

DISTRICT HEALTH DEPARTMENT

April 16, 2009

TO: District Board of Health Members
FROM: Janet Smith, Recording Secretary
RE: DBOH Packet Numbering

Due to last month's meeting being canceled you have only been provided with copies of updated reports in your packet for the April meeting. If you did not retain your packet materials please let me know as soon as possible to allow me time to make you copies.

Last month's item #12 was the public hearing, which had to be republished and will be rescheduled for the Board's May meeting. Due to the rescheduling of the public hearing, the numbering of your packet items, after item #11 no longer corresponds with the agenda item number for this month. Please use this month's agenda for the numbering sequence of your packet materials, after item #11 rather than the item number listed. Thank you for your understanding.

Respectfully,

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

ANNOTATED *REVISED AGENDA*

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada
April 23, 2009
1:00 PM
NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ **WWW.WASHOECOUNTY.US/HEALTH**. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for April 23, 2009 (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the January 22, 2009 and February 26, 2009 District Board Meetings (action)	APPROVED
A. Explanation of Councilman Gustin's Question Specific to the Strategic Planning Session of October 9, 2008	APPROVED NO FURTHER DISCUSSION

6. Recognitions

YEARS-OF-SERVICE
STEVEN FISHER – 5 YEARS
AMBER ENGLISH – 5 YEARS
JULIO PECH-GARCIA – 5 YEARS
KRISTA HUNT – 5 YEARS
LORI MENDOZA – 15 YEARS
CANDACE HUNTER – 30 YEARS

WASHOE COUNTY INTERNET WORKING GROUP – CHAIRMAN – JULY 2005 – DECEMBER 2008
STEVEN FISHER

NATIONAL BOARD OF PUBLIC HEALTH EXAMINERS – FIRST CLASS – CERTIFIED PUBLIC HEALTH PROFESSIONALS
BRYAN WAGNER

STATE OF NEVADA – REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS) CERTIFICATION
BYRON COLLINS

FORMER DISTRICT BOARD OF HEALTH MEMBERS
RON SMITH
DAVID HUMKE

7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

- 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. Belfor Property Restoration - Case No. 1036, NOV No. 4905 (action)
- 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

UPHELD, \$250 FINE LEVIED

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

- 1. AI Victors – Case No. 4-08S (action)

APPROVED

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers

- 1. Ratification of Subgrant Amendment #1 Issued to the Nevada AIDS Foundation, Inc, in the Total Amount of \$189,176, or \$94,588 Per Calendar Year Pertaining to the Comprehensive Risk Counseling and Services (CRCS) Program for the Period of January 1, 2008 Through December 31, 2009 (action)
- 2. Ratification of Subgrant Amendment #2 Issued to Planned Parenthood Mar Monte in the Total Amount of \$190,000, or \$95,000 Per Calendar Year Pertaining to the Street Smart Program for the Period of January 1, 2008 Through December 31, 2009 (action)
- 3. Retroactive Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$173,933 in Support of the Immunization Program (IN 10028) for the Period of January 1, 2009 Through June 30, 2009 (action)
- 4. Retroactive Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Express Reserve Grant Program to Extend the Contract Period Through June 30, 2010 (action)
- 5. Ratification of Interlocal Contract between the State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program and the Washoe County Health District in the Total Amount of \$256,774 in Support of the Tuberculosis Program (IO 10035) for the Period of July 1, 2009 to June 30, 2011 Contingent Upon the Approval of the Washoe County Risk Manager and District Attorney (action)

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

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|-----|--|---------------------------|
| 8. | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
A. No Cases This Month | |
| 9. | Regional Emergency Medical Services Authority
A. Review and Acceptance of the Operations and Financial Report for February and March 2009 (action)
B. Update of REMSA's Community Activities Since March 2009 | ACCEPTED

PRESENTED |
| 10. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2009 (action) | ACCEPTED |
| 11. | Update on Fiscal Year 09/10 Budget with Possible Direction to Staff (action) | ACCEPTED |
| 12. | Discussion as to Possible Assignments of Members to DBOH Committees (action) . | APPROVED |
| 13. | Update and Possible Acceptance of Staff's April Report for the 2009 Legislative Session (action) | ACCEPTED |
| 14. | Presentation of and Recommendation to Adopt the Proclamation Declaring April 6 – 12, 2009 as Washoe County Public Health Week in Recognition of National Public Health Week (action) | APPROVED AND ADOPTED |
| 15. | Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month (action) | APPROVED AND ADOPTED |
| 16. | CCHS Division Nursing Personnel Report | PRESENTED |
| 17. | Family Planning Title X 10% Match Requirement Analysis | PRESENTED |
| 18. | Presentation –Report - Points of Dispensing (POD) Rotary Flu Shot Day, October 25, 2008 | PRESENTED |
| 19. | Staff Reports and Program Updates
A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities
B. Director, Community and Clinical Health Services – <i>Get Healthy Washoe</i> Campaign; Off-Site HIV/AIDS Testing; Robert Wood Johnson Foundation <i>Healthy Kids, Healthy Community</i> (Calls for Proposal)
C. Director, Environmental Health Services – Food Program – Illegal Vendors; Vector-Borne Diseases Prevention Program Activities
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
E. Administrative Health Services Officer – Women, Infants, Children (WIC) Nutrition Program
F. District Health Officer – Testimony on Senate Bill 372; Budget Presentation; State and Local Health Authorities Meeting; Nevada Public Health Association 2009 Conference; Delegate to the Nevada State Medical Association (NSMA) Annual Meeting; "Notes from Washington" from NACCHO; Health and Health Care in Washoe County, Nevada | PRESENTED |
| 20. | Board Comment – Limited to Announcements or Issues for Future Agendas | NO COMMENTS RECEIVED |
| 21. | Adjournment (action) | ADJOURNED |

NOTE: Facilities in which this meeting is being held are accessible to the disabled. Persons with disabilities who require special accommodations or assistance at the meeting should call the Administrative Health Services Division, 328-2410, 24-hours prior to the meeting.

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

*** REVISED AGENDA ***

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada
April 23, 2009
1:00 PM
NOTICE

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Business Impact Statement – A Business Impact Statement is available at the District Health Department for those items denoted with a \$

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|----------------|---|---------------|
| 1:00 PM | 1. Call to Order, Pledge of Allegiance Led by Invitation | Dr. Humphreys |
| | 2. Roll Call | Ms. Smith |
| | 3. Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. Approval/Deletions to the Agenda for April 23, 2009 (action) | Dr. Humphreys |
| | 5. Approval/Additions/Deletions to the Minutes of the January 22, 2009 and February 26, 2009 District Board Meetings (action)
A. Explanation of Councilman Gustin's Question Specific to the Strategic Planning Session of October 9, 2008 | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Years-of-Service
 - 1. Steven B. Fisher - AHS – 5 Years
 - 2. Amber English – EHS – 5 Years
 - 3. Julio Pech-Garcia – EHS – 5 Years
 - 4. Krista Hunt – EHS – 5 Years
 - 5. Lori J. Mendoza – AQM – 15 Years
 - 6. Candace L. Hunter – CCHS – 30 Years
 - B. Washoe County Internet Working Group – Chair – July 2005 – December 2008
 - 1. Steven B. Fisher
 - C. National Board of Public Health Examiners – First Class of Certified Public Health Professionals – Member of the Charter Class
 - 1. Bryan Wagner
 - D. State of Nevada – Registered Environmental Health Specialists (REHS) Certification
 - 1. Byron Collins
 - E. Former District Board of Health Members
 - 1. Mr. Ron Smith
 - 2. Mr. David Humke
7. Consent Agenda Dr. Humphreys
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. Belfor Property Restoration - Case No. 1036, NOV No. 4905 **(action)**
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
 - 1. Al Victors – Case No. 4-08S **(action)**
 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
 - 1. Ratification of Subgrant Amendment #1 Issued to the Nevada AIDS Foundation, Inc, in the Total Amount of \$189,176, or \$94,588 Per Calendar Year Pertaining to the Comprehensive Risk Counseling and Services (CRCS) Program for the Period of January 1, 2008 Through December 31, 2009 **(action)**
 - 2. Ratification of Subgrant Amendment #2 Issued to Planned Parenthood Mar Monte in the Total Amount of \$190,000, or \$95,000 Per Calendar Year Pertaining to the Street Smart Program for the Period of January 1, 2008 Through December 31, 2009 **(action)**
 - 3. Retroactive Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$173,933 in Support of the Immunization Program (IN 10028) for the Period of January 1, 2009 Through June 30, 2009 **(action)**
 - 4. Retroactive Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Express Reserve Grant Program to Extend the Contract Period Through June 30, 2010 **(action)**
 - 5. Ratification of Interlocal Contract between the State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program and the Washoe County Health District in the Total Amount of \$256,774 in Support of the Tuberculosis Program (IO 10035) for the Period of July 1, 2009 to June 30, 2011 Contingent Upon the Approval of the Washoe County Risk Manager and District Attorney **(action)**

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| 8. | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
A. No Cases This Month | Mr. Bonderson |
| 9. | Regional Emergency Medical Services Authority
A. Review and Acceptance of the Operations and Financial Report for February and March 2009 (action)
B. Update of REMSA's Community Activities Since March 2009 | Mr. Smith |
| 10. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2009 (action) | Ms. Coulombe |
| 11. | Update on Fiscal Year 09/10 Budget with Possible Direction to Staff (action) | Ms. Coulombe |
| 12. | Discussion as to Possible Assignments of Members to DBOH Committees (action) | Dr. Anderson |
| 13. | Update and Possible Acceptance of Staff's April Report for the 2009 Legislative Session (action) | Ms. Stoll-Hadayia |
| 14. | Presentation of and Recommendation to Adopt the Proclamation Declaring April 6 – 12, 2009 as Washoe County Public Health Week in Recognition of National Public Health Week (action) | Dr. Anderson |
| 15. | Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month (action) | Mr. Ulibarri |
| 16. | CCHS Division Nursing Personnel Report | Ms. Brown |
| 17. | Family Planning Title X 10% Match Requirement Analysis | Ms. Brown |
| 18. | Presentation –Report - Points of Dispensing (POD) Rotary Flu Shot Day, October 25, 2008 | Mr. Mackie |
| 19. | Staff Reports and Program Updates
A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities
B. Director, Community and Clinical Health Services – <i>Get Healthy Washoe</i> Campaign; Off-Site HIV/AIDS Testing; Robert Wood Johnson Foundation <i>Healthy Kids, Healthy Community</i> (Calls for Proposal)
C. Director, Environmental Health Services – Food Program – Illegal Vendors; Vector-Borne Diseases Prevention Program Activities
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
E. Administrative Health Services Officer – Women, Infants, Children (WIC) Nutrition Program
F. District Health Officer – Testimony on Senate Bill 372; Budget Presentation; State and Local Health Authorities Meeting; Nevada Public Health Association 2009 Conference; Delegate to the Nevada State Medical Association (NSMA) Annual Meeting; "Notes from Washington" from NACCHO; Health and Health Care in Washoe County, Nevada | Dr. Todd
Ms. Brown
Mr. Sack
Mr. Goodrich
Ms. Coulombe
Dr. Anderson |
| 20. | Board Comment – Limited to Announcements or Issues for Future Agendas | Dr. Humphreys |
| 21. | Adjournment (action) | Dr. Humphreys |

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
 Board Room - Health Department Building
 Wells Avenue at Ninth Street

April 23, 2009

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WASHIOE COUNTY DISTRICT BOARD OF HEALTH MEETING
April 27, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung; and Councilwoman Julia Ratti

ABSENT: Amy Khan, MD

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epi and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Stacey Akurosawa, Administrative Assistant; Steve Fisher, Department Computer Application Specialist; Noel Bonderson, Air Quality Management Supervisor; Lauri Mendoza, Air Quality Specialist; Jennifer Stoll-Hadayia, Public Health Program Manager; Jennifer Howell, Sexual Health Program Coordinator; Doug Coulter, PE, Senior Registered Engineer; Bryan Wagner, Senior Environmental Health Services Specialist; Byron Collins, Environmental Health Services Specialist; Julio Pech-Garcia, Dan Mackie, EPHP Emergency Response Coordinator; Krista Hunt, Environmental Health Services Specialist; Amber English, Environmental Health Services Specialist; Scott Monsen, Vector-Borne Diseases Program Coordinator; Candy Hunter, Nursing Supervisor; Dave McNinch, Environmental Health Services Specialist Supervisor; Bev Bayan, WIC Program Manager; Phil Uliberri, Development Officer; Judy Davis, Public Information Officer; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:00pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Councilman Dan Gustin, District Board of Health member.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Dr. Khan is excused.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – APRIL 23, 2009

Chairman Humphreys advised that the Board members have been provided with a revised agenda for today's April 23, 2009 meeting, noting that the revision was the addition of item 7. Consent Agenda, C. Budget Amendments, #5 – an Interlocal Contract with the State of Nevada for the Tuberculosis (TB) Prevention Program.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the agenda of the April 23, 2009 District Board of Health meeting be approved as revised.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – JANUARY 22, 2009 – FEBRUARY 26, 2009

Chairman Humphreys called for any additions or deletions to the minutes of the District Board of Health meeting of January 22, 2009.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the minutes of the January 22, 2009 District Board of Health meeting be approved as received.
Motion carried unanimously.**

Chairman Humphreys called for any additions or deletions to the minutes of the District Board of Health meeting of February 26, 2009.

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the minutes of the February 26, 2009 District Board of Health meeting be approved as received.
Motion carried unanimously.**

A. Explanation of Councilman Gustin's Question Specific to the Strategic Planning Session of October 9, 2008

In response to Chairman Humphreys regarding further explanation as to his question regarding the Strategic Planning Session on October 9, 2008, Mr. Gustin advised that no further explanation is necessary.

RECOGNITIONS

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Mr. Steven Fisher for 5 Years-of-Service; Ms. Amber English for 5 Years-of-

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

April 23, 2009

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Service; Mr. Julio Pech-Garcia for **5 Years-of-Service**; Ms. Krista Hunt for **5 Years-of-Service**; Ms. Lori Mendoza for **15 Years-of-Service**; and Ms. Candace "Candy" Hunter for **30 Years-of-Service**.

Chairman Humphreys and Dr. Anderson presented a plaque to Mr. Steven Fisher in recognition of his service on the Washoe County Internet Working Group (IWG), serving as Chairman of the IWG from July 2005 through the end of December 2008. Dr. Anderson advised that Mr. Fisher Steve received "a write-up" in the Washoe County Line in recognition of his excellent efforts on behalf of the County.

Chairman Humphreys and Dr. Anderson presented a Certificate of Recognition to Mr. Bryan Wagner for being a member of the first class of Certified Public Health Professionals through the National Board of Public Health Examiners.

Chairman Humphreys and Dr. Anderson presented a Certificate of Recognition to Mr. Byron Collins for receiving his Registered Environmental Health Services (REHS) Certification from the State of Nevada.

Chairman Humphreys and Dr. Anderson presented a plaque to Sparks City Councilman, Mr. Ron Smith, for his service to the District Board of Health from January 2008 through December 2008.

Chairman Humphreys and Dr. Anderson presented a plaque to Washoe County Commissioner, Mr. David Humke, for his service to the District Board of Health from January 2005 through December 2008, serving as the Vice Chairman from January 2007 through December 2008.

CONSENT AGENDA – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4905, Case No. 1036 BELFOR PROPERTY RESTORATION** was issued on March 5, 2009 for failure to notify the Washoe County Health District's Air Quality Management Division regarding testing for asbestos-containing material prior to removal of material from a condominium located at 215 River Rock Unit 2, in violation of Section 030.105 (National Emission Standards for Hazardous Air Pollutants – NESHAP) of the Washoe County District Board of Health's Regulations Governing Air Quality Management. Staff advised that Belfor Property Restoration was advised of the right to appeal; however, no appeal was filed; that

Staff recommends Citation No. 4905, Case No. 1036 be **upheld** and a fine in the amount of **\$250** be levied for as a **negotiated settlement** for a **major violation**.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Citation No. 4905, Case No. 1036 (Belfor Property Restoration), be upheld and a fine in the amount of **\$250** be levied as a **negotiated settlement** for a **major violation**.
Motion carried unanimously.

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation (SWS) Hearing Board recommend approval of the following Sewage, Wastewater and Sanitation variance request:

Application of **AL VICTORS, Case No. 4-09S**, for a variance request pertaining to property located at 6483 Galena Canyon Trail, from the requirements of Section 040.100 (Areas and Location Requirements for Construction of On-Site Sewage Disposal Systems) Table 2; and Section 010.305 (Definitions – Water Course) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, stipulating to the Findings of Fact and subject to the eight (8) conditions as outlined.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the SWS Hearing Board recommendation to grant Variance Case No. 4-09S (Al Victors), be approved, stipulating to the Findings of Fact and subject to the eight (8) conditions as outlined.
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **ratification** of **Subgrant Amendment #1** issued to **Nevada AIDS Foundation, Inc.** pertaining to the **Comprehensive Risk Counseling and Services (CRCS) Program**, in the **total amount of \$189,176, or \$94,588 per calendar year**, for the period of January 1, 2008 through December 31, 2009.

The Board was advised that Staff recommends **ratification** of **Subgrant Amendment #2** issued to **Planned Parenthood Mar Monte** pertaining to the **Street Smart Program**, in the **total amount of \$190,000, or \$95,000 per calendar year** for the period of January 1, 2008 through December 31, 2009.

The Board was advised that Staff recommends **retroactive approval** of **Washoe County District Board of Health Chairman's acceptance** of the **Notice of Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division**, in the amount of **\$173,933** in support of the **Immunization Program (IN 10028)** for the period of January 1, 2009 through June 30, 2009.

The Board was advised that Staff recommends **retroactive approval** of the **Washoe County District Board of Health Chairman's acceptance** of **Amendment #1** to the **Interlocal Contract** with the **State of Nevada, Department of Motor Vehicles (DMV)**, for the **DMV Express Reserve Grant Program** extending the contract period through June 30, 2010.

The Board was advised that Staff recommends **ratification** of the **Interlocal Contract** between the **State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, Tuberculosis (TB) Prevention Program** and the **Washoe County Health District** in the **total amount of \$256,774** in support of the **Tuberculosis (TB) Program (IO 10035)**, for the period of July 1, 2009 through June 30, 2011, contingent upon the approval of the Washoe County Risk Manager and the District Attorney.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Subgrant Amendment #1; Subgrant Amendment #2; Notice of Subgrant Award; Amendment #1 to the Interlocal Contract; and the Interlocal Contract be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.

Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – February and March 2009

Mr. Patrick Smith, President, REMSA, advised that the Board members were provided with a copy of the February 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in February was 92% and 97% for non-life threatening calls, with an overall average response time of five minutes and fifty-seven seconds (5:57); and an overall average travel time of four minutes and fifty-one seconds (4:51). Mr. Smith advised that the monthly average bill for air ambulance service for February was \$6,019, with a year-to-date average of \$5,961. Mr. Smith advised that the monthly average bill for ground ambulance service for February was \$886, with a year-to-date average of \$879.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

April 23, 2009

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Mr. Smith advised that the Board members were provided with a copy of the March 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in February was 92% and 94% for non-life threatening calls, with an overall average response time of six minutes and fourteen seconds (6:14); and an overall travel time of five minutes and seven seconds (5:07). Mr. Smith advised that the monthly average bill for air ambulance service for March was \$7,902, with a year-to-date average of \$6,138. Mr. Smith advised that the monthly average bill for ground ambulance service for March was \$894, with a year-to-date average of \$881.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the REMSA Operations and Financial Reports for February and March 2009 be accepted as presented.

Motion carried unanimously.

B. Update of REMSA's Community Activities Since March 2009

Mr. Smith advised that REMSA was requested by the Truckee Fire Department to respond to the bus roll-over accident in Hirschdale, California. Mr. Smith stated that there were twenty-seven (27) individuals injured with one (1) fatality; that REMSA responded with five (5) ground ambulance units, with one (1) Supervisor and all three (3) Care Flight helicopters to transport patients. Mr. Smith stated that REMSA has received numerous positive comments from the patients, the Truckee Fire Department, and the California Highway Patrol commending REMSA for the cooperation and the response level in a "fairly remote area." Mr. Smith stated that "everyone did a very good job under very difficult circumstances." Mr. Smith stated that, during this multi-agency response, REMSA "backfilled" ambulances locally to respond to daily calls within the community. Mr. Smith stated that REMSA's Tactical Paramedics were in training when the request for assistance was received; that those Paramedics were utilized to immediately staff ground ambulance units.

