b>System Overload</b>	<b>Status 99</b>	<b>Weather</b>	<b>Other</b>	<b>Total</b>	<b>Approved</b>
January 2021	23	2	3 (BWE)		25	2

The EMS Program received 23 System Overload, and 2 Status 99 and 3 Blanket Weather Exemption (BWE) requests for the month of January. The 2 Status 99 exemptions have been approved and the 23 System Overload and 3 BWE requests are being reviewed. Data for 2020 exemption requests are currently being logged and a report of the requests will be available at the next DBOH.

**Vital Statistics**

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 615 deaths and 279 births during January.

**Number of Processed Death and Birth Records**

<b>December</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	2317	105	679	3101
Birth	660	73	374	1107
<b>Total</b>	<b>2977</b>	<b>178</b>	1053	<b>4208</b>



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

**DATE:** February 15, 2021

**TO:** District Board of Health

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

**SUBJECT:** District Health Officer Report – COVID-19 Response, Joint Information Center, Legislative Session, Community Health Improvement Plan, Public Health Accreditation, Customer Satisfaction Survey, and Public Communications and Outreach.

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COVID-19 Response

The Washoe County Health District (WCHD) has continued to conduct testing, disease investigations and contact tracing and administer COVID-19 vaccines. WCHD is working with the State Immunization (IZ) Program 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 February 15, WCHD is administering first doses to people that are 70 and older and to essential workers that provide frontline services to the homeless, elderly and disabled, as well as dispensing second doses to complete vaccinations for those who have received the first dose through the WCHD. The WCHD has demonstrated the ability dispensing over 300 vaccinations per hour through the POD operated at the Reno-Sparks Livestock Events Center.

The number of new cases per day has declined significantly from the peak that occurred at the end of November. However, as of February 15, the County remains flagged under the State's County Tracking System for numbers of new cases per 100,000 population over a thirty-day period exceeding 200 at 559, and test positivity over a 14-day period exceeding 8% at 9.8%. On February 11, the Governor announced an update to the Nevada Roadmap to Recovery to relax restrictions under the Statewide pause to increase allowed occupancy capacity of bars, restaurants, casino's and other high transmission risk venues to 35% of capacity and to allow public gathering of up 100 people if capacity limits are not exceeded.

FEMA and USDA personnel have been provided to assist the Health District's response and bolster the County and temporary employee staffing, National Guard, CERT and MRC volunteers supporting the Health District response. The State informed the WCHD that we would be allocated \$15.2 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.

Joint Information Center (JIC)

The Regional Information Center (RIC) conducted vast outreach of the COVID-19 vaccine to the general audience with a specific effort geared toward seniors 70 years and older. The RIC started a COVID-19 vaccine waiting list that quickly grew to more than 40,000 entries in a span of a month. That list proved

useful not just for Washoe County Health District, but for Saint Mary's, North Lake Tahoe Fire Protection District and Community Health Alliance. Other organizations have shown interest in acquiring entries as well. We also worked with Washoe County Human Services Agency to distribute COVID-19 vaccine informational flyers with Meals on Wheels recipients.

The Mask On Move On campaign officially came to a close, but the outreach has not stopped. We worked with KPS3 to extend the contract and to transition the campaign toward vaccine information. The branding will remain, but the message will transition, and the contract will include support for the RIC.

Finally, we started asking the public to sign up for our weekly COVID-19 vaccine newsletter. In the three weeks since launch, the public list has quadrupled to include more than 17,000 people. When you include other community opt-in email lists, more than 40,000 people received the newsletter last week.

### Legislative Session

On February 8, 2021 the State and local health authorities were provided an opportunity to provide a presentation on public health and the COVID-19 response to the Assembly Health and Human Services Committee. I presented, along with the Nevada Division of Public and Behavioral Health Administrator and Deputy Administrator, the Southern Nevada District Health Officer, and the Director of Carson City Health and Human Services, regarding our budget, mission, programs and our response to the COVID-19 pandemic.