Mr. Smith advised that a REMSA staff member is currently in Washington DC with the Department of Defense (DOD) to train all the military trainers for Advance Cardiac Life Support (ACLS); that this request was received through the Red Cross. Mr. Smith stated that REMSA is in the process "of working out the details" for REMSA to conduct the national "train the trainer" training for the doctors, nurses and paramedics of the DOD. Mr. Smith stated that REMSA's training staff is "superb" and are to be commended for this recognition of their efforts.

In response to Chairman Humphreys regarding which agency "initiates the response" activities during a multi-agency response, Mr. Smith advised that the agency requesting agency functions as the "Incident Command" during the response. Mr. Smith advised that all agencies train for multi-agency responses with an Incident Command scenario; that REMSA participates in a number of

these response exercises, including the airport disaster response. Mr. Smith reiterated that the jurisdictional first responding agency establishes the Incident Command; that REMSA then assumes the medical response.

Mr. Gustin questioned if the response to the accident at Hirschdale resulted in the increase to the overall monthly average billing.

In response to Mr. Gustin, Mr. Smith advised that the increased average monthly billing was not the result of the Hirschdale response. Mr. Smith stated that there are two (2) primary charges – the base rate and the mileage charge; that the “farther out” from which patients must be transported increases the mileage rate.

Mr. Gustin stated that in reviewing the comments received from patients he noted an increase in the number of negative comments for the month of March. Mr. Gustin requested Mr. Smith review the process of investigating negative complaints for the benefit of the new Board members.

Mr. Smith advised that all comments are randomly selected for each month's report; that all patients are provided with a letter and a card requesting comments regarding the service; that all comment cards selected are included in the report “as written including any negative comments.” Mr. Smith advised that all comments, positive and negative, are forwarded to the crews, resulting in immediate feedback to the crews. Mr. Smith advised that negative comments are investigated immediately; that often it is determined the complaint “is not about REMSA but one of the other agencies or hospitals.” Mr. Smith advised that REMSA does research all negative comments specific to REMSA; that REMSA contacts the patients for his/her perspective on the complaint and then review the run and comments from the patient with the crews. Mr. Smith stated that both he and Mr. Gubbels did note more than the higher number of negative comments for March.

In response to Mr. Gustin regarding whether the majority of the negative comments were specific to one (1) crew, Mr. Jim Gubbels, Vice President, REMSA, advised that, it was not a situation of the same crew receiving negative comments. Mr. Gubbels advised, as Mr. Smith indicated, all negative comments are thoroughly reviewed to determine the accuracy and validity of the complaint. Mr. Gubbels advised that on numerous complaints REMSA was not the agency responsible for the complaint; that a comment received regarding “the ambulance breaking down” was a facility transfer call and not an emergency response call; that the air conditioning in the unit stopped working; therefore, the ambulance was “rerouted back for another unit”, which resulted in a unit being “approximately ten (10) minutes late” for the schedule pick-up time to transfer the patient.

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In response to Mr. Smith regarding the number of ground ambulance units, Mr. Smith stated that REMSA has forty-three (43) ground units; that the number of back-up units available varies due to the System Status Management Plan, which determines the number and location of responding units based upon the time of day and day of week. Mr. Smith stated that the minimum number 'on the street' is eight (8) with a usual maximum of twenty (20) responding to calls; that others can be assigned to athletic and special events.

Mr. Smith stated that REMSA does monitor for trends (i.e., the same individual, the same crew, etc.); that the negative comments were reviewed for a possible trend; however, there were none.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE – MARCH 2009

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of March 2009. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe advised that the current amount in the Environmental Oversight Account is noted.

**MOTION: Ms. Jung moved, seconded by Dr. Furman, that the District Health Department's Revenue and Expenditure Report for March 2009 be accepted as presented.
Motion carried unanimously.**

UPDATE – FISCAL YEAR 09/10 BUDGET – POSSIBLE DIRECTION TO STAFF

Ms. Coulombe advised that the Board members have been provided with an FY 10 budget update handout (copies of which were placed on file for the record) based upon the Board's Budget meeting of April 9, 2009. Ms. Coulombe advised that the FY 10 expenditures, as of April 9, 2009 were \$20,359,795, which exceeded the budget and resulted in the Health Department "not having a balanced budget." Ms. Coulombe stated that the funded positions are listed and noted in the budget system; that those not funded are listed and not funded in the budget system; that the positions, which were not funded, resulted in a reduction in expenditures of \$597,736. Ms. Coulombe stated that reducing the initial expenditure amount of \$20,359,795 by the \$597,736 for those positions which will not be funded; a 50% reduction in the Home Visiting Program in the amount of \$398,535, which includes three (3) positions; and a 90/10 split between grant and the local distribution for the Family Planning Program in the amount of \$339,608 results in an expenditure adjustment in the amount of \$1,335,879. Ms. Coulombe stated that the reductions

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result in an adjusted expenditure in the amount of \$19,023,916 for a revised ending fund balance in the amount of \$306,615 providing "an ending fund balance for fiscal year 10."

Ms. Coulombe stated that, for clarification of the record, during the budget presentation it was indicated that two (2) positions would be abolished; however, CCHS is "reducing the administrative structure" through the abolishment of the Office Supervisor position with the other position being reclassified. Ms. Coulombe advised that the "supervisory duties are being abolished from that position." Ms. Coulombe advised that she and Ms. Brown will be meeting to review the staffing complement of the CCHS Division and the effect of the various incentive separations within the CCHS Division.

Ms. Coulombe stated that on May 18, 2009, the Board of County Commissioners will conduct a public workshop regarding budget reductions; that should the budget be adopted the "transfer level will be set at \$8.7 million; that the budget will then be adopted June 1." Ms. Coulombe stated that Staff will provide an update to the Board at the May meeting.

Mr. Gustin stated that, as he was unavailable for the Board's budget meeting, he would request clarification regarding the "difference of approximately \$300,000 in the proposed budget."

In response to Mr. Gustin, Ms. Coulombe advised that delineated in the "first box (on the handout)" the opening fund balance (OFB) for FY 09 was \$1.1 million; that the revision was to the expenditures. Ms. Coulombe advised that the expenditures were reduced from the \$20 million to \$19 million. Ms. Coulombe advised that the reductions are delineated in the second box of the handout.

Mr. Gustin stated that the \$306,615 is the ending fund balance.

Chairman Humphreys stated that the Board presented directives to Staff during the budget meeting; that "all of the directives have been met" with the revisions to programs, as noted, and the revisions to the prioritized vacancies.

Ms. Coulombe stated that the minutes of the budget meeting indicated approval of the Administrative Secretary Supervisor position for Air Quality Management; however, the position to be funded for the Air Quality Management Division will be a "Senior Air Quality Specialist." Ms. Coulombe advised that the Administrative Secretary Supervisor position "will be held dark."

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the updated report on the Fiscal Year 09/10 Budget be accepted as presented.
Motion carried unanimously.**

Chairman Humphreys stated that, as Staff has advised, there are a number of incentive separations pending and possible layoffs, which could affect the proposed approved budget.

In response to Chairman Humphreys, Ms. Coulombe advised that the employee contracts and collective bargaining mandate thirty (30) day notification for any employee who may be terminated through "workforce reduction with seven (7) days notice to the association." Ms. Coulombe stated that, as she advised, she will be meeting with Ms. Brown regarding "the employee complements are" in the CCHS Division. Ms. Coulombe stated that should there be a position, for which there aren't appropriations, Staff would review the positions for possible alternatives. In response to Ms. Ratti regarding the status of the incentive separations, Ms. Coulombe advised that the employee incentive separations for the Health Department have been submitted and being processed by the Human Resources Department based upon the scheduled date of separation. Ms. Coulombe advised that Staff does not yet have the exact dates for each separation.

Dr. Anderson stated that subsequent to the Board's budget meeting there has been one (1) incentive separation of an employee in the Environmental Health Services Division which has been finalized. Dr. Anderson stated that the position is currently vacant and will be reclassified at a lower pay grade, which will save money.

Ms. Stacey Akurosawa, Administrative Assistant II, advised that the Human Resources (HR) Department is processing the incentives in chronological order as HR cannot initiate the PERS (Public Employee Retirement System) purchase until sixty (60) prior to the employees' departure dates. Ms. Akurosawa advised that currently HR is processing the incentive separation requests for employees leaving in April and May; that currently Staff anticipates a large number of retirements scheduled for May 29, 2009; that these employees will be receiving their contracts in the "next few weeks." Ms. Akurosawa stated that once those contracts are fully executed those positions are considered "a retirement"; however, those positions cannot be considered retirements "prior to that point." Ms. Akurosawa stated that "by the May meeting Staff should have an update on "all the May 29th and early June retirements."

Chairman Humphreys stated that "there has been some flexibility" in a number of the incentive separations; that "in the long run" the incentive separations "will be a positive"; that "the important thing is to keep the fiscal year budget in mind."

Ms. Coulombe stated that a number of the positions, which the Board approved for funding, will not be filled by July 1, 2009; that this will result in some appropriation savings.

Chairman Humphreys stated that he would commend Dr. Anderson on her presentation of the Health Department's proposed budget to the Board of County Commissioners on Monday, April 20, 2009. Chairman Humphreys stated she "did an excellent job of presenting the budget and was the only Department that was not questioned by the Commissioners."

Ms. Jung stated that would also commend Dr. Anderson on her presentation; that further she would commend the Board members and Staff who attended the budget presentation to the Board of County Commissioners; that she "believes it made a difference."

DISCUSSION – ASSIGNMENTS – DBOH MEMBERS – COMMITTEES

Dr. Anderson advised that, per the direction of the Chairman, Mrs. Smith contacted Board members requesting preference(s) to District Board of Health Committee assignments; that the proposed committee assignments are based upon those preferences.

Chairman Humphreys advised that some Board members requested reassignment to the same committees. Chairman Humphreys stated that the proposed committee assignments are as follows:

Community and Clinical Health

1. Dr. Humphreys
2. Mr. Matt Smith
3. Dr. Amy Khan

Environmental Health Services

1. Mr. Matt Smith
2. Ms. Kitty Jung
3. Mr. Dan Gustin

Personnel and Administration

1. Dr. Humphreys
2. Dr. Furman
3. Ms. Julia Ratti

Marketing

1. Dr. George Furman
2. Mr. Dan Gustin
3. Ms. Julia Ratti

MOTION: Mr. Smith moved, seconded by Dr. Furman, that the District Board of Health Committee assignments be approved as presented. Motion carried unanimously.

UPDATE – POSSIBLE ACCEPTANCE – STAFF’S APRIL REPORT – 2009 LEGISLATIVE SESSION

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised that the Board members have been provided with a copy of the Department’s Legislative Team Report for the month of April (a copy of which was placed on file). Ms. Stoll-Hadayia advised that to-date the Department’s Legislative Team have responded to requests for analysis of thirty-two (32) Bills and Bill Draft Requests (BDRs) from Washoe County Government Affairs. Ms. Stoll-Hadayia advised that currently Staff is working on an additional thirty (30) Bills; that Staff has provided testimony on eleven (11) Bills; that fifteen (15) Bills, which Staff was monitoring, failed to comply with submission deadlines.

Ms. Jung regarding Senate Bill (SB) 397 (the plastic bag bill) is cited as a high priority with Mr. Sack providing verbal testimony; that it is noted “there would be no new funding” and the Health Department would responsible for enforcement. Ms. Jung questioned if the proposed charge of \$.05 per bag, which is to be deposited in a State fund, would fund the enforcement for this Bill.

In response to Ms. Jung, Mr. Bob Sack, Director, Environmental Health Services, advised that current language in the Bill stipulates a \$.10 per bag charge for the first four (4) years would be deposited in the Solid Waste Account with the State “to be used solely for clean-up projects across Nevada”; that there is no reference as to funding the implementation of the act. Mr. Sack stated \$2 million is a very low estimate for enforcement of this Bill, as it would require the Health Department to inspect approximately 30,000 retail establishments as “every retail establishment in the County would have to be inspected on an annual basis to determine compliance.” Mr. Sack stated that the requirement would pertain to any establishment “that sells anything” which would be placed in a plastic bag; that he anticipates it would require fifteen to twenty (15-20) new Staff members to comply with the requirements of this Bill. In response to Ms. Jung regarding the estimated revenues from the \$.10 per bag charge, Mr. Sack stated that he has not been advised as to the amount of possible revenues, which would be statewide.

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Ms. Jung stated that "perhaps there should be an attempt to calculate the amount" necessary for enforcement, advising the Legislature of the amount that would be necessary to fund compliance of the Bill; that "there must be some sort of funding."

In response to Ms. Ratti regarding alternatives to enforcement other than the Health Department having to inspect each and every retail establishment in Washoe County on an annual basis, Mr. Sack advised Staff "is not in a position to advise the Legislature that another agency would be a more appropriate" enforcement authority. Mr. Sack advised that business licenses are issued through various entities; therefore, there isn't one business licensing department for all businesses; that the State Department of Taxation is the only entity he is aware which is involved in every licensed business. Mr. Sack stated that the inspection requirement is "not a big deal when Staff is already there to inspect for other reasons"; however, Staff does not have a presence in the vast majority of retail establishments. Mr. Sack stated that Staff does not oppose "moving away from the use of plastic bags"; however, it is the consensus of Staff that the Health Department should not be involved in the inspection/enforcement aspect of the use of paper bags by retail establishments. Mr. Sack stated that these types of enforcement efforts are not a public health priority.

In response to Ms. Ratti regarding the Health Department's position on SB 397, Dr. Anderson advised that the Health Department's position is currently neutral.

Mr. Sack advised that an amended Bill was "passed out of Committee"; that the amendments "were just posted" and not previously available; that the amended Bill still requires the annual inspection. Mr. Sack stated that the Bill as proposed charges \$.10 per plastic bag for the first four (4) years when the Bill becomes effective; that after four (4) years the use of all plastic bags would be prohibited (2013). In response to Ms. Ratti regarding 'making a phone call', Mr. Sack stated that the Board members can call regarding the Bill; that "it is the fiscal aspect on which Staff has to focus", as Staff does not oppose the discontinuation of plastic bags; that there has been "a lot of testimony against this Bill." In response to Mr. Smith regarding the inspection requirements, Mr. Sack advised that Staff would have to review/inspect purchase orders to determine how many plastic bags were ordered by an establishment; that Staff would further have to determine if the type of bag was "a non-compostable bag." Mr. Sack advised that these types of inspections shouldn't be performed by an Environmental Health Specialist. Mr. Sack advised that the Health Department does not inspect the vast majority of establishments.

Dr. Anderson stated that there is the "assumption the Health Department" inspects all these establishments, which it does not; that the majority of businesses, which SB 397 would require the Health Department to inspect for plastic bags, "are non-food establishments and ones which the

Health Department does not have a presence in for any other reason; that it is a mismatch for public health.”

Dr. Furman stated that the use of a plastic bag is “not inherently a health hazard; that it is the disposal of the bags could be.”

Mr. Sack stated that the Legislature can designate “any agency it chooses” to enforce the Bill; that the connection is “the Health Department is responsible for solid waste management”; that the rationale is that “this is the control of solid waste.”

Ms. Jung stated that SB 332 revises provisions governing vehicles owned and operated by governmental agencies; that she would question Staff’s opposition to the Bill.

In response to Ms. Jung, Mr. Andrew Goodrich, Director, Air Quality Management, advises that originally Staff opposed the Bill; that Staff’s position is currently neutral in regard to the Bill. Mr. Goodrich advised that the proposed Bill “is not a relaxation of the standards”; that there are provisions “which make it a little easier for government agencies to comply with the alternative fuels requirement.” Mr. Goodrich advised that there are other provisions which require more stringent compliance; that Reformulated Gasoline (RFG) is considered an “alternative fuel” for compliance to the requirements for “alternative fuel”; however, RFG is the standard in California and is what is received in Northern Nevada for the general population.

Ms. Stoll Hadayia advised that she has provided the Board members with a copy of Senate Bill (SB) 311 requiring the fluoridation of water provided by certain public water systems and water authorities in certain counties. Ms. Stoll Hadayia advised that the Department’s Legislative Team have not “taken a position on this Bill and would request direction from the Board.” Ms. Stoll Hadayia advised that SB 311 would require the State Board of Health to adopt Regulations mandating fluoridation by a public water system which serves and in a County with a population of 100,000 or more; that the current Statute requires this for counties with a population of 400,000 or more. Ms. Stoll Hadayia advised that Senator Bernice Mathews is the primary sponsor of this Bill; that it was declared exempt and therefore, does not have to comply with Bill passage deadlines. Ms. Stoll Hadayia advised that the Senate Finance Committee reviewed the Bill yesterday; that no action was taken; that the Senate Health and Education did pass the Bill “out of Committee.” Ms. Stoll Hadayia advised that Staff would request direction from the Board regarding a position on SB 311.

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Chairman Humphreys stated that "from a public health standpoint the benefits of fluoridation in the water are well known"; however, the water delivery system(s) in the community the Bill "presents quite a challenge as to who would and would not receive the fluoridated water. Chairman Humphreys stated that the fluoridation of the water system was a ballot initiative several years ago, which the public rejected. Chairman Humphreys advised that "from a public health standpoint it is a real good thing"; however, "from operational and delivery system perspective it would "present some extreme challenges.

Ms. Stoll Hadayia stated that Chairman Humphreys has summarized the issues and the rationale for Staff to request direction from the Board; that there is a contradictory challenge as to "what's good for public health versus the response to the will of the voters"; that it is an issue that has been defeated through a ballot initiative twice by the voters.

Dr. Anderson stated the fluoridation initiative was specific to the "population within the County"; therefore, when a County exceeded the 400,000 population threshold the County would then be required to fluoridate the water. Dr. Anderson stated that SB 311 has reduced the population threshold to 100,000; however, "it is not a County population of 100,000 it is a population of 100,000 for the service area of the public water system, which is different." Dr. Anderson stated that the only entity, which has a service population of 100,000+ is the Truckee Meadows Water Authority (TMWA). Dr. Anderson advised that TMWA redistributes a portion of water to Washoe County Water Resources and other water entities throughout the County. Dr. Anderson stated that passage of SB 311 would result in a disparate system in which "some water would be fluoridated in the County and some not"; that which agency "is supplying the water and the source from which it is attained would be very difficult to determine." Dr. Anderson stated therefore, a customer would not be aware whether or not the water is fluoridated due to the selling of water by TMWA to other water systems; that it would be more complicated with the proposed Bill establishing a service population of 100,000. Dr. Anderson stated that a population threshold of 400,000 provides a "more uniform method" for implementing and administering water fluoridation as there isn't the disparity in distribution.

Ms. Stoll-Hadayia advised that the TMWA is the source of the "fiscal note" included in the Bill; that TMWA does oppose the Bill.

In response to Mr. Smith regarding who would be responsible for paying for the fluoridation, Dr. Anderson stated that the estimate is approximately \$1 per customer per month.

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Mr. Sack stated that TMWA would have to implement a new treatment process to the existing treatment facilities to add fluoride to the water; that this would result in added capitalization and operational costs; that there would be an additional charge to the customer's bill to pay for the improvements. Mr. Sack stated that the installation and implementation would cost "several million dollars." Mr. Sack stated that, as Dr. Anderson advised, TMWA supplies water throughout the County; that the County also provides water; that these service areas "are very intertwined". Mr. Sack advised that in Spanish Springs and the South Truckee Meadows there is water that "TMWA supplies, which would be treated with fluoride and then wholesaled to areas, which technically by Statute would not have to be fluoridated and would therefore, (probably) have to be de-fluoridated." Mr. Sack stated that there are areas in which water is wholesaled "from the County back to TMWA in areas that are further out and that water would technically have to be re-fluoridated." Mr. Sack stated, as Dr. Anderson indicated, the verbiage of this Bill is not the same as outlined in the previous initiatives. In response to Mr. Smith regarding the water being fluoridated in those areas in which it would not be required, Mr. Sack stated that it is anticipated there could be lawsuits from individuals receiving fluoridated water who are not mandated to receive it.

In response to Mr. Gustin as to the intended health benefits of fluoridation, Dr. Anderson advised that the health benefit is protection from dental caries; that the American Dental Association strongly supports drinking water fluoridation.

In response to Mr. Gustin regarding the health risks associated with fluoridation, Ms. Stoll-Hadayia stated that she has attended several hearings regarding SB 311; that comments received referenced "naturally occurring fluoridation" and the concern of "over fluoridation"; however, provisions in the Bill address issues of naturally occurring fluoride and the addition of fluoride.

In response to Mr. Gustin, Mr. Sack advised that fluoride is a poison as are other substances; that "too much of anything can cause a problem"; however, he is not aware of any definitive health risk indicators at the proposed levels would cause any health-related problems. Mr. Sack stated that nationwide a number of water systems are reducing fluoride in the water systems "down to these proposed levels ~ to a level considered safe."

Ms. Ratti stated that the concern is too much fluoridation is not a health risk; however, it can result in "mottling" ~ a discoloration of the teeth. Ms. Ratti stated "on the plus side is that the population who would benefit the most is the population which is not receiving access to dental care; therefore, families who do not have dental insurance receive the most benefit. Ms. Ratti advised that there is not a significant benefit to the population receiving regular dental care.

Dr. Anderson stated that she would concur with Ms. Ratti's comments; that a 1954 public health publication from Washoe County promoting fluoridation of the water supply "as it is of such great benefit for dental health." Dr. Anderson stated that there is access to fluoride other than fluoridated water, with the availability of dental sealants, fluoride rinses, treatments and toothpastes, which weren't available in the 1950s. Dr. Anderson stated that, as Ms. Ratti advised, the individuals who would benefit the most from fluoridated water do not necessarily have the access to dental care, fluoride rinses and various treatments, which by comparison, are very costly. Dr. Anderson stated that fluoridated water does benefit that population from a public health perspective.

Ms. Jung stated that her recommendation would be for Staff to continue to monitor this Bill and remain neutral; that due to the associated costs the Bill may not receive a do pass.

Dr. Furman stated he is personally aware of fluoridation of the water supply being an issue since the 1950s; that there is "a lot of controversy surrounding this issue."

Mr. Gustin stated he concurs with Ms. Ratti "that the population that would benefit most from fluoridated water are those who can't afford and don't receive routine dental care. Mr. Gustin stated that further, he would concur with Ms. Jung, that the "most advantageous position" is for Staff to continue to monitor the Bill and remain neutral.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that Staff continue to monitor SB 311 (fluoridation of the water supply) and that the Board's position remain neutral.

Motion carried unanimously.

Ms. Ratti requested when Staff anticipates discussion regarding a Bill that Staff provide the Board members with prior notification to allow the Board members to research the Bill that is to be discussed.

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the Health Department's April 2009 State Legislative Session Activities Report be accepted as presented and discussed.

Motion carried unanimously.

PRESENTATION – ADOPTION – PROCLAMATION – DECLARING APRIL 6 – 12, 2009 –
WASHOE COUNTY PUBLIC HEALTH WEEK – RECOGNITION – NATIONAL PUBLIC HEALTH
WEEK

Dr. Anderson stated that National Public Health Week was April 6 – 12, 2009, with this year's theme "*Building the Foundation for a Healthy America*"; that the Board members have been provided with a Proclamation declaring April 6 – 12, 2009 as Public Health Week in Washoe County. Dr. Anderson stated that she would recommend the Board accept and adopt the Proclamation.

MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Proclamation declaring April 6 – 12, 2009 Washoe County Public Health Week in recognition of National Public Health Week, be accepted and adopted as presented and the Chairman and the Health Officer be authorized to execute on behalf of the Board.

Motion carried unanimously.

PRESENTATION – ADOPTION – PROCLAMATION – SUPPORT – DECLARING APRIL 2009 –
CHILD ABUSE AND NEGLECT PREVENTION MONTH

Mr. Phil Ulibarri, Development Officer, Community and Clinical Health Services, advised that the Board members have been provided with a copy of the proposed Proclamation in Support of Declaring April 2009 Child Abuse and Neglect Prevention Month.

Mr. Ulibarri stated it is known that "child abuse is a learned function and response passed from generation to generation; that unless something is done the cycle continues." Mr. Ulibarri stated that Washoe County assists the State of Nevada's Children's Trust Fund in its child abuse prevention outreach program; that this year's theme is "*Fight Abuse ~ If You See It, Sense It, Know It ~ Report It*" (call 1-800-992-5757). Mr. Ulibarri advised that those calls are received by the Crisis Call Center and are screened and are forwarded either to law enforcement or Child Protective Services (CPS) within the appropriate communities. Mr. Ulibarri stated that this Proclamation will be one of sixteen (16) throughout the State of Nevada recognizing April as Child Abuse Prevention Month. Mr. Ulibarri stated that he would recommend the Board accept and adopt the Proclamation.

Dr. Furman advised that he would commend Mr. Ulibarri for his outreach efforts in education the public about child abuse and neglect within Washoe County.

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Dr. Anderson advised that Mr. Ulibarri has been nominated to attend a National Convention due to his "outstanding efforts" in child abuse and neglect prevention. Dr. Anderson stated that Mr. Ulibarri is the individual who coordinated the "*Pinwheels for Prevention*" event at the Washoe County Courthouse for the past several years.

Mr. Ulibarri advised that 2nd and 4th graders from the Washoe County School District are the only school age children constructing hand-made pinwheels in the classrooms in recognition of Child Abuse Prevention Month in the *National Pinwheels for Prevention Program*. Mr. Ulibarri advised that Health Department Staff will participate in the *Kids Fair* this weekend at Idlewild Park; that the goal is 5,000 pinwheels for the event. Mr. Ulibarri advised through the interviews being conducted for the event a volunteer is conducting a "55 hour skate-a-thon"; that every pinwheel that "comes in the door will receive free admission and a \$1 donation to the "Child Abuse and Neglect Prevention Task Force". Mr. Ulibarri stated that the goal is the continued awareness of child abuse and neglect. In response to Mr. Gustin regarding the "hard numbers and percentages", Mr. Ulibarri advised that the rates have decreased slightly in Washoe County; that last year there were in excess of 7,000 cases reported; that this year there have been 6,700 in Washoe County and in excess of 23,700 cases reported. Mr. Ulibarri advised that incidences cannot be investigated if not reported; therefore, this year's theme is "*Child Abuse ~ If You See It, Sense It Or Know It ~ Report It*".

Chairman Humphreys stated that he drove past the Children's Cabinet location and the "*Pinwheels for Prevention*" project was visible.

Mr. Ulibarri advised that the Pinwheels for Prevention "was expanded from just outside the Courthouse to include the Children's Cabinet; that that is a great corner" for the promotion. Mr. Ulibarri advised that he will be visiting the schools, which participated and will be taking photographs with the children who made pinwheels; that the photographs will be submitted to Prevent Child Abuse America to demonstrate "what a great job is being done in Nevada."

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the Proclamation in Support of Declaring April as Child Abuse and Neglect Prevention Month, be accepted and adopted as presented and the Chairman and District Health Officer be authorized to execute on behalf of the Board.
Motion carried unanimously.

COMMUNITY AND CLINICAL HEALTH SERVICES – DIVISION NURSING PERSONNEL
REPORT

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, advised the Board members have been provided with a written response to questions from Board of Health Vice Chairman Mr. Smith regarding CCHS nursing personnel (a copy of which was placed on file.)

Chairman Humphreys stated that this information was requested as background for the budget presentation; that the Board members reviewed the information prior to the budget meeting. Chairman Humphreys thanked Ms. Brown for the information.

FAMILY PLANNING TITLE X MATCH REQUIREMENTS ANALYSIS

Ms. Brown advised that, at the direction of the Board, she has provided information from the Regional Grant Consultant, CDR Nancy Mautone-Smith, MSW, LCSW, from the Code of Federal Regulations (42 CFR Part 59.7), specific to requiring a 10% funding match associated with the Title X Family Planning Program.

Chairman Humphreys stated that this information has been reviewed by the Board during the budget presentation; that he would thank Ms. Brown for the information.

PRESENTATION – REPORT – POINTS OF DISPENSING (POD) ROTARY FLU SHOT DAY –
OCTOBER 25, 2008

Mr. Dan Mackie, Epi and Public Health Preparedness Emergency Response Coordinator, advised that the 2nd Annual Rotary Flu Shot Points of Dispensing (POD) Event was conducted at the Bishop Manogue High School on Saturday, October 25, 2008.

Mr. Mackie advised that goal and mission of a POD event is to vaccinate 100% of the population (424,000+ people) within a forty-eight (48) hour period operating continuously. Mr. Mackie advised that the Homeland Security and Centers for Disease Control (CDC) have established these guidelines based upon calculations and formularies. Mr. Mackie advised that to accomplish these guidelines in Washoe County would required: 22 POD 'lanes' (i.e., the equivalent of one-half of a college or high school basketball court); staffed by 5,000 people/volunteers; that 80% of the staff would require no medical background or training.

Mr. Mackie advised that it was the consensus of Staff "to take advantage of a natural surge" to practice the POD Plan; that the natural surge, which occurs each year, is when the CDC releases the annual flu vaccine in October. Mr. Mackie stated that Staff scheduled the 2008 POD exercise during the "2-week golden window"; however, the annual Rotary Flu Shot Day was already established and would have been a "competing event." Mr. Mackie advised that because of this the Health Department conferred with the Rotary Club to discuss limitations to its existing event. Mr. Mackie advised that through these discussions the Health Department partners with the Reno/Sparks Rotary Club to provide the POD event; that the Rotary "has been the corner stone for this event for the last two (2) years"; that Staff is in the process of planning the third annual event. Mr. Mackie advised that the 2008 event was staffed by 227 volunteers; from 42 different organizations; that 80% of the staff were volunteers; that 227 volunteers performed 60 different functions. Mr. Mackie advised that the staff worked in excess of six (6) hours, safely vaccinating 2,511 people within three and one-half (3.5) hours. Mr. Mackie advised that approximately half way through the event a child "pulled the fire alarm" requiring the evacuation of everyone from the building. Mr. Mackie advised that although unplanned, this did provide a "training opportunity for those present and working the event." Mr. Mackie stated that the POD event had an in-kind donation of \$96,700; that this is based upon the cost of "approximately \$72,000 of free vaccine provided to Washoe County by the State of Nevada and the remaining \$25,700 based upon these calculations". Mr. Mackie advised that a requirement of the event is to provide Homeland Security with an 'After Action Report Improvement Plan' (AAR/IP) upon completion and review of the event.

Mr. Mackie advised that last year's event was two (2) separate jurisdictions (Washoe County and Carson City) operating PODs simultaneously, "each reporting to its respective headquarters and the headquarters talking to each other." Mr. Mackie advised that in 2008, four (4) separate jurisdictions were reporting to respective headquarters with all four (4) reporting to the State simultaneously. Mr. Mackie advised that, while Las Vegas had conducted its POD two (2) days earlier (October 23, 2008), on the 25th Las Vegas activated its Operations Center and reported as real time data.

Mr. Mackie advised that the POD event was inter-divisional with 80% of the Divisions within the Washoe County Health Department contributing Staff to serve during this event. Mr. Mackie advised that the Public Health Preparedness Program and the Immunization Program of the Community and Clinical Health Division co-directed this event. Mr. Mackie advised that he was the PHP Division co-director with Ms. Linnie Shore, RN being the CCHS Division co-director. Mr. Mackie advised that the Annual Rotary Flu Shot POD "has outgrown" the Health Department's capacity to conduct the event; that the positive aspect of that Homeland Security has indicated the annual POD event "is 50% of the entire County's annual compliance requirement."

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Mr. Mackie displayed photographs that were taken during the event depicting the line outside the main entrance and the form station, where participants would obtain the forms for receiving the immunization. Mr. Mackie stated that one photograph is of a "highway diamond" indicating 'public health information can be obtained on radio frequency 1150'. Mr. Mackie advised that PHP has purchased a mobile AM radio beacon, which can be towed to an event and utilized through a "pop-up solar cell."

Mr. Mackie advised that the 'education station' was a screening of a video delineating the purpose of conducting the POD; that the last photograph is of the gymnasium and the 'vaccination stations' where the immunizations were administered. Mr. Mackie advised that there were two (2) 'lanes', which were 27' by 80' wide "fitting side-by-side on the basketball court; that each one of the lanes can move 400 people an hour; that this event was 'moving' 800 people an hour', which is twice the federal requirement.

Mr. Mackie advised that, although this event was immediately prior to the election and Mr. Obama was in Reno, the POD event received coverage from KRNV Channel 4 television and was observed by the State Health Division.

Mr. Mackie advised that the Incident Command System (ICS) was utilized throughout the event both at the DOC (Department Operations Center) and at the POD location, with the exception of the financial component. Mr. Mackie the Department is compliant with Homeland Security Exercise and Evaluation Program (HSEEP); that Staff will be preparing an After Action Report and Improvement Plan (AAR/IP) for the event. Mr. Mackie stated that simultaneously to operating the Washoe County POD exercise the Health Department was the lead on operating a statewide communications exercise having written the Operations Plan for that event.

Mr. Mackie advised that the 'strategic vision for POD events' was "what occurred in 2007 and 2008"; that Washoe County has the benefit of "cookie cutter" school sites, with multiple middle and high schools having the exact same floor plan, which would allow for the same site plan to be utilized at multiple locations. Mr. Mackie stated that it is important to "test a new site each year"; that Staff is in the process of determining a location site for the 2009 event. Mr. Mackie advised that Staff is discussing the possibility of conducting "a drive through" in conjunction with the POD event; that Staff is attempting to increase the pool of volunteer partners to continue to "build the foundation of experience."

Mr. Mackie reviewed the customer and volunteer comments received, providing a comparison between 2007 and 2008, advising that there was an overall improvement in all of the comments received in 2008.

Mr. Mackie advised that in 2007, 532 people were immunized within one (1) hour; that in 2008, 623 individuals were immunized in one (1) hour resulting in a 15% increase; that last year's time at the "education station" was 11:54 minutes; that this year's time was 4:41 minutes; that this time has to be adjusted as the 'education station video' is five (5) minutes. Mr. Mackie advised that the length of time for the 'medical screening station' increased from twenty-five seconds (:25) in 2007 to thirty-one seconds (:31) in 2008 due to utilizing a different form which required additional information. Mr. Mackie advised that the time at the 'vaccination station' decreased from 1:09 minutes in 2007 to fifty-eight (:58) seconds in 2008; that a number of those administering immunizations this year were nursing students representing a 16% decrease. Mr. Mackie advised that should it be necessary to establish several PODs because of an event it is important that the administration of the vaccine be accomplished as quickly and safely as possible; that there were "no ill responses and no problems" during the 2008 event.

Mr. Mackie advised that the results indicated participants waited "outside" of the building for forty-one (41) minutes; that the entire POD process for a client was an overall average of fifty-one (51) minutes; that the average for 2007 was in excess of an hour. Mr. Mackie advised that once an individual was "inside" the process required approximately ten (10) minutes to complete; that an actual response to a bio-terrorism event would require a "high throughput."

Mr. Mackie advised that there were definite improvements "learned from the 2007 event"; that volunteers are "learning how to track the three (3) key numbers for line and vaccine dose count" including "what's in the ice chest and who's in the building" as this continually changes. Mr. Mackie advised that to address this issue a flag system was implemented, numbered VAR (Vaccine Administration Records) maintained and hourly counts taken. Mr. Mackie stated that when the child pulled the fire alarm he was functioning as the Liaison Officer assigned to the Incident Command Structure; therefore, he was the 'Point of Contact' to the Fire Chief; that the first question asked by the Fire Chief was "How many people were in this building at the moment?"; that he was able to respond with an accurate account "within 50; that he has never had that capability previously; that there had were thousands at the event; that there has never been that level of detail in the plans before."

Mr. Mackie reviewed the strengths of the 2008 POD, advising that ICS strike teams were utilized this year to "set-up and break-down" the POD, "getting the volunteers out of street clothes into uniforms, trained-up rapidly, and given his/her assignments. Mr. Mackie stated that interoperable

and redundant communications at the DOC (Health Department) and on-site at the POD was occurring "across four (4) jurisdictions throughout the entire State"; that Health Department Staff was responsible for writing that Plan also. Mr. Mackie advised that there was a larger coordination among agencies, including the Sheriff's CERT (Community Emergency Response Team), the Washoe County Sheriff's Office, etc.; that a CERT group "completely ran one (1) of the strike teams." Mr. Mackie stated that the AM Radio beacon is "now a proven concept; that this tool will be made available to other Divisions in the Health District."

Mr. Mackie reviewed the "weaknesses" of the 2008 POD, advising that the event "did not challenge the medical re-supply process while the POD operation(s) were in progress"; that the POD "was open four (4) hours with four (4) hours worth of vaccine on-site with the shooters never having to request a re-load"; however, in "the heat of combat the shooters" would be requesting re-loads. Mr. Mackie advised that during the 2009 POD event those administering immunizations will not be provided with less than will be necessary "forcing those individuals to proceed through the request process to test the logistics of moving product into an active POD."

Mr. Mackie advised that it is necessary to "bolster the training of the strike teams; that too much time was expended on "training one (1) individual really well and not his/her subordinates"; that this will be improved for the 2009 event. Mr. Mackie advised that there will be improvements to the pre-event incident command structure; that currently PHP is the lead in this event and it can be difficult to get volunteers from other Divisions to participate. Mr. Mackie advised that participation by other Divisions will address NIIMS (National Interagency Incident Management System) compliance; that participation allows execution of what has been learned in the NIIMS course training. Mr. Mackie advised that PHP has had "phenomenal support from its Divisional partners."

Chairman Humphreys commended Mr. Mackie and Ms. Shore "on the event itself and the success of the program." Chairman Humphreys stated that the "numbers depicting the quality improvement" of not only what was achieved but how it was achieved within the event.

Dr. Anderson stated that the Board members "should take a minute to flip-through the binder" of the planning for such an event; that the binder contains "an amazing amount of detail; that it would provide a concept of the amount of planning and effort" necessary for this type of event.

Mr. Mackie advised that the effort for the annual POD event is approximately "only 10% of what would be required for an actual real response." Mr. Mackie advised that there were two (2) lanes at Bishop Manogue High School; that an actual event would now require twenty-two (22) lanes. In response to Mr. Smith regarding the Rotary Club's partnering with the Health Department for this

event, Mr. Mackie stated that the Rotary Club assistance is "a phenomenal amount." Mr. Mackie advised that the Rotary Club is not as involved in the pre-event operational planning; that he and Ms. Shore are responsible for the pre-planning aspects. Mr. Mackie advised that the flu shot day remains a Rotary Club event; that Staff is already conferring with the Rotary Club regarding this year's event; that the Rotary Club becomes "more and more involved the closer it gets to the event." Mr. Mackie stated that the Rotary Club has been of tremendous assistance "from a business" perspective.

Chairman Humphreys advised that the report provides very good information.

Mr. Gustin stated that the report is very thorough; that in reviewing the information and the photograph he estimated approximately 800 people standing in line; that he would question if participants came individually in a vehicle or more than one to a vehicle, etc.

Mr. Mackie stated that the transportation aspect to the event is not monitored; that there isn't a method for "tracking the participants"; that a "drive-through" option will allow volunteers to "track" how many are in a vehicle. Mr. Mackie advised that a POD event must be ADA (Americans with Disabilities Act) compliant; that public buildings (i.e., schools) have parking and are ADA compliant. Mr. Mackie reiterated that it is the intent to include a "drive through component" at this year's event; that Carson City has offered a "drive-through" component for the last two (2) years; that the air quality aspects of a "drive-through" have been discussed.