### Community Health Improvement Plan (CHIP)

The January 28, 2021 CHIP Kickoff event was very successful with over 150 attendees. Several attendees are new partners that were engaged through the planning efforts of the CHIP. A 2021 CHIP Kickoff Satisfaction Survey was distributed to attendees. Overall, partners were very satisfied giving the event 4.7 stars out of 5. Implementation of the CHIP is underway with kick-off meetings for each focus area complete or planned in the near future. Small workgroups have been formed to tackle more issue specific objectives and larger group meetings, in conjunction with large existing groups when possible, are being utilized for updates and opportunities for engagement for other community members. Data is being gathered to start drafting the 2020 CHIP Annual Progress Report which should be complete by early March.

Planning efforts are underway to host A Family Health Festival on March 20, 2021 at Reed High School. The large parking lot will accommodate a drive through model to maintain COVID guidelines and enable partners to provide basic health services and food to families seeking assistance.

Contact investigations and data entry support continue to be provided to assist the COVID unit.

### Public Health Accreditation

Section II of the PHAB annual report was submitted on February 3, 2021. Our assigned Public Health Accreditation Coordinator is currently doing the "completeness review", from which we will receive a written request for any additional information if needed. Section 1 of the PHAB annual report was accepted in December and the Accreditation team received positive feedback commending the work achieved by divisions in addition to responding to COVID-19. To maintain Accreditation the Health District is required to submit four annual reports until we are due to submit our re-accreditation application.

Date: February 25, 2021

Subject: ODHO District Health Officer Report

Page: 3 of 3

### Customer Satisfaction Survey

Planning efforts are underway to conduct the 2021 Customer Satisfaction Survey. This will be the third year in organizing a survey to gauge customers' satisfaction of WCHD programs and services. Previously, the survey results have been used to identify and complete quality improvement projects that meet the needs of improving WCHD's programs and services.

Att.: January Media Mentions

**DATE**

1/4/2021

**STORY**

[RGJ: 'They're always being exposed at work': How COVID-19 is impacting Latinos in Reno](#)  
[KUNR: Washoe County eclipses 500 COVID-19 deaths](#)  
[KTVN: 12 COVID-19-related deaths reported in Washoe County](#)  
[KOH: 12 COVID-19-related deaths reported in Washoe County](#)  
[RGJ: Week in COVID-19: December closes 2020 by nearly tripling Washoe's monthly death toll](#)  
[EMS World: REMSA inoculates Half its Workforce in One Week](#)

1/5/2021

[RGJ: Nearly 21,000 doses of COVID-19 vaccine delivered to Washoe County to date](#)  
[KRNV: Washoe County schools start back up with eye on return to hybrid learning](#)  
[KRNV: Renown to start administering second dose of COVID-19 vaccine this week](#)  
[KRNV: Have you recovered from COVID-19? Reno blood donors may need your help](#)  
[KOLO: Washoe County COVID-19: 5 additional deaths, 60 recoveries](#)

1/6/2021

[KRNV: Ask Joe: how long should you wait on vaccine if you've already had Covid?](#)  
[KTVN: Washoe County Health District Administers About 5,500 COVID-19 Vaccines, So Far](#)  
[KTVN: State launches COVID-19 vaccine survey](#)  
[Sierra Nevada Ally: Nearly 7,000 COVID-19 vaccine shots given in five county region of northern Nevada](#)  
[Nevada Current: Shot in the arm? 1 in 4 COVID vaccines administered in Nevada](#)

1/7/2021

[RGJ: Hundreds of WCSD employees to receive COVID-19 vaccine starting Saturday](#)  
[This is Reno: County has dispensed 6,000 doses of COVID-19 vaccine](#)  
[KTVN: Health District preparing for Tier 2](#)  
[KOLO: Frontline school staff to receive the vaccine this weekend](#)  
[KRNV: COVID-19 risk meter improves](#)