The Board thanked Mr. Mackie for the report.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epi and Public Health Preparedness

Dr. Randall Todd, Director, Epi and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Dr. Todd advised that the incident of *Salmonella* Rissen "represents a tremendous amount of work by both the EPHP Staff and Mr. Sack's Environmental Health Services Division Staff. Dr. Todd stated that there are approximately 2,000 different serotypes for *Salmonella*. Dr. Todd stated that in reviewing the last twelve (12) years of records, Washoe County has had cases representing

approximately eighty (80) of the 2,000 different serotypes; however, until this case in February there has never been a case of *Salmonella* Rissen reported in Washoe County. Dr. Todd stated that the *Salmonella* Rissen serotype is "so rare there are usually only four (4) or fewer cases reported annually in the United States." Dr. Todd stated that after the State Laboratory confirmed the case it subsequently performed Pulse Field Gel Electrophoresis (PFGE) (the equivalent of a 'fingerprint' of the bacteria) on the specimen and determined it was an exact match for two (2) other cases in Carson City, an exact match for a number of cases in California, a few in Oregon and one (1) in Washington State. Dr. Todd stated that this was a multi-state outbreak of an extremely rare strain of *Salmonella*; that currently there are approximately fifty-five to sixty (55 - 60) cases in four (4) states. Dr. Todd advised that resources were "pooled" with Staff conducting weekly meetings with "counterparts in the other states." Dr. Todd stated that all individuals were asked the same questions ~ "where they had eaten, what they had eaten"; that "common denominators began to emerge"; that it was determined the common food items were "ground pepper, cilantro, and bean sprouts." Dr. Todd advised that Environmental Health Services Specialists of the EHS Division began conducting investigations of the food establishments where individuals had eaten and removed those products from the shelves for laboratory testing. Dr. Todd stated that through testing the *Salmonella* Rissen organism was determined to be in the ground white pepper; that it was identified in the same brand of white pepper in Nevada and in Oregon; that it was further determined all of the products had been processed in a spice plant in California. Dr. Todd stated that the Federal Food and Drug Administration (FDA) initiated an investigation and conducted environmental testing at the plant and determined *Salmonella* was present throughout the plant. Dr. Todd stated that the recall has been "expanded to spices other than just the white pepper, black pepper and the other ground spices to now include the plants liquid oil-based spices." Dr. Todd stated that, as he advised, this incident has resulted in a "tremendous work load" for Staff; that once the source is identified the "work load of the Epi Program subsides somewhat; however, the Environmental Health Division's increases, as the EHS Division "had to contact 640 food establishments; that approximately 40% were carrying recalled products; that it was vital those products be removed."

Dr. Todd stated that the "peak of the seasonal influenza has passed"; however, Southern California has reported five (5) cases of swine flu; that immediately prior to the meeting Staff was advised that there are two (2) additional cases in Texas. Dr. Todd stated that these cases "are unusual"; that in the majority of swine flu cases there has been direct contact with pigs; however, there has been no direct contact with pigs identified in any of these cases. Dr. Todd stated that it is presumed this outbreak is "spreading human to human", which is of concern; however, indications are that it is a "relatively mild strain of the illness and the cases have either recovered or are recovering." Dr. Todd stated that it is anticipated there will be more cases reported. Dr. Todd stated that CDC (Centers for Disease Control) reports it is "working with the isolates to develop a vaccine seed-strain" in the event that these cases should increase "and become a larger outbreak" CDC will utilize this "as seed-strain for vaccine development and as an opportunity to study how a new strain of influenza virus emerges." Dr. Todd stated that they have already "sequenced the

segments of the DNA of this strain; that there are segments from North American swine, North American avian influenza strains, human strains and Asian and European swine strains.”

B. Director – Community and Clinical Health Services

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Gustin questioned if the scoring on restaurant inspections has been “relaxed from what it was approximately ten (10) years ago.”

In response to Mr. Gustin, Mr. Sack advised that Staff is utilizing the same inspection form and scoring with a 5-point violation being the high-risk. Mr. Sack advised that all attempts are made to ensure consistency among Staff conducting the inspections; that with new Staff “everyone is learning new methods”; that the knowledge of temperature requirements is continually evolving”; that there can be issues of ‘individual interpretation’ of the regulatory requirements; however, Staff does strive for consistency. Mr. Sack stated that there are not “substantial differences in the scoring.” Mr. Sack stated that Staff’s “documentation is better and are monitoring those facilities with repeat violations more frequently.” In response to Mr. Gustin regarding lack of soap and hot water, Mr. Sack advised that lack of hot water is a major violation; that an establishment can be temporarily closed (depending upon the circumstances) for lack of hot water; that lack of soap would not be “as major.” Mr. Sack advised that Staff “is really concentrating on the high risk violations.”

Mr. Gustin stated that he will contact Staff should he have specifics.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

Ms. Coulombe advised that she has requested Ms. Bayan, WIC Program Manager to provide the Board with an update.

Ms. Bev Bayan, Women, Infants, Children (WIC) Program Manager, advised that recently WIC Program Staff have observed a pattern among WIC Clients unprecedented in its frequency, which is parents "over-diluting" infant formula. Ms. Bayan advised that Staff observe the detrimental effects of this practice, which include "slower growth in infants and children"; that Staff make referrals "with aggressive follow-up when this occurs. Ms. Bayan stated that she has been advised that in Southern Nevada "failure to thrive is exploding because of this practice." Ms. Bayan advised that historically when "over-dilution" of the formula has occurred it was primarily due to the "parent's lack of understanding on the proper dilution; that this "was an easy to solve" problem. Ms. Bayan advised that currently what is occurring is parents "over-diluting it to make it last because they don't have enough food because they don't have enough money to buy food." Ms. Bayan advised that "it is a much different situation and Staff is observing the hardships everyday in the WIC Clinics."

Ms. Bayan advised that WIC currently serves 7,000 clients per month; that Staff "works very closely with other resources" for these clients (i.e., food pantries, food banks, employment, improve available personal resources, etc.); that Staff continues "to work very closely with the physicians and can offer higher calorie formulas." Ms. Bayan stated that "unfortunately some WIC client infants have had to be admitted to the hospital; that WIC Staff was advised one (1) child would have died had it not been for WIC's insistence the child be taken to the doctor. Ms. Bayan advised there has been an increase in the number of Children's Protective Services (CPS) referrals.

In response to Chairman Humphreys regarding "remedying this concern", Ms. Bayan advised that during routine visits Staff has a "dietary and medical questionnaire" for clients; that with more

incidents of the dilution of formula "Staff really focuses on that" during the interview. Ms. Bayan advised that further, Staff conducts height and weight measurements to monitor the growth and if "a slow down or a leveling off" Staff is aware "something is occurring." Ms. Bayan stated that Staff provides educational information to the clients and special high-risk counseling with a Registered Dietician which "will be conducted immediately or scheduled within the month."

In response to Ms. Ratti regarding food stamp referrals, Ms. Bayan that the WIC Clinics "work very closely and coordinate with the Food Stamp Program" and Staff does refer clients for food stamps. In response to Ms. Ratti regarding an increase in enrollment for food stamps, Ms. Bayan advised that she does not have access to the food stamp enrollment; therefore, she "does not have that information; however, if the client is not on food stamps they are referred to the food stamp program."

Ms. Ratti advised that it is her understanding the Food Stamp Program "has relaxed the rules to allow for more public outreach out-in-the-field"; that she would question if WIC is "doing the actual enrollment or only the referral."

In response to Ms. Ratti, Ms. Bayan advised that WIC only does the referral and not the actual enrollment.

Ms. Ratti stated that the Food Stamp Program is one of the State agencies, which are allowed to conduct personal outreach; that it is her understanding that the Food Bank "can now enroll people in the Food Stamp Program"; that perhaps through the development of a "stronger partnership with the Food Bank" clients would have the ability to enroll on-site.

In response to Mr. Smith regarding 7,000 clients currently being enrolled in WIC and the number enrolled in the Program last year, Ms. Bayan advised that in 2008 there were approximately 6,800 clients; that Staff "has been able to increase the rolls." In response to Mr. Smith regarding the 'waiting time' to schedule an appointment, Ms. Bayan advised that the Federal Regulations for WIC have "processing standards" in which clients are enrolled in the Program, which is "ten (10) days for a pregnant woman or an infant and twenty (20) days for a child or postpartum women. Ms. Bayan stated that, due to the increased demand for WIC services, currently WIC appointments are scheduled within one (1) month of the first request for an appointment. Ms. Bayan stated that with an 18% "no-show rate" WIC Program Staff invite clients, who require food immediately, to come to a Clinic and wait and should there be a 'no-show' or a rescheduled appointment Staff will schedule the new client at that appointment time. Ms. Bayan advised that Staff does not guarantee an

appointment; however, for those clients who have waited none have waited more than two and one-half (2.5) hours.

Mr. Smith commended Ms. Bayan on "an incredible job with the Staff she has" in the WIC Program.

Ms. Coulombe stated that when Ms. Bayan presented this concern to her regarding the dilution of formula in "an effort to stretch their benefits in these economic times", it was important for the Board to be aware of this circumstance.

The Board thanked Ms. Bayan for her update.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.

Dr. Anderson stated that issues discussed at the recent State and Local Health Authorities meeting were primarily legislative, specifically SB 372, which proposes to reverse the mandates of the Nevada Clean Indoor Air Act (NCIAA). Dr. Anderson stated that the proposed revisions of this Bill "places the burden of enforcement with the State Health Officer, which will effectively result in little or no enforcement." Dr. Anderson stated that there is also inconsistency in the language of the revisions in comparison to the original Bill, which would result in "the entire Bill being unenforceable by the District Health Officer(s)." Dr. Anderson stated that the proposed Bill is a reversal of the NCIAA; that health officials and partnering agencies are concerned regarding "the impetus SB 372 has gained within the Senate and the Assembly." Dr. Anderson stated that there is "real concern this Bill will pass and reverse all of the efforts that were achieved in passing the Nevada Clean Indoor Air Act (NCIAA) in 2006."

Dr. Anderson stated that she has provided the Board members with a copy of all of the "*Health and Health Care in Washoe County, Nevada*" (a copy of which was placed on file), which provides an extrapolation of health data from within Washoe County. Dr. Anderson stated that regardless of "one's profession or position the information in the document is very useful."

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BOARD COMMENT

No comments were presented by a Board member.

There being no further business to come before the Board, the meeting was adjourned at 3:00pm.



MARY A. ANDERSON, MD, MPH, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: April 23, 2009

TO: District Board of Health

FROM: Andrew Goodrich, Director, Air Quality Management

SUBJECT: Belfor Property Restoration- Case No.1036
Unappealed Citation No. 4905
Agenda Item: 7.A.1.a.

Recommendation

Air Quality Management Division Staff recommends that Citation No. 4905 be upheld and a fine of \$250.00 be levied against Belfor Property Restoration for failure to notify Washoe County Health Department before testing material for asbestos before removal at 215 River Rock, Unit 2 in Reno. The Citation was issued for a violation of Section 030.105 of the District Board of Health Regulations Governing Air Quality. This is a negotiated settlement.

Recommended Fine: \$250.00

Negotiated Fine: \$250.00

Background

On February 23, 2009 at 9:00 a.m., Air Quality Specialist Wallace Prichard was notified by Supervisor Noel Bonderson that Washoe County Air Quality was contacted by The Reno Building Department. Reno Building Department informed Air Quality that there was water damage to a condominium located at 215 River Rock, Unit 2, in Reno. All the sheet rock had been removed from the apartment unit and all that was left inside were bare studs. AQ Specialist Prichard checked the property and there was no debris left on site or in the unit. Once it was realized Belfor employees had removed materials before asbestos testing was done, Darren Foote contacted Jack Goshow from Environmental Testing and Consulting. Mr. Goshow took five air samples in the condominium and submitted them to TEM Laboratories Inc., on February 20, 2009 for testing. The five air samples were tested and all five samples came back clean. Mr. Foote was notified that Washoe County Air Quality would be issuing a Notice of Violation Citation No. 4905, for failure to notify and obtain an acknowledgement of Asbestos Assessment from Washoe County Air Quality.

On February 20, 2009, Mr. Foote met with Supervisor Noel Bonderson and AQ Specialist Wallace Prichard for a negotiated meeting. After consideration of all the facts of the case, Mr. Foote agreed to a fine of \$250. A Memorandum of Understanding was signed by all parties.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

DBOH AGENDA ITEM # 7.A.1.a.

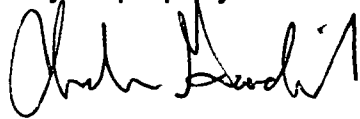
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Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4905.
2. The Board may determine to uphold Citation No. 4905, but levy any fine in the range \$0 to \$10,000.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Belfor Property Restorations may be properly noticed.



Andrew Goodrich, REM
Director

AG/DC: ma



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
 AIR QUALITY MANAGEMENT DIVISION
 401 RYLAND STREET, SUITE 331 • P.O. BOX 11130 • RENO, NV 89520
 (775) 784-7200



C23 FEB 09 016A

NOTICE OF VIOLATION

NOV 4905

DATE ISSUED: 3/5/09

ISSUED TO: Belfor Property Restoration PHONE #: 424-3200

MAILING ADDRESS: 50 Artisan Mews Way Suite B CITY/ST: Reno, NV ZIP: 89511

NAME/OPERATOR: Darren Foote PHONE #: 690-1973

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 2/23/09 (DATE) AT 0900 HRS (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input checked="" type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Failure to notify Washoe County Health Department / testing material for asbestos before removal.

LOCATION OF VIOLATION: 215 River Rock #2 Reno, NV 89502

POINT OF OBSERVATION: _____

Weather: N/A Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 2/23 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediately hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: Darren Foote Date: 3-5-09
 Issued by: Wallace Richard Title: Air Specialist II

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.



DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: 3/5/09

Company Name: Belfor Property Restoration
 Address: 50 Altman Meadows Way Suite B. Reno, NV.
 Notice of Violation # 4905 Case # 1036

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 030.105 Asbestos/Lead.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 250.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on 3/5/09.

Darren Foote
 Signature of Company Representative

Darren Foote
 Print Name

GM
 Title

 Witness

 Witness

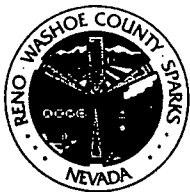
Noel A. Bonderson
 Signature of District Representative

NOEL A. BONDERSON
 Print Name

AQ SUPERVISOR
 Title

Wallace Pritchard
 Witness

 Witness



AIR QUALITY COMPLAINT/ACTION REQUEST

DATE: 02/23/2009

TIME: 8:00 AM

TAKEN BY: NOEL BONDERSON

ROUTED TO: WALLACE PRICHARD

TYPE OF COMPLAINT: CITIZEN INVESTIGATOR OTHERRENO SPARKS WASHOE COUNTY AREA 5**COMPLAINT:**

REMOVAL OF SHEETROCK WITHOUT NOTIFICATION FOR ASBESTOS TESTING

LOCATION OF COMPLAINT: 215 RIVER ROCK, UNIT 2**RESPONSIBLE PARTY:** BELFOR PROPERTY RESTORATION 424-3200 - ERICK TOM
PHONE NUMBER: 826-1414**ADDRESS:** 215 RIVER ROCK, UNIT 2, RENO NV 89502**COMPLAINANT:** RENO BUILDING DEPARTMENT**PHONE NUMBER:** 784-7231**ADDRESS:****SPECIAL INSTRUCTIONS:****INVESTIGATOR:** WALLACE PRICHARD**DATE:** 02/23/2009**TIME:** 8:00 AM**VIOLATION:** 030.105

THERE WAS NO MATERIAL ON SITE DURING INSPECTION. I CALLED ERICK TOM, THE PROJECT MANAGER AND HE INFORMED ME THAT BELFOR PROPERTY RESTORATION HAD CONTRACTED FOR MOLD CLEANUP FROM WATER DAMAGE. AFTER FURTHER INVESTIGATION IT WAS DECIDED THAT AN NOV WOULD BE ISSUED FOR FAILURE TO NOTIFY AND OBTAIN AN ACKNOWLEDGEMENT OF ASBSTOS ASSESSMENT FORM FROM AQMD.

TEST SAMPLES OF THE AIR WERE TAKEN AND WERE NEGATIVE.

NOV CITATION 4905 WAS ISSUED

CASE CLOSED:

DATE: 3/05/09

TIME: 8:00 AM

INVESTIGATOR: WALLACE PRICHARD

REVIEWED BY: DENNIS CERFOGLIO

DATE:

TIME:

VIOLATION: Major Violation of Section 030.105
Violation of Asbestos/NESHAP
Notice of Violation #4905
Case #1036

ISSUED TO: Belfor Property Restoration
50 Artisan Means Way Suite B
Reno, Nevada 89511
Business Phone: (775) 424-3200

OPERATOR: Darren Foote
50 Artisan Means Way Suite B
Reno, Nevada 89511
Business Phone: (775) 690-1973

On February 23, 2009 at 900 hours, Air Quality Specialist Wallace Prichard was notified by Supervisor Noel Bonderson that Washoe County Air Quality was contacted by The Reno Building Department. Reno Building Department informed Air Quality that there was water damage to a condominium located at 215 River Rock, Unit #2, Reno, Nevada 89502. All the sheet rock had been removed from the apartment unit and all that was left inside was bare studs.

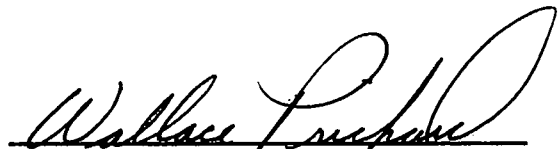
Specialist Prichard checked the property at 215 River Rock, Unit #2 and there was no debris left on site or in the unit.

Once it was realized that a mistake had been made by Belfor employees for removing materials before asbestos testing was done. Darren Foote contacted Jack Goshaw from Environmental Testing and Consulting and submitted to Asbestos TEM Laboratories, Inc., on February 20, 2009. Five air samples were taken and all five samples came back clean.

Mr. Foote was notified that Washoe County Air Quality would be issuing a Notice of Violation for failure to notify and obtain an Acknowledgment of Asbestos Assessment from Washoe County Air Quality. At that time Mr. Foote requested to come in for a settlement meeting with Supervisor Noel Bonderson and Specialist Wallace Prichard.

Even though no asbestos was present during air sampling tests Washoe County Air Quality Specialist Prichard issued a Notice of Violation #4905. A **Major Violation** of Section 030.105 National Emissions Standard for Hazardous Air Pollutants (NESHAPS) and 030.107 A. Asbestos sampling and notification.

Supervisor Bonderson was notified on February 25 at 1530 hours of the violation and was informed that Specialist Prichard was issuing a Notice of Violation.



Wallace Prichard
Air Quality Specialist II
Air Quality Management Division
Washoe County District Board of Health

RECOMMENDED FINE WORKSHEET

DATE: 3/5/2009

CASE#: 1036

COMPANY NAME: BELFOR PROPERTY RESTORATION

CONTACT NAME: DARREN FOOTE

VIOLATION: REMOVAL OF MATERIAL BEFORE ASBESTOS TESTING WAS DONE

SECTIONS: 030.105

TYPE OF VIOLATION: MAJOR

OCCURRENCE: 1st

RANGE OF PENALTIES (PER DAY): \$0-\$10,000

DEGREE OF VIOLATION: MAJOR

ECONOMIC BENEFIT COMPONENT: _____

DEGREE OF COOPERATION: EXCELLENT

ADDITIONAL COMMENTS: MR. FOOTE CAME FORWARD AND STATED THAT THEY HAD MADE A GRAVE ERROR IN DOING THE DEMOLITION AND WANTED TO RECTIFY THE PROBLEM.

RECOMMENDED FINE: \$250

Paul A. Bondura FO WP
INVESTIGATOR'S SIGNATURE

NOTE: "Minor Violations", per District regulations, cannot exceed \$1000 for the first and second violations. Third minor violations, plus "Major Violations" cannot exceed \$10,000 per day.

WATER DAMAGE REPAIR / DEMO COMPLETED PRIOR TO
ACKNOWLEDGMENT OF ASBESTOS ASSESSMENT CLEARANCE
SAMPLES

PROPERTY OWNER Erick Tom (Tony Chenmin) PHONE # 826.1414
OWNER'S ADDRESS 215 River Rock # 2 Reno NV. 89502
PROPERTY BEING EVALUATED: Corazon Real Estate - prop. mgmt
same

TYPE OF PROJECT: DEMOLITION RENOVATION
TYPE OF PROPERTY: RESIDENTIAL NONRESIDENTIAL
PROPERTY BEING ASSESSED: TOTAL PARTIAL*
\$48.00 FILING FEE

*NOTE: If this project is a partial renovation and additional work is to be conducted later, additional asbestos assessment(s) will be required unless this assessment covers all pertinent representative asbestos suspected materials throughout the building.

BELFOR (Conducted Removal) PHONE # _____
GENERAL CONTRACTOR
50 Artisan Means Wy. Seb-Reno NV. 89511
Asbestos Tom Lab, Inc. / Environ. Testy. & Cons. PHONE # 359.3377
847-7878

ASSESSMENT RESULTS: Asbestos Present Asbestos Absent Friable Nonfriable Both Not Tested
N/A PHONE # _____
ABATEMENT CONTRACTOR

ASBESTOS TO BE REMOVED _____ ASBESTOS ABATEMENT COMPLETED _____

**NOTE: If asbestos present, abatement must be conducted in accordance with NESHAP and OSHA regulations before renovation or demolition work may proceed.

10-DAY NOTIFICATION MANDATORY FOR DEMOLITION
Owner/Representative's Name Joe Messinger

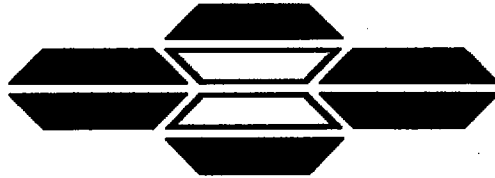
COMMENTS: Condo renovation - installation on leg - all demo previously completed. Air clearance samples run to demonstrate space is safe to occupy. Use best methods for dust control.
Charlene Albee 2/23/09
HEALTH DEPARTMENT REPRESENTATIVE DATE

Signature on this asbestos assessment document does NOT constitute full Health Department approval for this project. Any additional Health permits such as are required for bar or restaurant operations, underground storage tanks, hazardous material disposal or air pollution sources must be obtained separately.

Signature by the Washoe County District Health Department does not warrant, nor should this report be taken to warrant, that asbestos was or was not present on stated property. Exposure to even small amounts of airborne asbestos fibers may cause cancer. For this reason the District Health Department recommends that all asbestos handling and abatement work be performed by certified asbestos contractors.

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331, RENO, NV 89502 / (775) 784-7200 / FAX (775) 784-7225

CHECK 1 0223 09 060959 00000



ASBESTOS TEM LABORATORIES, INC.

**NIOSH 7400 Method
Phase Contrast Microscopy
Analytical Report**

Report No.: 111327

1350 Freeport Blvd.
Sparks, NV 89431
(775) 3598-3377
FAX (775) 359-2798

With Main Office Located at:
630 Bancroft Way, Berkeley CA 94710
Ph. (510) 704-8930 Fax (510) 704-8929



ASBESTOS TEM LABORATORIES, INC

Accredited by
U.S. Dept. of Commerce

NVLAP

NVLAP Lab Code 200104-0

Feb/20/2009

Mr. Jack Goshow
Environmental Testing & Consulting
21480 Delta Drive
Reno, NV 89521

RE: LABORATORY REPORT # 111327
Phase contrast microscopy analytical results for 5 air sample(s).
Job Site: 215 River Rock
Job No.:

Enclosed please find the analytical results for one or more air samples submitted for phase contrast microscopy (PCM) analysis. All analysts participate in the American Industrial Hygiene Association (AIHA) Asbestos Analyst Registry Registry proficiency testing program.

Prior to analysis, air sample cassettes are logged-in and all data pertinent to the sample is recorded into a computer based laboratory information management system. The samples are checked for damage or disruption of any chain-of-custody seals. A unique laboratory ID number is assigned to each sample. A hard copy log-in sheet containing all pertinent information concerning the sample is generated. This and all other relevant paper work are kept with the sample throughout the analytical procedures to assure proper sample tracking.

After sample login is complete, the air samples are analyzed as follows: Air filters are individually removed from the cassette holders, a quarter section is separated and placed onto a glass microscope slide. The filter section is collapsed using a "QuikFix" acetone vaporizer. A drop of Triacetin is added and a coverslip is emplaced over the filter. The slide is then placed under an Olympus CH-2 or Meiji ML-POL Phase Contrast Microscope. Fibers are counted until either 100 fibers are counted in a minimum of 20 fields or 100 fields total are observed. Analytical results are calculated according to NIOSH 7400 protocols. Data is then compiled into a standard report format and subjected to a quality assurance review before the information is released to the client.

Sincerely Yours,

Laboratory Manager
ASBESTOS TEM LABORATORIES, INC.

1350 FREEPORT BLVD., UNIT 104 • SPARKS, NV 89431 • (775) 359-3377 • FAX (775) 359-2798

With Main Office in Berkley, CA Ph. (510) 704-8930 Fax(510) 704-8929

PHASE CONTRAST MICROSCOPY ANALYTICAL REPORT

NIOSH 7400 Method

Page: 1 of 1

Contact: Mr. Jack Goshow	Samples Submitted: 5	Report No.: 111327
Address: Environmental Testing & Consulting 21480 Delta Drive Reno, NV 89521	Samples Processed: 5	Date Submitted: Feb-20-09
	Job Site / No. 215 River Rock	Date Reported: Feb-20-09

SAMPLE ID	FIBERS per CC	95% UCL	FIBERS per FIELDS	FIBERS per FILTER	LOCATION / DESCRIPTION
1. Lab ID # 881-00818-001	< 0.0027	< 0.0060	< $\frac{5.5}{100}$	< 981	Occupied Space <small>Volume(L) Pump Time(Min)Flow Rate(LPM) 1000 100 10.00</small>
2. Lab ID # 881-00818-002	< 0.0027	< 0.0060	< $\frac{5.5}{100}$	< 981	Occupied Space <small>Volume(L) Pump Time(Min)Flow Rate(LPM) 1000 100 10.00</small>
3. Lab ID # 881-00818-003	< 0.0027	< 0.0072	< $\frac{5.5}{100}$	< 490	Occupied Space <small>Volume(L) Pump Time(Min)Flow Rate(LPM) 1000 100 10.00</small>
4. Lab ID # 881-00818-004	< 0.0027	< 0.0060	< $\frac{5.5}{100}$	< 981	Occupied Space <small>Volume(L) Pump Time(Min)Flow Rate(LPM) 1000 100 10.00</small>
5. Lab ID # 881-00818-005	< 0.0027	< 0.0051	< $\frac{5.5}{100}$	< 1962	Occupied Space <small>Volume(L) Pump Time(Min)Flow Rate(LPM) 1000 100 10.00</small>
Lab ID #					<small>Volume(L) Pump Time(Min)Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min)Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min)Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min)Flow Rate(LPM)</small>
Lab ID #					<small>Volume(L) Pump Time(Min)Flow Rate(LPM)</small>

Detection Limit = 7 Fibers/MM2

Lab Manager C. Neil Upchurch Analyst C. Neil Upchurch
 ASBESTOS TEM LABORATORIES, INC. 1350 Freeport Blvd., Sparks, NV 89431 (775) 359-3377
 With Main Office in Berkley, CA (510) 704-8930



ASBESTOS TEMPERATURE LABORATORIES, INC.

1350 Freeport Blvd., Unit #104 • Sparks, NV 89431 • Ph: (775) 359-3377 • Fax: (775) 359-2798
Home offices at: 630 Bancroft Way • Berkeley, CA 94710 • Ph: (510) 704-8930 • Fax: (510) 704-8429

*** AIR SAMPLE SUBMISSION FORM / CHAIN-OF-CUSTODY REPORT ***

Company: ETC Analysis type: Rock Turnaround time: 3 days

Address: 215 RIVER ROCK

City-state-zip: JACK COO HOW P.O.#: _____

Contact person: JACK COO HOW Phone: _____ FAX: _____

Sample number	Sample type	Time		Total time(m)	Flow rate (rpm)		Volume (l)	Location / Description
		on	off		on	off		
1				100			10	OCC STAG
2								
3								
4								
5								

Special instructions: _____

Relinquished by		Received by		Date / Time
Name/Company	<u>ETC</u>	Name/Company	<u>C. Neil Upchurch / Sue Ehrlich / ATEM</u>	<u>2/20/99</u>
Signature	<u>Jack Coohow</u>	Signature	<u>Due Ehrlich</u>	<u>5:05PM</u>
Name/Company		Name/Company		
Signature		Signature		

Send original to lab - Keep yellow copy



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

APRIL 23, 2008

ATTACHED IS A COPY OF EACH ACKNOWLEDGEMENT FORM DOCUMENTING THAT THE AFORESIGNED HAS BEEN PROPERLY NOTIFIED OF THE DATE, TIME AND LOCATION OF THE DISTRICT BOARD OF HEALTH MEETING TO CONSIDER THE FINAL DISPOSITION OF SAID CASE.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

April 16, 2009

Darren Foote
Belfor Property Restoration
50 Artisan Means Way, Suite B
Reno, NV 89511

RE: Case No. 1036, NOV Citation No. 4905

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1036, at its meeting to be held on Thursday, April 23, 2009 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that the District Board of Health will take the appropriate administrative action against Case No. 1036, at this meeting.

Appellant or Representative

Delivered by:

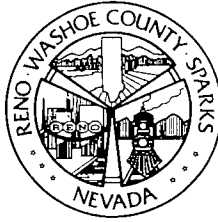
Air Quality Management Division Staff

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

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DISTRICT HEALTH DEPARTMENT

CASE NO. 4-08S – AS REVIEWED BEFORE THE SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

In Re: Application of AL VICTORS)
for a Variance request pertaining to)
property located at 6483 Galena)
Canyon Trail, from the requirements)
of Section 040.200 (Areas and Location)
Requirements for Construction of On-Site)
Sewage Disposal Systems) Table 2; and)
Section 010.305 (Definitions – Water)
Course) of the Washoe County District)
Board of Health Regulations Governing)
Sewage, Wastewater and Sanitation,)

**CASE NO. 4-08S
AL VICTORS**

AGENDA ITEM NO. 7.B.1.

At a hearing of the Sewage, Wastewater
and Sanitation Hearing Board at Wells
Avenue at Ninth Street, Reno, Nevada
March 12, 2009

PRESENT: Chairman Karen Sage Rosenau
Member George Georgeson, PE
Member Steve Brigman, PE
Member Gregory Moss, PG, Em
Member Mark Simons, Esquire

ABSENT: Vice Chairman Ronald Anderson, PE
Member Michele Dennis, PE

STAFF: Doug Coulter, PE, Senior Registered Engineer
Janet Smith, Recording Secretary

DBOH AGENDA ITEM # 7.B.1.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

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SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Variance Request – Case No. 4-08S (Al Victors)

March 12, 2009

Page 2

STATEMENT OF THE FACTUAL QUESTION BEFORE THE HEARING BOARD

SECTION 040 Areas and Location Requirements for Construction of On-Site Sewage Disposal Systems

SECTION 040.100 All on-site sewage disposal systems shall meet the requirements listed in Table 2.

SECTION 010 Definitions

SECTION 010.305 Watercourse

A body of water, running or static, including but not limited to creeks, rivers, ponds, lakes, perennial streams, lined or unlined reservoirs, lined or unlined canals, irrigation ditches and diversions, and subdrains.

GENERAL COMMENTS

On March 12, 2009, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning a variance request to the above. Mr. Al Victors, applicant and Mr. Mike Vick, K-2 Engineering and Structural Design, representing the applicant, were present at the aforementioned hearing.

Mr. Doug Coulter, PE, Senior Registered Engineer, advised there are utility and irrigation easements crossing the subject property and a manhole for the irrigation system in the easement south of the property line. Mr. Coulter advised that the soil test holes for the approved septic system and the building envelope for Parcel Map 3324 are located on the west side of easements traversing the property. Mr. Coulter advised that the proposed house is located on the east side of the easements and outside of the approved building envelope. Mr. Coulter advised that a variance is necessary as the parcel map was amended eliminating the building envelope and the open space boundary has been modified to ensure that the structure does not encroach on the open space. Mr. Coulter advised that the amended parcel map must be recorded prior to the building or septic permit approval. Mr. Coulter advised that the applicant has submitted documentation of the recorded amended parcel map; thereby, complying with condition 1.

SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Variance Request – Case No. 4-08S (Al Victors)

March 12, 2009

Page 3

In response to Mr. Georgeson regarding Mr. Coulter advised that the Hearing Board is considering the request to vary Sections 040.100 Table 2 and Section 010.305 and is not being asked to consider the design modifications.

In response to Mr. Georgeson, Mr. Simons stated the Hearing Board is not being asked to analyze the design but rather review what is presented to determine the basis for granting a variance to the requirements of the Regulations.

Mr. Mike Vicks, K-2 Engineering and Structural Design, representing the applicant Mr. Victors, stated that, as Mr. Coulter advised, the applicant has complied with the requirements of condition 1.; therefore, he would request that the proposed condition 1. specific to a recorded amended parcel map be deleted. Mr. Vicks stated that he would further request that condition 2. be modified as a notice cannot be "recorded on the title."

It was the consensus that condition 2., be modified requiring the notice to be recorded "against the parcel number" of the property.

The applicant, Mr. Al Victors, owners of Assessor's Parcel No. 148-122-16, is requesting a variance to the aforementioned Regulations.

The reason for the variance is:

1. To allow the construction of a residence on a parcel with a water course that is within 50 feet of a building sewer, and 10 feet of an underground easement.

FINDINGS OF FACT

The Hearing Board may recommend a variance only, if after a hearing with due and proper notice it considers whether:

1. Will the proposed variance result in a contamination of water to the extent it cannot be utilized for its existing purpose?

No, the building sewer, septic tank and pump stations will be sealed to prevent contamination of the surface or groundwater.

2. Will the proposed variance pose a threat to public health?

Based on the proposed design, approval of the variance will not result in an increased threat to public health.

3. Are there other reasonable alternatives?

The alternative is to construct the house within the approved building envelope as depicted on Parcel Map 3324.

RECOMMENDATION

Mr. Coulter advised that Staff recommends **approval** of this proposed variance request subject to the following eight (8) conditions:

1. A notice shall be recorded against Assessor's Parcel No. 148-122-16 indicating the variance conditions of approval **prior** to the septic or building permit approval.
2. The owner or successor shall connect to community sewer when it is available.
3. Construction of the proposed on-site sand filter system will adhere to the plan review and inspection procedures applicable to these standard sand filter systems.
4. The pump station for the lower floor plumbing, the septic tank, and pump station shall be encased in concrete to prevent infiltration and exfiltration. The building sewer shall be encased in a pipe as depicted.
5. The bottom of the sand filter bed shall be no deeper than 5311.5 feet.
6. Should slow percolating soil be encountered at the bottom of the sand filter bed he native soil shall be removed and replaced with suitable soil. The design engineer shall then perform percolation tests in the filled area to ensure the fill complies with the design percolation rate.
7. The 2" force main shall be encased in concrete to a minimum of ten (10) feet on each side of the fifteen (15) inch irrigation pipeline.
8. Any revisions to the proposed layout of the septic system must be approved by the District Health Department Environmental Staff and the District Board of Health.

SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Variance Request – Case No. 4-08S (AI Victors)

March 12, 2009

Page 5

MOTION

Mr. Georgeson moved that based upon testimony presented, it be recommended to the District Board of Health that Variance Case No. 4-08S (AI Victors), be **approved, stipulating to the Findings of Fact and subject to the eight (8) conditions as outlined.**

The motion was seconded by Mr. Brigman and carried **unanimously for approval.**


KAREN SAGE ROSENAU, CHAIRMAN
SWS HEARING BOARD


JANET SMITH
RECORDER



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 3/26/09

DATE: March 16, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Ratification of Subgrant Amendment #1 issued to Nevada AIDS Foundation, Inc. pertaining to the Comprehensive Risk Counseling and Services (CRCS) program for the period January 1, 2008 through December 31, 2009 in the total amount of \$189,176, or \$94,588 per calendar year; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the District Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item:

Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease*. It also supports the Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award issued to Nevada AIDS Foundation, Inc., (NAF) pertaining to the Comprehensive Risk Counseling and Services (CRCS) program for the period January 1, 2008 through December 31, 2009 in the total amount of \$189,176, or \$94,588 per calendar year on December 13, 2007.

AGENDA ITEM #7.C.1.

BACKGROUND

NAF submitted a request to reallocate funds between currently approved budget categories. They are requesting \$304 be reallocated to the Supplies budget category and \$11,696 be reallocated to the Other budget category for a total of \$12,000 from the Personnel budget category. NAF will pay the Executive Director position as an in-kind donation to the program.

As part of their justification for this request, NAF stated that as evidenced in their reporting over the past two years, they have to over-recruit individuals for the program due to high attrition rates. They also stated that “In economic times this desperate, clients are likely to be more focused on resolving their issues as they are related to one’s basic needs and less likely to intensely adhere to prevention. We believe that due to the nature of the program, we are able to better deliver the services by adapting our methodology to meet the needs of these clients. In our best effort to accomplish this, we are increasing recruitment and engagement efforts, the number of core sessions, and increasing the amount of incentive for graduates.”

A copy of the Subgrant Amendment #1 for NAF is attached. This Subgrant Amendment has been reviewed and approved by Washoe County’s Risk Manager and Deputy District Attorney.

FISCAL IMPACT

Should the Board approve this Subgrant Amendment, there will be no additional impact to the adopted FY 08/09 budget.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify Subgrant Amendment #1 issued to Nevada AIDS Foundation, Inc. pertaining to the Comprehensive Risk Counseling and Services (CRCS) program for the period January 1, 2008 through December 31, 2009 in the total amount of \$189,176, or \$94,588 per calendar year; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify Subgrant Amendment #1 issued to Nevada AIDS Foundation, Inc. pertaining to the Comprehensive Risk Counseling and Services (CRCS) program for the period January 1, 2008 through December 31, 2009 in the total amount of \$189,176, or \$94,588 per calendar year; and if approved, authorize the Chairman to execute.

Washoe County Health District

**NOTICE OF SUBGRANT AWARD
AMENDMENT #1**

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District	Subgrantee Name: Nevada AIDS Foundation, Inc. (NAF)
Address: 1001 East Ninth Street Reno NV 89520	Address: P. O. Box 478, 900 W. 1st Street Reno, NV 89504
Subgrant Period: January 1, 2008 to December 31, 2009	Subgrantee EIN#: Subgrantee Vendor#: 103325

Reason for Award: Comprehensive Risk Counseling and Services (CRCS)
 To provide HIV prevention and services to HIV positive and negative individuals that will assist them in assessing individual risk(s), resulting in the adoption of risk reduction behaviors and utilization of skills necessary to protect others from HIV infection.

Amendment #1: The purpose of this amendment is to make adjustments in allocations to budget categories. There were no changes to the total amount of this subgrant or to the scope of work.

Budget Categories	Change from:		Change to:	Subgrant Period Total
	CY 2008	Current-CY 2009	Revised-CY 2009	
Approved cost categories				
1. Personnel	\$75,658	\$75,658	\$63,658	\$151,316
2. Travel	\$0	\$0	\$0	\$0
3. Supplies	\$0	\$0	\$304	\$0
4. Operating	\$0	\$0	\$0	\$0
5. Contractual	\$6,240	\$6,240	\$6,240	\$12,480
6. Other	\$12,690	\$12,690	\$24,386	\$25,380
otal Direct Cost	\$94,588	\$94,588	\$94,588	\$189,176
Indirect Cost	\$0	\$0	\$0	\$0
Total Costs	\$94,588	\$94,588	\$94,588	\$189,176

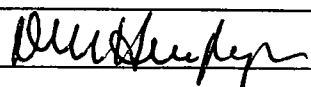
Disbursement of funds will be as follows:
 Payment will be made upon receipt of an invoice specifically requesting payment for the NAF - CRCS Program. Reimbursement will not exceed \$94,588 for CY 2008, \$94,588 for CY 2009, for a grant total not to exceed \$189,176 for the subgrant period.

Source of Funds:	CFDA#	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	93.940	U62/CCU923483-01-2

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

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, C and D of this subgrant award.

By signing this Amendment, the Authorized Subgrantee Official or their designee acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its attachments attached hereto as Exhibit A and incorporated within.