1/8/2021

[KUNR: Nevada Still Has More Than Three-Quarters Of Vaccines Unused](#)  
[RGJ: Which Washoe hospitals and agencies have gotten COVID vaccines and how many? Here's a list](#)  
[Tahoe Tribune: COVID-19 update: Vaccinations move forward](#)  
[Nevada Independent: Coronavirus Contextualized, 35th edition: Vaccinations continue at slow pace as cases again](#)  
[KTVN: Tier 2 doses start Saturday](#)  
[KOLO: Renown staff get second doses](#)  
[KRNV: Eight more people die of COVID-19 today](#)  
[KRNV: Washoe County teachers, staff to receive COVID-19 vaccine Saturday](#)  
[KOLO: Washoe County COVID-19: 8 additional deaths, 344 infections](#)  
[KTVN: Washoe County To Move Into Tier Two For COVID-19 Vaccinations](#)

1/11/2021

[Las Vegas Sun: A dad's death illustrates COVID-19 effect on Latinos in Reno](#)  
[RGJ: 75 or older? Nevada health officials say COVID-19 vaccine details coming soon](#)  
[KOLO: Washoe County seeks Medical Reserve Corps volunteers to fight COVID-19](#)  
[RGJ: Your vaccine is on its way | John Packham](#)  
[KOLO: Washoe County Health District transitions to Tier 2](#)  
[RGJ: WCSD and COVID-19: Thousands return to classrooms; 2 elementary schools move to full distance](#)  
[Las Vegas Review Journal: CDC: Nevada has one of lowest COVID-19 vaccination rates](#)

**Inquiries**

**KRNV:** Joe Hart asked if it's known how long someone should wait to get the vaccine if they had COVID-19 recently.  
**KRNV:** Miles Buergin asked about the new strain of COVID-19. Sent him to the State lab.

**KRNV:** Miles Buergin asked about blood donation for people who've had COVID-19. Sent him to Vitalant.  
**RGJ:** Jason Hidalgo inquired about people getting the vaccine who aren't supposed to. He also submitted a records request for email relating to people signing up.  
**KRNV:** Kenzie Margiott asked if we would be releasing info about Tier 2 soon. TBD.

**RGJ:** We provided Jason Hidalgo statements about his questions regarding COVID-19 vaccines and rumors that people have been receiving them despite not being in Tier 1.

**This is Reno:** Sudhiti Naskar asked for clarification regarding how many vaccines we requested vs. received. We've received everything we requested.

**KRNV:** Kenzie Margiott asked for an update on how disease investigation training is going with for WCSD work. Good.

**Inquiries/Interviews:**

**KUNR:** Lucia Starbuck inquired about vaccine numbers  
**KRNV:** Joe Hart asked about if people can sign up to receive the vaccine or get updates  
**RGJ:** Terell Wilkins asked Tier 2 distribution  
**KRNV:** Asked when media can get vaccinated  
**KTVN:** Meteorologist Mike Alger asked how he can help with COVID-19 vaccine

**RGJ:** Terell Wilkins asked about Tier 2 distribution  
**KUNR:** Ahn Gray had some vaccine questions and potential stories down the road  
**KOLO:** Terri Russell asked when media can get vaccinated  
**RGJ:** Siobhan McAndrew inquired about educators getting vaccinated  
**KRNV:** Madison McKay inquired about educators getting vaccinated  
**KTVN:** Cynthia Sandoval inquired about educators getting vaccinated

**KOH:** Daniella Sonino from KOH asked about a vaccine update. Scott Oxarart was interviewed.  
**KOLO:** Abel Garcia interviewed Scott Oxarart on Saturday about the transition to Tier 2  
**RGJ:** Assisted Siobhan McAndrew with a ride-along with a person getting vaccinated on Saturday.  
**KRNV:** Assisted Madison McKay with a ride-along with a person getting vaccinated on Saturday.  
**KTVN:** Assisted Cynthia Sandoval with a ride-along with a person getting vaccinated on Saturday.  
**Sparks Tribune:** Kayla Anderson asked about the COVID-19 vaccine.  
**KTVN:** Paul Nelson interviewed Scott Oxarart about COVID-19 vaccine.

	<p><a href="#">RGJ: Watch: WCSD employee Jodee Prudente gets her first COVID-19 vaccination</a>  <a href="#">National Guard: Nevada Guard helps track COVID-19 spread among Reno homeless</a>  <a href="#">KUNR: Nearly 50 Lives Lost In Washoe Since Start Of New Year</a>  <a href="#">KTVN: Washoe County To Move Into Tier Two For COVID-19 Vaccinations</a>  <a href="#">KOH: 3 more COVID-19 deaths in Washoe County</a>  <a href="#">KOH: Washoe County transitions into Tier 2 COVID-19 Vaccinations</a></p>	<p><b>KOLO:</b> Ben Deech interviewed Scott Oxarart about COVID-19 vaccine.  <b>KRNV:</b> Madison McKay asked for clarification on the COVID-19 vaccine.  <b>RGJ:</b> Anjeanette Damon asked about COVID-19 vaccines that were not used/or wasted</p>
1/12/2021	<p><a href="#">RGJ: Tuesday COVID-19 update: More vaccines to arrive in Washoe County this week</a>  <a href="#">KTVN: Many Older Nevadans Frustrated by Vaccine Rollout</a>  <a href="#">KUNR: Nevada Revises Vaccination Plan To Hasten Slow Pace</a>  <a href="#">KRNV: Seniors are a priority to get vaccinated</a></p>	<p><b>FOX11:</b> Tony Phan interviewed Scott Oxarart about COVID-19 vaccine  <b>KRNV:</b> Madison McKay interviewed Scott Oxarart about COVID-19 vaccine  <b>KTVN:</b> Paul Nelson interviewed Jim English about COVID-19 vaccine.</p>
1/13/2021	<p><a href="#">RGJ: Tuesday COVID-19 update: 8% of Washoe County residents have tested positive</a>  <a href="#">KRNV: Washoe County Health District might need more people to help give vaccines</a>  <a href="#">RGJ: COVID-19 vaccine rollout moving forward in Washoe County as decline in new cases flattens</a></p> <p><a href="#">KOLO: Renown taking appointments for limited senior vaccinations</a></p> <p><a href="#">KTVN: Seniors Need To Download Renown MyChart App For Vaccine Appointments</a>  <a href="#">KTVN: Washoe County is Adjusting to New Nevada COVID-19 Playbook</a>  <a href="#">This Is Reno: Logistical challenges with COVID vaccine plague health district</a>  <a href="#">KUNR: Photos: Health Care Workers With Renown Receive Second Shot Of COVID-19 Vaccine</a>  <a href="#">Nevada Independent: Indy Q+A: When can I expect to receive the COVID-19 vaccine? Who is getting vaccinated now? Is it safe?</a></p>	<p><b>FOX11:</b> Tony Phan asked about COVID-19 vaccine  <b>KRNV:</b> Madison McKay again asked about COVID-19 vaccine to seniors, despite doing two stories about it the last two c  <b>Veterinarian Story:</b> We escorted a photographer through the post for a story about veterinarian’s volunteering for COV  <b>RGJ:</b> Anjeanette Damon filed a records request for emails from WCHD employees to community partners who administ  <b>KOLO:</b> Terri Russell is doing a story about MRC and wants to film someone in action. Trying to get done tomorrow.</p>