Authorized Sub-Recipient Official	Date	Signature
Lori Smith NAF Executive Director		
Mary Ann Brown CCHS Division Director		
leen Coulombe Administrative Health Services Officer		
Denis Humphreys, OD Chairman, District Board of Health	3/27/09	

Objective 4.4: By December 31, 2009, NAF will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

Subgrantee agrees to:

1. Submit all required reports and forms (except "bubble sheets"), via email, to the HIV Program Coordinator and Administrative Assistant.
2. Comply with WCHD policies regarding the purchase, use, and accounting of cash-equivalent incentives.
3. Comply with and provide proof that fingerprinting and a background check have been performed on individuals working with juveniles in the State of Nevada (NRS 179.A.210, NRS 239.B.010).
4. Comply with and provide proof of industrial and liability insurance as discussed in Exhibit A (attached hereto and incorporated herein by this reference).
5. Indemnify, hold harmless, and defend the WCHD, its officers, agents and employees as set forth in the Insurance/Hold Harmless Requirements for Non-Profit Agencies, Exhibit A.

	CY 2008	Revised CY 2009	Subgrant Total	
Personnel	\$75,658	\$63,658	\$139,316	100 % of two 1.0 FTEs CRCS Case Managers
Travel	\$0	\$0	\$0	
Supplies	\$0	\$304	\$304	Program supplies to include chart folders, paper
Contractual	\$6,240	\$6,240	\$12,480	20% of Finance Administrator
Operating	\$0	\$0	\$0	
Other	\$12,690	\$24,386	\$37,076	Rent: \$498.30 x 12 mo = \$5,979.60 Utilities: \$59.70 x 12 mo = \$716.40 Participant incentives: Recruitment/Engagement-(3 sessions x 120ppl x \$10/ea = \$3,600) Core Session-(21 sessions x 59ppl x \$10/ea = \$12,390) Peer Advocate-(20ppl x \$25/ea = \$500) Program Completion-(48ppl x \$25/ea = \$1,200)
Total Direct Costs	\$94,588	\$94,588	\$189,176	
Indirect Costs	0	0	\$0	
Total Costs	\$94,588	\$94,588	\$189,176	

The WCHD will:

1. Provide technical assistance upon written request from the subgrantee. The WCHD will not provide technical assistance that duplicates activities funded under this subgrant.
2. Provide timely reimbursements when furnished with proper supporting documentation.
3. To the extent authorized by law, indemnify, hold harmless, and defend NAF, its officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions of WCHD staff.

Both parties agree:

1. Reimbursements will be made on a monthly basis using the forms provided by the WCHD.
2. Fiscal Reports for the previous month must accompany all reimbursement requests.

ID #10013

Washoe County Health District

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District	Subgrantee Name: Nevada AIDS Foundation, Inc. (NAF)
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Address: 1001 East Ninth Street Reno NV 89520	Address: P. O. Box 478, 900 W. 1st Street Reno, NV 89504
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Subgrant Period: January 1, 2008 to December 31, 2009	Subgrantee EIN#: Subgrantee Vendor#: 103325
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Reason for Award: Comprehensive Risk Counseling and Services (CRCS)
To provide HIV prevention and services to HIV positive and negative individuals that will assist them in assessing individual risk(s), resulting in the adoption of risk reduction behaviors and utilization of skills necessary to protect others from HIV infection.

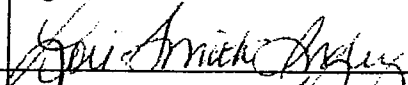
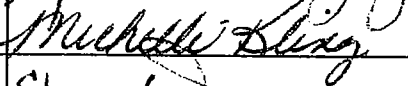


Budget Categories	CY 2008	CY 2009	Subgrant period total
Approved cost categories			
1. Personnel	\$75,658	\$75,658	\$151,316
2. Travel	\$0	\$0	\$0
3. Supplies	\$0	\$0	\$0
4. Operating	\$0	\$0	\$0
5. Contractual	\$6,240	\$6,240	\$12,480
6. Other	\$12,690	\$12,690	\$25,380
Total Direct Cost	\$94,588	\$94,588	\$189,176
Indirect Cost	\$0	\$0	\$0
Total Costs	\$94,588	\$94,588	\$189,176

Disbursement of funds will be as follows:
Payment will be made upon receipt of an invoice specifically requesting payment for the NAF - CRCS Program. Reimbursement will not exceed \$94,588 for CY 2008, \$94,588 for CY 2009, for a grant total not to exceed \$189,176 for the subgrant period.

Source of Funds:	CFDA#	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	93.940	U62/CCU923483-01-2

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

1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, C and D of this subgrant award.

Authorized Sub-Recipient Official	Date	Signature
Lori Smith-Ingberg NAF Executive Director	12-20-07	
Michelle Kling CCHS Division Director	12-17-07	
Eileen Coulombe Administrative Health Services Officer	12.17.07	
Dr. George Furman Chairman, District Board of Health	12/17/07	

**WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A**

Description of services, deliverables and reimbursement

CY 2008

Goal 1: To provide the evidence-based intervention Comprehensive Risk Counseling Services (CRCS) to HIV positive individuals and HIV negative individuals at very high risk of HIV acquisition.

Objective 1.1: By December 31, 2008, NAF will recruit 15 unduplicated HIV positive individuals to participate in CRCS for the purpose of secondary prevention of HIV disease transmission.

Objective 1.2: By December 31, 2008, NAF will recruit 45 unduplicated HIV negative individuals at very high risk of HIV acquisition to participate in CRCS for the purpose of primary prevention of HIV disease.

Goal 2: To decrease sexual and/or substance using high risk behaviors associated with HIV transmission among CRCS participants.

Objective 2.1: By December 31, 2008, 100% of those who participate in this program will identify at least three specific, personal risk-reduction goals and objectives they wish to achieve.

Objective 2.2: By December 31, 2008, 70% of those who participate in this program will achieve all of the specific, personal risk-reduction objectives for the goals established at baseline.

Objective 2.3: By December 31, 2008, 80% of those who participate in this program will indicate that they plan to change their behavior to maintain or improve their health.

Objective 2.4: By December 31, 2008, 75% of HIV positive individuals who participate in this program will indicate that they plan to change their behavior to reduce the risk of transmitting HIV to others.

Objective 2.5: By December 31, 2008, 75% of HIV negative, very high risk individuals who participate in this program will indicate that they plan to change their behavior to reduce the risk of acquiring HIV.

Goal 3: To provide CRCS participants with appropriate referrals for social and health related services, including HIV testing.

Objective 3.1: By December 31, 2008, all participants who need referrals for social and health care services will receive these referrals as documented in individual client charts.

Goal 4: To collect, analyze, and disseminate evaluation data related to the CRCS intervention in Northern Nevada.

Objective 4.1: NAF will complete and submit progress reports, using the template supplied by the DHD, by:

First Quarter Report – April 18, 2008

Mid-year Report – July 18, 2008

Annual Report – January 16, 2009

Objective 4.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 4.3: By December 31, 2008, NAF will collect process-monitoring data for each CRCS participant as required by the NSHD and the CDC.

Objective 4.4: By December 31, 2008, NAF will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

CY 2009

Goal 1: To provide the evidence-based intervention Comprehensive Risk Counseling Services (CRCS) to HIV positive individuals and HIV negative individuals at very high risk of HIV acquisition.

Objective 1.1: By December 31, 2009, NAF will recruit 15 unduplicated HIV positive individuals to participate in CRCS for the purpose of secondary prevention of HIV disease transmission.

Objective 1.2: By December 31, 2009, NAF will recruit 45 unduplicated HIV negative individuals at very high risk of HIV acquisition to participate in CRCS for the purpose of primary prevention of HIV disease.

Goal 2: To decrease sexual and/or substance using high risk behaviors associated with HIV transmission among CRCS participants.

Objective 2.1: By December 31, 2009, 100% of those who participate in this program will identify at least three specific, personal risk-reduction goals and objectives they wish to achieve.

Objective 2.2: By December 31, 2009, 70% of those who participate in this program will achieve all of the specific, personal risk-reduction objectives for the goals established at baseline.

Objective 2.3: By December 31, 2009, 80% of those who participate in this program will indicate that they plan to change their behavior to maintain or improve their health.

Objective 2.4: By December 31, 2009, 75% of HIV positive individuals who participate in this program will indicate that they plan to change their behavior to reduce the risk of transmitting HIV to others.

Objective 2.5: By December 31, 2009, 75% of HIV negative, very high risk individuals who participate in this program will indicate that they plan to change their behavior to reduce the risk of acquiring HIV.

Goal 3: To provide CRCS participants with appropriate referrals for social and health related services, including HIV testing.

Objective 3.1: By December 31, 2009, all participants who need referrals for social and health care services will receive these referrals as documented in individual client charts.

Goal 4: To collect, analyze, and disseminate evaluation data related to the CRCS intervention in Northern Nevada.

Objective 4.1: NAF will complete and submit progress reports, using the template supplied by the DHD, by:

Mid-Year Report – July 17, 2009

Two-Year Comprehensive Report – January 15, 2010

Objective 4.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 4.3: By December 31, 2009, NAF will collect process-monitoring data for each CRCS participant as required by the NSHD and the CDC.

The WCHD reserves the right to hold reimbursement under this subgrant until any delinquent forms are filed.

Within twenty (20) days of the CLOSE OF THE SUBGRANT PERIOD, a complete financial accounting of all expenditures shall be submitted to the WCHD. Any unobligated funds shall be returned to the WCHD, or if not already requested, shall be deducted from the final award.

The parties acknowledge that they are subject to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder, pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provision of state law, including but not limited to, Chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the parties.

Approval of Subgrant budget by the Washoe County District Health Department constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds without written prior approval from the Washoe County District Health Department is not allowed under the terms of this Subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

NAF acknowledges that this Notice of Subgrant Award is contingent upon the appropriation of federal grant funds to the WCHD to support the activities described herein and that the Notice of Subgrant Award will terminate by operation of law if the appropriation of funds does not occur. In this event, the WCHD will provide NAF with immediate written notice of the non-appropriation, directed to Lori Smith-Ingberg, Executive Director.

In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by Nevada AIDS Foundation, Inc. under this Agreement shall be disposed of according to WCHD directives.

If Nevada AIDS Foundation, Inc. prepares, publishes or distributes any brochure, periodical or other publication, the costs of which are funded at least in part by the Agreement, then any such publication shall contain a prominently displayed statement to that effect ["This agency and its programs are funded, in whole or in part, by contracts with the Centers for Disease Control and Prevention through the Nevada State Health Division and the Washoe County Health Department"].

This subgrant may be TERMINATED by either party, provided the termination shall be not 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. Upon such notice of termination, the District Health Department may require Nevada AIDS Foundation, Inc. to ensure that adequate arrangements have been made for the transfer of performance required under this Agreement to another Provider or to District Health Department, including the reasonable payments of any costs involved out of compensation otherwise due NAF. Nevada AIDS Foundation, Inc. may assign and transfer this Agreement only with the prior written approval of the District Health Officer.

The Washoe County District Board of Health must approve the Notice of Subgrant Award prior to execution. The Washoe Board of County Commissioners must approve the Purchase Requisition and Resolution prior to execution.

This Agreement supersedes all oral agreements, negotiations and representations pertaining to the particular services in the Agreement for the period of performance specified in said AGREEMENT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION B
Assurances – Non-Construction Programs

As a condition of receiving subgranted funds from the WCHD, the Subgrantee agrees to the following conditions:

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Agrees grant funds may not be used for other than the awarded purpose. In the event subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the WCHD.
4. Agrees the expenditure of subgrant funds in excess of approved budgeted amount, without prior written approval by the WCHD may result in the subgrantee refunding to the WCHD that amount expended in excess of the approved budget.
5. Approval of subgrant budget by the WCHD constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds between budgeted categories without written prior approval from the WCHD is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
8. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
9. Agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The WCHD reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally

or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

10. Agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a) any federal, state, county or local agency, legislature, commission, counsel or board;
 - b) any federal, state, county or local legislator, commission member, counsel member board member or other elected official; or
 - c) any officer or employee of any federal, state, county or local agency, legislature, commission, counsel or board.
11. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, (f) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute(s) which may apply to the application, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS related conditions).
12. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
13. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
14. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
15. Insofar as subgrantee and the activities conducted hereunder are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (hereinafter HIPAA), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501, subgrantee agrees to maintain such records and data in accordance therewith, and in accordance with any more restrictive provision of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code. Additionally, subgrantee will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the subgrantee.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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**WCHD
NOTICE OF SUBGRANT AWARD
SECTION C**

Retention of Subgrant Records and Audit Requirements

Retention of Subgrant Records

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

- a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Health Services Officer at the WCHD. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the WCHD.
- b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Nevada AIDS Foundation, Inc. shall prepare and retain, and permit representatives of the District Health Department, or other appropriate state or federal agencies or its designees to inspect as they deem necessary for grant audit and reimbursement purposes, property, personnel, medical (client) and financial records of NAF as well as other records that may be required.

Audit Requirements

WCHD subgrants are subject to inspection and audit by representatives of the WCHD, or other appropriate state or federal agencies to:

- a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b) ascertain whether policies, plans and procedures are being followed;
- c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d) determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the WCHD, as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised October 1997], that each grantee annually expending \$500,000 or more in federal funds have an audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final audit report must be sent to the WCHD, Attn: Administrative Health Services Officer, 1001 East Ninth Street, Reno, NV 89520.

Subgrantees expending less than \$500,000 in federal funds annually are exempt from the above mentioned audit requirements and may not use awarded funds to support the cost of an audit in either part or full unless a limited scope audit has been specifically approved in writing by the WCHD.

Final reports of expenditures are accepted by the WCHD, SUBJECT TO AUDIT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION D
Certifications

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals;

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e. transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1. the dangers of drug abuse in the workplace;
 - 2. the grantee's policy of maintaining a drug-free workplace;
 - 3. any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - 1. abide by the terms of the statement; and

2. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
1. taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this

Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

4. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official	Title
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Applicant Organization	Date Submitted
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Exhibit A**INSURANCE/HOLD HARMLESS REQUIREMENTS FOR NONPROFIT AGENCIES****INTRODUCTION**

Washoe County has established specific insurance and indemnification requirements for nonprofit organizations contracting with the County to provide services, use County facilities and property, or receive funding. Indemnification and hold harmless clauses and insurance requirements are intended to assure that a nonprofit organization accepts and is able to pay for a loss or liability related to its activities.

ATTENTION IS DIRECTED TO THE INSURANCE REQUIREMENTS BELOW. IT IS HIGHLY RECOMMENDED THAT ORGANIZATIONS CONFER WITH THEIR RESPECTIVE INSURANCE CARRIERS OR BROKERS TO DETERMINE THE AVAILABILITY OF INSURANCE CERTIFICATES AND ENDORSEMENTS AS PRESCRIBED AND PROVIDED HEREIN. IF THERE ARE ANY QUESTIONS REGARDING THESE INSURANCE REQUIREMENTS, IT IS RECOMMENDED THAT THE AGENT/BROKER CONTACT THE COUNTY RISK MANAGER DIRECTLY AT (775) 328-2071.

INDEMNIFICATION AGREEMENT

ORGANIZATION agrees to hold harmless, indemnify, and defend COUNTY AND/OR WCHD, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to ORGANIZATION'S property, caused by the omission, failure to act, or negligence on the part of ORGANIZATION, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement by ORGANIZATION, or by others under the direction or supervision of ORGANIZATION.

In the event of a lawsuit against the COUNTY AND/OR WCHD arising out of the activities of ORGANIZATION, should ORGANIZATION be unable to defend COUNTY AND/OR WCHD due to the nature of the allegations involved, ORGANIZATION shall reimburse COUNTY AND/OR WCHD, its officers, agents, and employees for cost of COUNTY AND/OR WCHD personnel in defending such actions at its conclusion should it be determined that the basis for the action was in fact the negligent acts, errors or omissions of ORGANIZATION.

GENERAL REQUIREMENTS

ORGANIZATION shall purchase Industrial Insurance, General Liability, and Automobile Liability as described below. The cost of such insurance shall be borne by ORGANIZATION. ORGANIZATION may be required to purchase Professional Liability coverage based upon the nature of the service agreement.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for ORGANIZATION or any Sub-consultant by COUNTY AND/OR WCHD. ORGANIZATION agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY AND/OR WCHD to make any payment under this Agreement to provide COUNTY AND/OR WCHD with a certificate issued by an insurer in accordance with NRS 616B.627 and with a certificate of an insurer showing coverage pursuant to NRS 617.210 for ORGANIZATION and any sub-consultants used pursuant to this Agreement.

Should ORGANIZATION be self-funded for Industrial Insurance, ORGANIZATION shall so notify COUNTY AND/OR WCHD in writing prior to the signing of this Agreement. COUNTY AND/OR WCHD reserves the right to approve said retentions and may request additional documentation financial or otherwise for review prior to the signing of this Agreement.

It is further understood and agreed by and between COUNTY AND/OR WCHD and ORGANIZATION that ORGANIZATION shall procure, pay for, and maintain the above-mentioned industrial insurance coverage at ORGANIZATION'S sole cost and expense.

MINIMUM LIMITS OF INSURANCE

ORGANIZATION shall maintain limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to each project or location.
2. Automobile Liability: \$500,000 combined single limit per accident for bodily injury and property damage. No aggregate limits may apply.
3. Professional Liability: \$1,000,000 per claim and as an annual aggregate.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division. COUNTY AND/OR WCHD reserves the right to request additional documentation, financial or otherwise, prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy, must be approved by the COUNTY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. COUNTY AND/OR WCHD, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of ORGANIZATION, including COUNTY AND/OR WCHD'S general supervision of ORGANIZATION; products and completed operations of ORGANIZATION; premises owned, occupied or used by ORGANIZATION; or automobiles owned, leased, hired, or borrowed by ORGANIZATION. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY AND/OR WCHD, its officers, employees or volunteers.
2. ORGANIZATION'S insurance coverage shall be primary insurance as respects COUNTY AND/OR WCHD, its officers, employees and volunteers. Any insurance or self-insurance maintained by COUNTY AND/OR WCHD, its officers, employees or volunteers shall be excess of ORGANIZATION'S insurance and shall not contribute with it in any way.

Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY AND/OR WCHD, its officers, employees or volunteers.

4. ORGANIZATION'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY AND/OR WCHD except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. COUNTY AND/OR WCHD, with the approval of the Risk Manager, may accept coverage with carriers having lower Best's Ratings upon review of financial information concerning ORGANIZATION and insurance carrier. COUNTY AND/OR WCHD reserves the right to require that ORGANIZATION'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

ORGANIZATION shall furnish COUNTY AND/OR WCHD with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. **All certificates and endorsements are to be addressed to the specific COUNTY AND/OR WCHD contracting department and be received and approved by the COUNTY AND/OR WCHD before work commences.** COUNTY AND/OR WCHD reserves the right to require complete, certified copies of all required insurance policies, at any time.

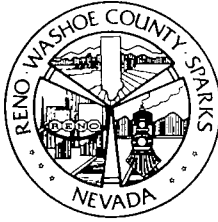
SUBCONTRACTORS

ORGANIZATION shall include all Subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each Subcontractor. All coverages for Subcontractors shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. ORGANIZATION shall be responsible for and remedy all damage or loss to any property, including property of COUNTY AND/OR WCHD, caused in whole or in part by ORGANIZATION, any Subcontractor, or anyone employed, directed or supervised by ORGANIZATION.
2. Nothing herein contained shall be construed as limiting in any way the extent to which the ORGANIZATION may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Subcontractor under it.
3. In addition to any other remedies COUNTY AND/OR WCHD may have if ORGANIZATION fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY AND/OR WCHD may, at its sole option:
 - a. Order ORGANIZATION to stop work under this Agreement and/or withhold any payments which become due ORGANIZATION hereunder until ORGANIZATION demonstrates compliance with the requirements hereof;

- b. Purchase such insurance to cover any risk for which COUNTY AND/OR WCHD may be liable through the operations of ORGANIZATION if under this Agreement and deduct or retain the amount of the premiums for such insurance from any sums due under the Agreement;
- c. Terminate the Agreement.



DISTRICT HEALTH DEPARTMENT

STAFF REPORT
BOARD MEETING DATE: 3/26/09

DATE: March 16, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
 775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Ratification of Subgrant Amendment #2 issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2008 through December 31, 2009 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the District Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

District Board of Health Priority supported by this item:
 Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease*. It also supports the Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The Board approved Subgrant Amendment #1 issued to Planned Parenthood Mar Monte (PPMM) pertaining to the Street Smart program, in the total amount of \$190,000 (\$95,000 per calendar year) for the period of January 1, 2008 through December 31, 2009 on May 22, 2008.