1/15/2021	<p><a href="#">Associated Press: Nevada reports record-high 62 coronavirus deaths</a>  <a href="#">RGJ: Reno Municipal Court judges and staff jump the line for COVID-19 vaccinations</a>  <a href="#">KUNR: Several Counties In Nevada To Begin Vaccinating Adults 70+</a>  <a href="#">RGJ: WCSD looks for volunteers to help immunize thousands of employees</a>  <a href="#">KRNV: 975 seniors receive first round of Pfizer vaccine today</a></p> <p><a href="#">Nevada Independent: Coronavirus Contextualized, 36th edition: Cases remain high as officials anticipate more grow</a></p> <p><a href="#">RGJ: Washoe County opens COVID-19 vaccine waiting list for ages 65-plus</a></p>	<p><b>KRNV:</b> Hailey Vetterlein interviewed volunteer Allan Cruet for a story about Medical Reserve Corps.  <b>KTVN:</b> Paul Nelson interviewed Jim English about medical professionals helping to administer vaccines.  <b>KOLO:</b> Ed Pearce interviewed Scott Oxarart about senior vaccine  <b>KOLO:</b> Kurt Schroeder asked for a statement about the Reno Muni Court folks jumping the line to get vaccinated.  <b>RGJ:</b> Anjeanette Damon asked for a statement about the Reno Muni Court folks jumping the line to get vaccinated.  <b>RGJ:</b> Anjeanette Damon asked why some seniors were getting their appointments cancelled. Turns out they got the link under false pretenses.</p>
1/19/2021	<p><a href="#">KRNV: Elected officials could move to increase influence over Washoe health board</a>  <a href="#">RGJ: Week in COVID-19: Poor federal response, lack of transparency hamper Washoe vaccinations</a></p> <p><a href="#">KUNR: Sisolak Releases Budget Priorities, New Vaccine Shipment Expected In Washoe Today</a></p> <p><a href="#">KTVN: 770 vaccinated at COVID-19 vaccine POD on Monday</a>  <a href="#">Nevada Independent: Washoe County received doses from Moderna vaccine lot in question in California, though ne</a></p> <p><a href="#">KOLO: Washoe County COVID-19 vaccine update: More options available for seniors</a></p> <p><a href="#">RGJ: Washoe County opens COVID-19 vaccine waiting list for ages 65-plus</a></p>	<p><b>KTVN:</b> Paul Nelson interviewed Jim English about what we do when we have excess vaccines and no-shows.  <b>RGJ:</b> Siobhan McAndrew asked about the concurrent meeting to reassess the makeup of the District Board of Health  <b>Nevada Independent:</b> Megan Messerly requested information about the Moderna vaccine that caused several medical this week. Turns out, CDC still said we could use the doses.  <b>KRNV:</b> Kenzie Margiott inquired about the CA Moderna issue.  <b>FOX11:</b> Tony Phan reached out about COVID tourism questions.  <b>RGJ:</b> We sent a statement to Jason Hidalgo on our stance with COVID-19 vaccine that is in a “use it or lose it” scenario: Use the vaccine for eligible priority groups if possible, but don’t ever throw it away if you can avoid it.</p>
1/20/2021	<p><a href="#">RGJ: Director concerned about mixing public health, politics ahead of Washoe, Reno, Sparks joint meeting</a>  <a href="#">Associated Press: Nevada hits 1-day death record but reports fewer new cases</a>  <a href="#">This is Reno: Pandemic, education and economy highlighted in State of the State address</a>  <a href="#">KUNR: Nevada Test Positivity Rate Remains High, Investigators Determine Cause of Pinehaven Fire</a></p>	<p><b>Inquiries/Interviews:</b>  <b>KOLO:</b> Terri Russell interviewed Andrea Esp and volunteer Allan Cruet about Medical Reserve Corp.  <b>KTVN:</b> Bryan Hoffman asked about the COVID-19 vaccine.  <b>KUNR:</b> Asked about the COVID-19 vaccine.</p>

	<a href="#">KTVN: Renown Removes Respiratory Screening Tent</a> <a href="#">KTVN: COVID-19 Vaccination Distribution by County</a> <a href="#">KOLO: Washoe County COVID-19 vaccine update: More options available for seniors</a>	
1/21/2021	<a href="#">KOLO: More volunteers needed for the Medical Reserve Corp.</a> <a href="#">Veterinary Information Network: Vaccinating people against COVID at a livestock arena</a> <a href="#">KOLO: More volunteers needed for the Medical Reserve Corp.</a>  <a href="#">RGJ: Reno Aces expecting to play a full season this year</a>  <a href="#">KUNR: Nevada Sets New Grim COVID-19 Record, UNLV Retires Mascot But Will Keep Nickname</a> <a href="#">RGJ: COVID updates: Daily new cases in Washoe County lowest since Oct. 31</a> <a href="#">KRNV: Elected officials debate changes to Washoe health board; top health leader 'concerned'</a> <a href="#">KRNV: Washoe County needs Medical Reserve Corps volunteers to help fight COVID-19</a> <a href="#">KRNV: Elected Officials Considering Possible Changes To District Board Of Health</a> <a href="#">This is Reno: Officials mull how to improve Washoe County Health District</a> <a href="#">KOLO: Washoe County COVID-19: 3 deaths; now more than 40K cases</a>	<p><b>KRNV:</b> Joe Hart asked about how many vaccines the long-term care facilities</p> <p><b>KRNV:</b> Ben Margiott asked for a headshot of Jim English based on his information given at today's briefing.</p> <p><b>KTVN:</b> Paul Nelson asked for a headshot of Jim English based on his information given at today's briefing.</p> <p><b>RGJ:</b> We modified their public records request regarding outreach to community partners administrating the vaccine to narrow down the scope.</p>
1/22/2021	<a href="#">RGJ: Despite huge demand, as many as 10 percent don't show up for COVID-19 vaccine appointment</a> <a href="#">Tahoe Daily Tribune: County officials not concerned with low ICU numbers, moving back into stay home order</a> <a href="#">KTVN: COVID-19 Vaccinations Moving Steady but Slowly</a> <a href="#">KTVN: Low vaccine supply not enough to meet demand</a> <a href="#">KRNV: COVID-19 update and call for volunteers</a> <a href="#">991 Talk: 8-10 weeks for seniors to get vaccine</a> <a href="#">KUNR: 2 more COVID-19-related deaths</a>	<p><b>RGJ:</b> Anjeanette Damon asked about COVID-19 vaccine reactions</p> <p><b>KRNV:</b> Ben Margiott asked about the low cases reported being due to the change in daily update time.</p>
1/25/2021	<a href="#">KOLO: Washoe County COVID-19: One death, 368 recoveries</a> <a href="#">This is Reno: Lack of supply prompts county to reduce vaccinations</a> <a href="#">Las Vegas Review Journal: Coronavirus shots for elected officials mixed bag in Nevada</a> <a href="#">KUNR: KUNR Today: Nevada Reaches 270,000 COVID-19 Cases, Record Number Of Bald Eagles Spotted In Tahoe</a> <a href="#">RGJ: Week in COVID-19: New cases see steady drop; Washoe seeing reduced vaccine delivery</a> <a href="#">KTVN: Washoe County COVID-19 update</a> <a href="#">KTVN: Vaccine allocations stagnant, weather hasn't caused issues at the POD</a> <a href="#">KOH: Volunteers needed in Washoe County</a> <a href="#">KRNV: 75 new cases, over 16,000 vaccines administered</a> <a href="#">KRNV: Vaccine allocation numbers lower than last week</a>	<p><b>KRNV:</b> Ben Margiott asked to film the POD from outside the exit. Request granted.</p> <p><b>KTVN:</b> Paul Nelson asked to film the POD from outside the exit. Granted.</p> <p><b>Sparks Tribune:</b> Kayla Anderson asked for clarification on the vaccine shipment</p> <p><b>RGJ:</b> Jason Hidalgo had a COVID-19 data question.</p>
1/26/2021	<a href="#">This is Reno: Lack of supply prompts county to reduce vaccinations</a> <a href="#">Las Vegas Sun: UNR president Sandoval's priority in 2021 Legislature: 'All of our students'</a> <a href="#">KRNV: 56 new COVID-19 cases reported today</a>	<p><b>KLAS:</b> Kelli Goatley-Seals was interviewed by the Las Vegas station to discuss youth vaping.</p> <p><b>KRNV:</b> Shelby Sheehan will interview Kelli Goatley-Seals for the program Addicted Nevada about youth vaping.</p> <p><b>Tahoe Daily Tribune:</b> Asked some COVID-19 vaccine questions</p> <p><b>KTVN:</b> Ryan Canaday asked some senior COVID-19 vaccine questions for his My Two Cents segment.</p>
1/27/2021	<a href="#">Associated Press: Washoe County Health District vaccinates most in one day on Tuesday</a> <a href="#">KUNR: KUNR Today: Blizzard Hits The Region, Fewer New Cases Of COVID-19 In Nevada</a> <a href="#">RGJ: Health District: COVID-19 case numbers improving as U.K. COVID variant raises concerns</a> <a href="#">KOLO: Washoe County COVID-19: 2 deaths, 274 new recoveries</a> <a href="#">KOLO: Three more cases of MIS-C reported in Washoe County</a> <a href="#">KOLO: Medical professionals held back from vaccinating the community by red tape – KOLO was contacted about the verification of facts in this story, though WCHD is not mentioned.</a> <a href="#">KTVN: Three Additional MIS-C Cases Reported in Washoe County</a> <a href="#">This is Reno: COVID-19 cases trending downward but highly contagious "UK strain" a concern</a>	<p><b>Nevada Independent:</b> Megan Messerly inquired about interviews for a 1-Year of COVID-19 in Nevada story.</p>