BACKGROUND

During the objective review process, the Grant Review Committee provided feedback to PPMM that centered on the need for clarification of measures to evaluate the Street Smart intervention as it will be implemented in Washoe County.

AGENDA ITEM # 7.C.2.

In response to the reviewers' feedback, PPMM attended national Street Smart training on intervention implementation. Specific evaluation methods were sought, as well as technical assistance from Street Smart trainers and others in the field who have implemented the intervention, and utilized nationally-validated evaluation tools to design an appropriate evaluation process for the intervention in Washoe County. Each entity developed their own evaluation tools specific to their program. The Centers for Disease Control and Prevention (CDC) was also contacted numerous times for evaluation assistance. All partners in this formative evaluation process indicated the need for PPMM to develop intervention/agency specific evaluation instruments that included CDC required evaluation variables. As a result of this process, the evaluation objectives approved in their original contract with the Washoe County Health District required revision during 2008. Further formative evaluation between Health District program staff and PPMM indicated a need for further revision for CY 2009 implementation. The objectives now accurately reflect PPMM's confirmed evaluation plan for the Street Smart intervention.

Street Smart is considered an evidence-based, model program. The evaluation methods were designed intentionally for flexibility, allowing implementers to tailor evaluation to local needs. An independent evaluation of behavior data among participants during the CY 2008 intervention indicated positive behavior change. However, this analysis indicated that the current objectives did not accurately reflect the short-term impact of the intervention.

A copy of the Subgrant Amendment #2 for PPMM is attached. This Subgrant Amendment has been reviewed and approved by Washoe County's Risk Manager and Deputy District Attorney.

FISCAL IMPACT

Should the Board approve Subgrant Amendment #2, there will be no additional impact to the adopted FY 08/09 budget.

RECOMMENDATION

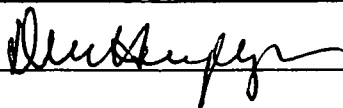
Staff recommends that the Washoe County District Board of Health ratify Subgrant Amendment #2 issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2008 through December 31, 2009 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify Subgrant Amendment #2 issued to Planned Parenthood Mar Monte pertaining to the Street Smart program for the period January 1, 2008 through December 31, 2009 in the total amount of \$190,000, or \$95,000 per calendar year; and if approved, authorize the Chairman to execute.

Washoe County Health District

**NOTICE OF SUBGRANT AWARD
AMENDMENT #2**

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District		Subgrantee Name: Planned Parenthood Mar Monte
Address: 1001 East Ninth Street Reno NV 89520		Address: 1691 The Alameda San Jose, CA 95126
Subgrant Period: January 1, 2008 to December 31, 2009		Subgrantee EIN#: Subgrantee Vendor#: 103889
Source of Funds: 1. Centers for Disease Control and Prevention (CDC)	CFDA# 93.940	Federal Grant #: U62/CCU923483-01-2
<p>Reason for Award: Street Smart Street Smart is an intensive small group intervention to prevent HIV/AIDS and other sexually transmitted infections among high risk youth ages 12-18 years.</p> <p>Amendment #2: This amendment changes the scope of work as outlined in Section A (Description of services, deliverables and reimbursement). This amendment does not change any budget amount.</p>		
<p>By signing this Amendment, the Authorized Subgrantee Official or their designee acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its attachments attached hereto as Exhibit A and incorporated within.</p>		
Authorized Sub-Recipient Official	Date	Signature
Linda Williams President and CEO		
Mary Ann Brown CCHS Division Director		
Eileen Coulombe Administrative Health Services Officer		
Denis Humphreys, OD Chairman, District Board of Health	3/27/09	

**EXHIBIT A
WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD**

SECTION A

Description of services, deliverables and reimbursement
PPMM Work Plan CY 2009 (Revised 3/09)

CY 2009

Goal 1: To provide the Street Smart intervention to high risk youth in Washoe County with an emphasis on substance users/abusers, heterosexuals, and MSM ages 12-18.

Objective 1.1: By December 31, 2009, PPMM will conduct outreach to 1000 youth.

Objective 1.2: By December 31, 2009, PPMM will provide the 10 session Street Smart curriculum to 96 youth.

Objective 1.3: By December 31, 2009, 60 program participants will complete a minimum of 6 sessions including pre and post evaluation.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2009, 70% of participants who complete evaluation will increase their knowledge of HIV transmission.

Objective 2.2: By December 31, 2009, 70% of participants who complete evaluation will report intent to increase protective factors.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

Mid-year Report – July 1, 2009
Annual Report – January 15, 2010

Objective 3.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2009, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2009, PPMM will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS).

Washoe County Health District

NOTICE OF SUBGRANT AWARD
AMENDMENT #1

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District		Subgrantee Name: Planned Parenthood Mar Monte
Address: 1001 East Ninth Street Reno NV 89520		Address: 1691 The Alameda San Jose, CA 95126
Subgrant Period: January 1, 2008 to December 31, 2009		Subgrantee EIN#: Subgrantee Vendor#: 103889
Source of Funds: 1. Centers for Disease Control and Prevention (CDC)	CFDA# 93.940	Federal Grant #: U62/CCU923483-01-2
Reason for Award: Street Smart Street Smart is an intensive small group intervention to prevent HIV/AIDS and other sexually transmitted infections among high risk youth ages 11-18 years.		
Amendment #1: This amendment changes the scope of work as outlined in Section A (Description of services, deliverables and reimbursement). This amendment does not change any budget amount.		

By signing this Amendment, the Authorized Subgrantee Official or their designee acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its attachments attached hereto as Exhibit A and incorporated within.

Authorized Sub-Recipient Official	Date	Signature
Linda Williams President and CEO	6/5/08	<i>Linda T. Williams</i>
Michelle Kling CCHS Division Director	<i>Michelle Kling 5-23-08</i>	
Eileen Coulombe Administrative Health Services Officer	5-23-08	<i>Eileen Coulombe</i>
Dr. George Furman Chairman, District Board of Health	5/22/08	<i>Dr. George Furman</i>

EXHIBIT A
WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A
Description of services, deliverables and reimbursement
PPMM Work Plan CY 08-09 (Revised 3/08)

CY 2008

Goal 1: To provide the Street Smart intervention to high risk youth in Washoe County with an emphasis on substance users/abusers, heterosexuals, and MSM ages 12-18.

Objective 1.1: By December 31, 2008, PPMM will conduct outreach to 1000 youth.

Objective 1.2: By December 31, 2008, PPMM will implement the 10 session Street Smart curriculum to 54 youth.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2008, 80% of program participants will complete a program evaluation.

Objective 2.2: By December 31, 2008, 70% of participants who complete evaluation will increase their knowledge of the risks of HIV.

Objective 2.3: By December 31, 2008, 70% of participants who complete evaluation will report a decrease in risk behaviors related to HIV and STD transmission.

Objective 2.4: By December 31, 2008, 70% of participants who complete evaluation will report an increase in behaviors that are protective factors for HIV and STD transmission.

Objective 2.5: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

First Quarter Report – April 18, 2008

Mid-year Report- July 18, 2008

Annual Report- January 16, 2009

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

First Quarter Report – April 18, 2008

Mid-year Report – July 18, 2008

Annual Report – January 16, 2009

Objective 3.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2008, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2008, PPMM will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

**EXHIBIT A
WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A**

Description of services, deliverables and reimbursement
PPMM Work Plan CY 08-09 (Revised 3/08)

CY 2009

Goal 1: To provide the Street Smart intervention to high risk youth in Washoe County with an emphasis on substance users/abusers, heterosexuals, and MSM ages 12-18.

Objective 1.1: By December 31, 2009, PPMM will conduct outreach to 1000 youth.

Objective 1.2: By December 31, 2009, PPMM will implement the 10 session Street Smart curriculum to 96 youth.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2008, 80% of program participants will complete a program evaluation.

Objective 2.2: By December 31, 2008, 70% of participants who complete evaluation will increase their knowledge of the risks of HIV.

Objective 2.3: By December 31, 2008, 70% of participants who complete evaluation will report a decrease in risk behaviors related to HIV and STD transmission.

Objective 2.4: By December 31, 2008, 70% of participants who complete evaluation will report an increase in behaviors that are protective factors for HIV and STD transmission.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

Mid-year Report – July 1, 2009

Annual Report- January 15, 2010

Objective 3.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2008, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2008, PPMM will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

Washoe County Health District

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program/Fiscal Agent Division of Community and Clinical Health Services (CCHS) Washoe County Health District	Subgrantee Name: Planned Parenthood Mar Monte
Address: 1001 East Ninth Street Reno NV 89520	Address: 1691 The Alameda San Jose, CA 95126
Subgrant Period: January 1, 2008 to December 31, 2009	Subgrantee EIN#:
	Subgrantee Vendor#: 103889

Reason for Award: Street Smart
Street Smart is an intensive small group intervention to prevent HIV/AIDS and other sexually transmitted infections among high risk youth ages 11-18 years.

Budget Categories	CY 2008	CY 2009	Subgrant period total
Approved cost categories			
1. Personnel	\$70,908	\$70,908	\$141,816
2. Travel	\$5,490	\$5,490	\$10,980
3. Supplies	\$2,200	\$2,200	\$4,400
4. Equipment	\$0	\$0	\$0
5. Contractual	\$0	\$0	\$0
6. Other	\$9,311	\$9,311	\$18,622
Total Direct Cost	\$87,909	\$87,909	\$175,818
Indirect Cost	\$7,091	\$7,091	\$14,182
Total Costs	\$95,000	\$95,000	\$190,000

Disbursement of funds will be as follows:
Payment will be made upon receipt of an invoice specifically requesting payment for the PPMM - Street Smart Program. Reimbursement will not exceed \$95,000 for CY 2008, \$95,000 for CY 2009, for a grant total not to exceed \$190,000 for the subgrant period.

Source of Funds:	CFDA#	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	93.940	U62/CCU923483-01-2

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, C and D of this subgrant award.

Authorized Sub-Recipient Official	Date	Signature
Linda Williams President and CEO	12/24/07	Linda T. Williams
Michelle Kling CCHS Division Director	12-17-07	Michelle Kling
Eileen Coulombe Administrative Health Services Officer	12.17.07	Eileen Coulombe
Dr. George Furman Chairman, District Board of Health	12/13/07	George Furman

**WASHOE COUNTY HEALTH DISTRICT (WCHD)
NOTICE OF SUBGRANT AWARD
SECTION A**

Description of services, deliverables and reimbursement

CY 2008

Goal 1: To provide the Street Smart intervention to high risk youth in Washoe County with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Objective 1.1: By December 31, 2008, PPMM will implement the 10 session Street Smart curriculum nine (9) times.

Objective 1.2: By December 31, 2008, PPMM will implement the Street Smart curriculum to at least 54 unduplicated high risk youth with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2008, 70% of program participants who complete 6 out of 10 sessions will report increased knowledge of the risks associated with unprotected sexual activity as measured by pre/ post tests.

Objective 2.2: By December 31, 2009, 70% of program participants who complete 6 out of 10 sessions will report increased knowledge of the risks associated with substance use as measured by pre/ post tests.

Objective 2.3: By December 31, 2009, PPMM will provide 1000 risk reduction contacts to high-risk youth with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

 First Quarter Report – April 18, 2008

 Mid-year Report – July 18, 2008

 Annual Report – January 16, 2009

Objective 3.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2008, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2008, PPMM will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

Work Plan CY 2009

Goal 1: To provide the Street Smart intervention to high risk youth in Washoe County with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Objective 1.1: By December 31, 2009, PPMM will implement the 10 session Street Smart curriculum nine (9) times.

Objective 1.2: By December 31, 2009, PPMM will implement the Street Smart curriculum to at least 96 unduplicated high risk youth with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Goal 2: To reduce sexual and substance abuse risk behaviors among Street Smart participants.

Objective 2.1: By December 31, 2009, 70% of program participants who complete 6 out of 10 sessions will report increased knowledge of the risks associated with unprotected sexual activity as measured by pre/post tests.

Objective 2.2: By December 31, 2009, 70% of program participants who complete 6 out of 10 sessions will report increased knowledge of the risks associated with substance use as measured by pre/ post tests.

Objective 2.3: By December 31, 2009, PPMM will provide 1000 risk reduction contacts to high-risk youth with an emphasis on substance users/abusers, heterosexuals, and MSM ages 11-18.

Goal 3: To collect, analyze, and disseminate evaluation data related to the Street Smart intervention in Northern Nevada.

Objective 3.1: PPMM will complete and submit progress reports, using the template supplied by the DHD, by:

Mid-Year Report – July 17, 2009

Two-Year Comprehensive Report – January 15, 2010

Objective 3.2: Reports will be provided to the Northern Nevada HIV/AIDS/STD Planning Council (NNPC) at each NNPC meeting using the report format approved by NNPC. Electronic copies of the reports will be emailed to DHD staff within one day following the NNPC meeting.

Objective 3.3: By December 31, 2009, PPMM will collect process-monitoring data for each Street Smart participant as required by the NSHD and the CDC.

Objective 3.4: By December 31, 2009, PPMM will participate in the implementation of the CDC's Program Monitoring and Evaluation System (PEMS), contingent upon availability of the PEMS system by the CDC.

Subgrantee agrees to:

1. Submit all required reports and forms (except "bubble sheets"), via email, to the HIV Program Coordinator and Administrative Assistant.
2. Comply with WCHD policies regarding the purchase, use, and accounting of cash-equivalent incentives.
3. Comply with and provide proof that fingerprinting and a background check have been performed on individuals working with juveniles in the State of Nevada (NRS 179.A.210, NRS 239.B.010).
4. Comply with and provide proof of industrial and liability insurance as discussed in Exhibit A (attached hereto and incorporated herein by this reference).
5. Indemnify, hold harmless, and defend the WCHD, its officers, agents and employees as set forth in the Insurance/Hold Harmless Requirements for Non-Profit Agencies, Exhibit A.

	CY 2008	CY 2009	Subgrant Total	
Personnel	\$70,908	\$70,908	\$141,816	5% of one 1.0 FTE Project Director, 35% of one 1.0 FTEs Program Manager, 50% of two 1.0 FTE Educators
Travel	\$5,490	\$5,490	\$10,980	To include auto mileage, registration and travel associated with trainings.
Supplies	\$2,200	\$2,200	\$4,400	To include education materials, office supplies, copying, printing, condoms.
Equipment	\$0	\$0	\$0	
Contractual	\$0	\$0	\$0	
Other	\$9,311	\$9,311	\$18,622	To include rent, telephone, participant incentives. Incentives: Nutritional snacks for group meetings and gift cards – 10 sessions x 72 youth x \$5/each = \$3,600
Total Direct Costs	\$87,909	\$87,909	\$175,818	
Indirect Costs	\$7,091	\$7,091	\$14,182	
Total Costs	\$95,000	\$95,000	\$190,000	

The WCHD will:

1. Provide technical assistance upon written request from the subgrantee. The WCHD will not provide technical assistance that duplicates activities funded under this subgrant.
2. Provide timely reimbursements when furnished with proper supporting documentation.
3. To the extent authorized by law, indemnify, hold harmless, and defend NAF, its officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions of WCHD staff.

Both parties agree:

1. Reimbursements will be made on a monthly basis using the forms provided by the WCHD.
2. Fiscal Reports for the previous month must accompany all reimbursement requests.
3. Reimbursement requests will be submitted within ten (10) calendar days following the end of each month.

The WCHD reserves the right to hold reimbursement under this subgrant until any delinquent forms are filed.

Within twenty (20) days of the CLOSE OF THE SUBGRANT PERIOD, a complete financial accounting of all expenditures shall be submitted to the WCHD. Any unobligated funds shall be returned to the WCHD, or if not already requested, shall be deducted from the final award.

The parties acknowledge that they are subject to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder, pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provision of state law, including but not limited to, Chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the parties.

Approval of Subgrant budget by the Washoe County District Health Department constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds without

written prior approval from the Washoe County District Health Department is not allowed under the terms of this Subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

PPMM acknowledges that this Notice of Subgrant Award is contingent upon the appropriation of federal grant funds to the WCHD to support the activities described herein and that the Notice of Subgrant Award will terminate by operation of law if the appropriation of funds does not occur. In this event, the WCHD will provide PPMM with immediate written notice of the non-appropriation, directed to Linda Williams, President and Chief Executive Officer.

In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by Planned Parenthood Mar Monte under this Agreement shall be disposed of according to WCHD directives.

If Planned Parenthood Mar Monte prepares, publishes or distributes any brochure, periodical or other publication, the costs of which are funded at least in part by the Agreement, then any such publication shall contain a prominently displayed statement to that effect ["This agency and its programs are funded, in whole or in part, by contracts with the Centers for Disease Control and Prevention through the Nevada State Health Division and the Washoe County Health Department"].

This subgrant may be TERMINATED by either party, provided the termination shall be not 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. Upon such notice of termination, the District Health Department may require Planned Parenthood Mar Monte to ensure that adequate arrangements have been made for the transfer of performance required under this Agreement to another Provider or to District Health Department, including the reasonable payments of any costs involved out of compensation otherwise due PPMM. Planned Parenthood Mar Monte may assign and transfer this Agreement only with the prior written approval of the District Health Officer.

The Washoe County District Board of Health must approve the Notice of Subgrant Award prior to execution. The Washoe Board of County Commissioners must approve the Purchase Requisition and Resolution prior to execution.

This Agreement supersedes all oral agreements, negotiations and representations pertaining to the particular services in the Agreement for the period of performance specified in said AGREEMENT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION B
Assurances – Non-Construction Programs

As a condition of receiving subgranted funds from the WCHD, the Subgrantee agrees to the following conditions:

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Agrees grant funds may not be used for other than the awarded purpose. In the event subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the WCHD.
4. Agrees the expenditure of subgrant funds in excess of approved budgeted amount, without prior written approval by the WCHD may result in the subgrantee refunding to the WCHD that amount expended in excess of the approved budget.
5. Approval of subgrant budget by the WCHD constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Transfer of funds between budgeted categories without written prior approval from the WCHD is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
8. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
9. Agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The WCHD reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally

or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

10. Agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a) any federal, state, county or local agency, legislature, commission, counsel or board;
 - b) any federal, state, county or local legislator, commission member, counsel member board member or other elected official; or
 - c) any officer or employee of any federal, state, county or local agency, legislature, commission, counsel or board.
11. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L.88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, (f) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute(s) which may apply to the application, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS related conditions).
12. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
13. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.), which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
14. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
15. Insofar as subgrantee and the activities conducted hereunder are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated thereunder (hereinafter HIPAA), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. § 164.501, subgrantee agrees to maintain such records and data in accordance therewith, and in accordance with any more restrictive provision of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code. Additionally, subgrantee will require that any employee, contractor or agent who may have access to the records and data provide comparable protections to those provided by the subgrantee.

Signature of Authorized Certifying Official <i>Sinda T. Williams</i>	Title <i>President & CEO</i>
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Applicant Organization <i>Planned Parenthood Mar Monte</i>	Date Submitted <i>12/24/07</i>
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**WCHD
NOTICE OF SUBGRANT AWARD
SECTION C**

Retention of Subgrant Records and Audit Requirements

Retention of Subgrant Records

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

- a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Health Services Officer at the WCHD. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the WCHD.
- b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Planned Parenthood Mar Monte shall prepare and retain, and permit representatives of the District Health Department, or other appropriate state or federal agencies or its designees to inspect as they deem necessary for grant audit and reimbursement purposes, property, personnel, medical (client) and financial records of PPMM as well as other records that may be required.

Audit Requirements

WCHD subgrants are subject to inspection and audit by representatives of the WCHD, or other appropriate state or federal agencies to:

- a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
- b) ascertain whether policies, plans and procedures are being followed;
- c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
- d) determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the WCHD, as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised October 1997], that each grantee annually expending \$500,000 or more in federal funds have an audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final audit report must be sent to the WCHD, Attn: Administrative Health Services Officer, 1001 East Ninth Street, Reno, NV 89520.

Subgrantees expending less than \$500,000 in federal funds annually are exempt from the above mentioned audit requirements and may not use awarded funds to support the cost of an audit in either part or full unless a limited scope audit has been specifically approved in writing by the WCHD.

Final reports of expenditures are accepted by the WCHD, SUBJECT TO AUDIT.