1/28/2021 [KTVN: Nevada COVID-19 Numbers Dropping](#)  
[Tahoe Daily Tribune: Frustration grows as vaccine supply not meeting demand for Tahoe residents](#)  
[This is Reno: Flu hospitalizations down 90% from this period last year](#)  
[KTVN: Most Staff at Renown, NNMC Have Received Second Dose of Vaccine](#)  
[This is Reno: Nevada's "skyrocketing" teen vaping](#)  
[KTVN: White House Discusses COVID-19 Plans Impact On Nevada](#)  
[Associated Press: Nevada awaits answers from feds about low vaccine allocation](#)  
[This is Reno: Health District awards BJs Barbecue and Gold N' Silver](#)  
[991 Talk: COVID-19 update](#)  
[KOH: First flu death reported in Washoe County](#)  
[KTVN: Vaccine demand still more than vaccine supply](#)

**RGJ:** Jason Hidalgo asked about the COVID-19 vaccine  
**Tahoe Daily Tribune:** Asked about the COVID-19 vaccine  
**Las Vegas Review Journal:** Mary Hines asked about our drive through POD  
**KTNV:** Paul Nelson asked about how many vaccines have been dispensed in Washoe County  
**KOLO:** Denise Wong asked about the media availability

1/29/2021 [KUNR: KUNR Today: Washoe Reports Season's First Flu Death, Relief Coming For Reno Businesses](#)  
[KUNR: Nevada's COVID-19 Response: State Heading In 'Right Direction.'](#)  
[KT+B2:B151VN: Washoe County hoping for more COVID-19 vaccine doses](#)

**UNR School of Medicine:** They will include information about Medical Reserve Corps in their newsletter next week

**Total 132**

**76**

**Press Releases**

1/5/2021 [5 COVID-19-related deaths, 184 new cases reported today](#)  
1/8/2021 [Washoe County Health District transitions to Tier 2 COVID-19 vaccine administration](#)  
1/13/2021 [COVID-19 Vaccine Update in Washoe County](#)  
1/19/2021 [COVID-19 vaccines update in Washoe County – Tuesday, Jan. 19, 2021](#)  
1/27/2021 [First Flu-Associated death reported in Washoe County](#)  
1/27/2021 [Community Health Improvement Plan \(CHIP\) kickoff set for Thursday, Jan. 28](#)  
1/27/2021 [Three additional MIS-C cases reported in Washoe County](#)  
1/28/2021 [BJ's Nevada Barbeque Company, Gold N' Silver receive awards from Health District](#)  
1/29/2021 [Update on COVID-19 vaccine, more vaccine opportunities for seniors & the vaccine thaw process](#)

**Total 9**

**Social Media Followers** WCHD Facebook: 5,269 (+238 since Jan. 1)  
WCHD Twitter: 2,353 (+151 since Jan. 1)





days.

/ID-19.

er the vaccine.

personnel to have reactions