WCHD
NOTICE OF SUBGRANT AWARD
SECTION D
Certifications

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals;

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions" in all lower tier covered transactions (i.e. transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about:
 - 1. the dangers of drug abuse in the workplace;
 - 2. the grantee's policy of maintaining a drug-free workplace;
 - 3. any available drug counseling, rehabilitation, and employee assistance programs; and
 - 4. the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - 1. abide by the terms of the statement; and

2. notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted:
1. taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
 Office of Grants Management
 Office of the Assistant Secretary for Management and Budget
 Department of Health and Human Services
 200 Independence Avenue, S.W., Room 517-D
 Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this

Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

4. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Signature of Authorized Certifying Official <i>Linda T. Williams</i>	Title <i>President & CEO</i>
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Applicant Organization <i>Planned Parenthood Mex Homic</i>	Date Submitted <i>12/24/07</i>
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Exhibit A

INSURANCE/HOLD HARMLESS REQUIREMENTS FOR NONPROFIT AGENCIES

INTRODUCTION

Washoe County has established specific insurance and indemnification requirements for nonprofit organizations contracting with the County to provide services, use County facilities and property, or receive funding. Indemnification and hold harmless clauses and insurance requirements are intended to assure that a nonprofit organization accepts and is able to pay for a loss or liability related to its activities.

ATTENTION IS DIRECTED TO THE INSURANCE REQUIREMENTS BELOW. IT IS HIGHLY RECOMMENDED THAT ORGANIZATIONS CONFER WITH THEIR RESPECTIVE INSURANCE CARRIERS OR BROKERS TO DETERMINE THE AVAILABILITY OF INSURANCE CERTIFICATES AND ENDORSEMENTS AS PRESCRIBED AND PROVIDED HEREIN. IF THERE ARE ANY QUESTIONS REGARDING THESE INSURANCE REQUIREMENTS, IT IS RECOMMENDED THAT THE AGENT/BROKER CONTACT THE COUNTY RISK MANAGER DIRECTLY AT (775) 328-2071.

INDEMNIFICATION AGREEMENT

ORGANIZATION agrees to hold harmless, indemnify, and defend COUNTY AND/OR WCHD, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to ORGANIZATION'S property, caused by the omission, failure to act, or negligence on the part of ORGANIZATION, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement by ORGANIZATION, or by others under the direction or supervision of ORGANIZATION.

In the event of a lawsuit against the COUNTY AND/OR WCHD arising out of the activities of ORGANIZATION, should ORGANIZATION be unable to defend COUNTY AND/OR WCHD due to the nature of the allegations involved, ORGANIZATION shall reimburse COUNTY AND/OR WCHD, its officers, agents, and employees for cost of COUNTY AND/OR WCHD personnel in defending such actions at its conclusion should it be determined that the basis for the action was in fact the negligent acts, errors or omissions of ORGANIZATION.

GENERAL REQUIREMENTS

ORGANIZATION shall purchase Industrial Insurance, General Liability, and Automobile Liability as described below. The cost of such insurance shall be borne by ORGANIZATION. ORGANIZATION may be required to purchase Professional Liability coverage based upon the nature of the service agreement.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for ORGANIZATION or any Sub-consultant by COUNTY AND/OR WCHD. ORGANIZATION agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY AND/OR WCHD to make any payment under this Agreement to provide COUNTY AND/OR WCHD with a certificate issued by an insurer in accordance with NRS 616B.627 and with a certificate of an insurer showing coverage pursuant to S 617.210 for ORGANIZATION and any sub-consultants used pursuant to this Agreement.

Should ORGANIZATION be self-funded for Industrial Insurance, ORGANIZATION shall so notify COUNTY AND/OR WCHD in writing prior to the signing of this Agreement. COUNTY AND/OR WCHD reserves the right to approve said retentions and may request additional documentation financial or otherwise for review prior to the signing of this Agreement.

It is further understood and agreed by and between COUNTY AND/OR WCHD and ORGANIZATION that ORGANIZATION shall procure, pay for, and maintain the above-mentioned industrial insurance coverage at ORGANIZATION'S sole cost and expense.

MINIMUM LIMITS OF INSURANCE

ORGANIZATION shall maintain limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to each project or location.
2. Automobile Liability: \$500,000 combined single limit per accident for bodily injury and property damage. No aggregate limits may apply.
3. Professional Liability: \$1,000,000 per claim and as an annual aggregate.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division. COUNTY AND/OR WCHD reserves the right to request additional documentation, financial or otherwise, prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy, must be approved by the COUNTY Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. COUNTY AND/OR WCHD, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of ORGANIZATION, including COUNTY AND/OR WCHD'S general supervision of ORGANIZATION; products and completed operations of ORGANIZATION; premises owned, occupied or used by ORGANIZATION; or automobiles owned, leased, hired, or borrowed by ORGANIZATION. The coverage shall contain no special limitations on the scope of protection afforded to COUNTY AND/OR WCHD, its officers, employees or volunteers.
2. ORGANIZATION'S insurance coverage shall be primary insurance as respects COUNTY AND/OR WCHD, its officers, employees and volunteers. Any insurance or self-insurance maintained by COUNTY AND/OR WCHD, its officers, employees or volunteers shall be excess of ORGANIZATION'S insurance and shall not contribute with it in any way.

Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY AND/OR WCHD, its officers, employees or volunteers.

ORGANIZATION'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

5. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY AND/OR WCHD except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VIL COUNTY AND/OR WCHD, with the approval of the Risk Manager, may accept coverage with carriers having lower Best's Ratings upon review of financial information concerning ORGANIZATION and insurance carrier. COUNTY AND/OR WCHD reserves the right to require that ORGANIZATION'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

ORGANIZATION shall furnish COUNTY AND/OR WCHD with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be addressed to the specific COUNTY AND/OR WCHD contracting department and be received and approved by the COUNTY AND/OR WCHD before work commences. COUNTY AND/OR WCHD reserves the right to require complete, certified copies of all required insurance policies, at any time.

SUBCONTRACTORS

ORGANIZATION shall include all Subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each Subcontractor. All coverages for Subcontractors shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. ORGANIZATION shall be responsible for and remedy all damage or loss to any property, including property of COUNTY AND/OR WCHD, caused in whole or in part by ORGANIZATION, any Subcontractor, or anyone employed, directed or supervised by ORGANIZATION.
2. Nothing herein contained shall be construed as limiting in any way the extent to which the ORGANIZATION may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Subcontractor under it.
3. In addition to any other remedies COUNTY AND/OR WCHD may have if ORGANIZATION fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY AND/OR WCHD may, at its sole option:
 - a. Order ORGANIZATION to stop work under this Agreement and/or withhold any payments which become due ORGANIZATION hereunder until ORGANIZATION demonstrates compliance with the requirements hereof;

- b. Purchase such insurance to cover any risk for which COUNTY AND/OR WCHD may be liable through the operations of ORGANIZATION if under this Agreement and deduct or retain the amount of the premiums for such insurance from any sums due under the Agreement;
- c. Terminate the Agreement.



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: April 23, 2009

DATE: April 13, 2009

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
775-325-8068, lcooke@washoecounty.us *LC*

THROUGH: Eileen Coulombe, Administrative Health Services Officer *E*
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Retroactive approval of Washoe County District Board of Health Chairman acceptance of the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 to June 30, 2009 in the amount of \$173,933 in support of the Immunization Program (IN 10028).

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Health District has received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division, which provides for grant funding for the on-going Immunization Program, IN 10028. A copy of the Subgrant Award is attached.

Goal supported by this item: Approval of the Grant Agreement, Assistance Amendment #1 and budget amendments supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

The March District Board of Health Meeting was canceled due to a lack of quorum. Due to timing requirements, including cash flow needs, Washoe County District Board of Health Chairman, Dennis M. Humphreys, O.D., signed the Notice of Subgrant Award on March 27, 2009.

The Washoe County District Board of Health approved the last Subgrant Award and necessary budget amendments for Calendar Year 2008 in support of the Immunization Program on August 13, 2008.

AGENDA ITEM # 7.C.3.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
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BACKGROUND

The Department of Health and Human Services, Health Division has received "Round 1" funding from the Centers for Disease Control and Prevention (CDC). As such, the Notice of Subgrant Award reflects the period January 1, 2009 through June 30, 2009. It is anticipated that the Health District will receive an Amendment to the Notice of Subgrant Award for the period July 1, 2009 through December 31, 2009 before June 30, 2009. That Amendment will be brought to the Board for approval.

This grant does not provide funding for direct service expenses. Funding is provided for: personnel and benefits (registry, technical assistance, training, surveillance, assessment, etc.), equipment, office supplies, training/travel, and operating supplies such as: MD consultants, other professional services, postage, copier charges, printing, telephone and repairs and maintenance.

FISCAL IMPACT

Should the Board approve the Subgrant Agreement, budget amendments for FY08/09 are not required as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2009.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Washoe County District Board of Health Chairman acceptance of the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 to June 30, 2009 in the amount of \$173,933 in support of the Immunization Program (IN 10028).

POSSIBLE MOTION

Move to retroactively approve Washoe County District Board of Health Chairman acceptance of the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 to June 30, 2009 in the amount of \$173,933 in support of the Immunization Program (IN 10028).

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3213
 Category #: 19,20
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
--	--

Address: 4150 Technology Way, Suite #101 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
--	---

Subgrant Period: January 1, 2009 through June 30, 2009	Subgrantee EIN#: 886000138 Subgrantee Vendor#: T40283400 Q
--	---

Reason for Award: To eliminate cases of vaccine-preventable diseases in Washoe County by raising the immunization levels of all Washoe County citizens with special emphasis placed on increasing the age-appropriate immunization levels of two-year-old children.

County(ies) to be served: () Statewide (X) Specific county or counties: WASHOE COUNTY

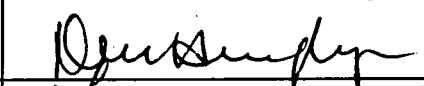
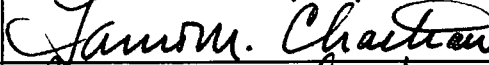
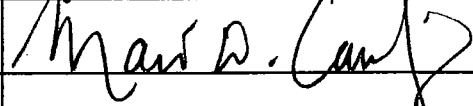
Approved Budget Categories:

		3568	Total	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
1. Personnel	\$	\$158,408	\$158,408	
2. Equipment	\$	\$ 600	\$ 600	
3. Supplies	\$	\$ 1,792	\$ 1,792	
4. Travel	\$	\$ 6,358	\$ 6,358	
5. Other	\$	\$ 6,775	\$ 6,775	
Total Cost	\$	\$173,933	\$173,933	

Disbursement of funds will be as follows:
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$ 173,933.00 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.268	5H23IP922549-07

Terms and Conditions
 In accepting these grant funds, it is understood that:
 1. Expenditures must comply with appropriate state and/or federal regulations.
 2. This award is subject to the availability of appropriate funds.
 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Washoe County Health District		3/27/09
Tami M. Chartraw, MPA:HA Program Manager		3/9/09
Maria D. Canfield, MS Bureau Chief		3/10/09
Richard Whitley, MS Administrator, Health Division <i>mw</i>		

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Description of services, scope of work, deliverables and reimbursement Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

January 1, 2009 – June 30, 2009

**Program Component 1: Program Planning and Evaluation
Subgrantee will support Federal Grant Objective 1.2**

1.2

Designate a federally funded professional staff member as the Immunization Coordinator to serve as a single point of contact for Washoe County. The Immunization Coordinator, in collaboration with the State Immunization Program Manager, will be responsible for local program planning and evaluation; including long-term and short-term strategic planning, using nationally recognized standards as a basis for decision-making; self-evaluation of programmatic outcomes. Two immunization management staff will attend the semi-annual public health district partners planning retreats, one to be held in Southern Nevada and one to be held in Northern Nevada.

**Program Component 2: Vaccine Accountability and Management
Subgrantee will support Federal Grant Objective: 2.2**

2.2

Under the direction of the State Immunization Program Provider Quality Assurance Manager perform VFC/AFIX combined visits and VFC site visits with a minimum of 9% of 2009 enrolled VFC providers per calendar quarter (both public and private) within the county utilizing the 2009 VFC Site Visit Questionnaire to assure vaccine accountability and appropriate vaccine storage and handling.

**Program Component 3: Immunization Information Systems (IIS)
Subgrantee will support Federal Grant Objective: 3.1**

3.1

Support the use of the statewide registry to area providers. Promote use of the statewide registry by making referrals to WebIZ training staff of providers needing enrollment or training.

**Program Component 4: Provider Quality Assurance
Subgrantee will support Federal Grant Objective: 4.1**

4.1

Conduct VFC site visits and VFC/AFIX combined visits among a minimum of 9% of public and private VFC health care providers within the county per calendar quarter. VFC/AFIX visits must be conducted under the direction of the State Immunization Program Provider Quality Assurance Manager and according to state VFC/AFIX policies and procedures. Annually, the State Immunization Program Provider Quality Assurance Manager will provide the final list of providers chosen for VFC only and VFC/AFIX combined visits; and will establish parameters for VFC/AFIX site visits. Subgrantee staff is required to: 1) Utilize the latest version of CoCASA as provided by CDC; 2) upload available data on a monthly basis to the State Immunization Program Provider Quality Assurance Manager; and 3) provide other support as needed to the State Immunization Program Provider Quality Assurance Manager to complete CDC annual reports. (Reports sent to QA manager monthly)

- a. Participate in one training per quarter using the Nevada Immunization Learning Exchange (NILE) curriculum for immunization providers. (Report on number in attendance at training)
- b. Conduct VFC site visits to newly enrolled providers at least 90 days and not later than 120 days after orientation visit and activation. (Report number of revisits to newly enrolled providers, date of enrollment and date of revisit). Under the direction of the state Provider Vaccine Manager the Subgrantee will provide orientations to newly enrolled providers to the state immunization program within 6 weeks of enrollment. (Report on number of visits, date, and provider name)
- c. Under the direction of the state Provider Vaccine Manager SUBGRANTEE will provide re-orientations to enrolled providers in the state immunization program as needed. (Report on number of visits, date, and provider name).
- d. These additional focused site visits will be conducted in accordance with CDC non-compliance algorithm.
- e. Subgrantee will conduct additional focused VFC site visits for enrolled providers identified as in non-compliance with federal VFC program policy. (Will report number of non-compliance providers, violations and number of focused site visits)

Program Component 5: Perinatal Hepatitis B Prevention
Subgrantee will support Federal Grant Objective 5.1

5.1

- a. Within CDC advisement, maintain written protocol for perinatal hepatitis B prevention. Conduct and coordinate case management of county infants at high risk of perinatally-acquired hepatitis B infection to ensure administration of HBIG, the three dose hepatitis B vaccination series, and post-vaccination serologic testing. Assure timely laboratory reporting of HBsAg-positive test results in pregnant women by collaborating with prenatal care providers, birthing hospitals, and laboratories. (Report findings to QA Manager quarterly, number of positives, f/u outcomes and timelines, provide copy of hep b protocol).
- b. Support work of state immunization registry staff to achieve universal birth dose coverage and documentation of the birth dose in WebIZ.

Program Component 8: Education, Information, Training and Partnerships
Subgrantee will support Federal Grant Objective: 8.3

8.3

- a. Subgrantee will dedicate 1 staff representative to NNIC events and meetings, and an additional staff member if a special event is being planned, for example, NIIW week. (Report on number of meetings attended, number of special events)
- b. Subgrantee will strengthen collaboration with the Day Care Centers, child care providers, and schools to promote the earliest interval schedule, to promote the medical home, to inform them of child care/school immunization requirements, and to develop other effective immunization messages consistent with the NVr Miss a Shot campaign. (report on number of visits to centers, number of not up to date children, number of trainings and those in attendance, quarterly)

- c. Subgrantee will conduct locally the four part series of the Epidemiology and prevention of Vaccine-Preventable Diseases satellite/broadcast/webcast to the different community partners. (Report on number of trainings completed, date, and those in attendance).

METHODOLOGY OF ACCOUNTABILITY

Quarterly reports using the template provided by the State Immunization Program.

Annual narrative report for the grant year, outlining progress within each component areas.

Vaccines for Children Program Management Survey.

Annual Assessment of Progress Toward Goals to Prevent Perinatal HBV Transmission.

Reimbursements will be completed upon receipt of these reports.

General Subgrant Requirements

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H23IP922549-07 from the Centers for Disease Control & Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Centers for Disease Control & Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP922549-07 from the Centers for Disease Control & Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

	3568		
Personnel	\$ 158,408	Immunization Coordinator PC#70002199 (.75 FTE)	29,519
		Public Health Nurse II PC#70000164 (.75 FTE)	5,866
		Public Health Nurse II PC#70002215 (.75 FTE)	29,519
		Public Health Nurse II PC#70002198 (.75 FTE)	30,059
		Office Support Specialist PC#70002155 (.5 FTE)	13,123
		Office Assistant II PC#70002129 (.4 FTE)	9,050
		Epidemiologist PC#70002290 (.05 FTE)	1,968
		Total Salaries	119,104
		Fringe @ 33%	39,304
		Total Personnel	158,408
Equipment	\$ 600	Non-capital equipment	600
		Total Equipment	600
Supplies	\$ 1,792	Office Supplies	1,792
		Total Supplies	1,792
Travel	\$ 6,358	Mileage - Travel in Washoe County	
		2 Staff X 20 mi./wk X 26 wks X .55	572
		Total Mileage	572
		In-State Travel	
		Statewide Immunization Meeting, Las Vegas, NV	
		2 Staff X 1 Day/0 Nights	
		Airfare: 2 X \$200	400
		Per Diem: \$64/day X 2 Staff	128
		Transportation: \$25/day X 2 Staff	50
		Parking: \$12/day X 2 Staff	24
		Total In-State Travel	602
		Out-of-State Travel	
		43rd National Immunization Conference – Dallas, TX March 30 – April 3, 2009	
		2 Staff X 5 Days/4 Nights	
		Airfare: \$600 X 2	1,200
		Lodging: 4 Nights X 2 Staff X \$141.45	1,132
		Per Diem: \$59/day X 2 Staff X 5 Days	590
		Transportation: \$20/Day X 2 Staff X 5 Days	200
		Parking: \$12/Day X 2 Staff X 5 Days	120
		Conference Registration: \$275 X 2 Staff	550
Total NIC	3,792		
2009 Hepatitis Coordinators Meeting, Atlanta, GA March 3-5, 2009			

		1 Staff X 4 Days/3 Nights	
		Airfare	600
		Per Diem: \$49/Day X 4 Days	196
		Lodging: \$156/Night X 3 Nights	468
		Transportation: \$20/Day X 4 Days	80
		Parking: \$12/Day X 4 Days	48
		Total Hepatitis Coordinators Meeting	1,392
		Total Travel	6,358
Other	\$ 6,775	MD Consultants: 6 mo X \$319/mo	1,914
		Other Professional Services	1,025
		Postage: \$85/mo X 6 mo	510
		Copier Charges: \$206/mo X 6 mo	1,236
		Printing: \$200/mo X 6 mo	1,200
		Telephone: \$65/mo X 6 mo	390
		Repairs & Maintenance	500
		Total Other	6,775
Total Budget	\$ 173,933		

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without a formal request or amending the agreement, so long as adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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/subgrantees 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 request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested at least quarterly for expenses incurred in the implementation of the Scope of Work.
- The maximum available through this subgrant is \$173,933.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Payment will be made at least quarterly.
- To provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Nevada Department of Health and Human Services

Health Division # 09141
 Bureau Program # 3213
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #101 Carson City, NV 89706	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2009 through June 30, 2009	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400 Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): _____ **Calendar Year:** 2009

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 158,408.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 158,408.00	0%
2 Equipment	\$ 600.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 600.00	0%
3 Supplies	\$ 1,792.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,792.00	0%
4 Travel	\$ 6,358.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,358.00	0%
5 Other	\$ 6,775.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,775.00	0%
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
7	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 173,933.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 173,933.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up.
 Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

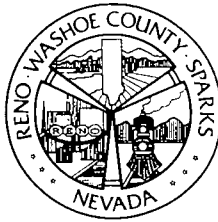
Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

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



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: April 23, 2009

DATE: April 13, 2009
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Coulombe, Administrative Health Services Officer
SUBJECT: Retroactive approval of Washoe County District Board of Health Chairman acceptance of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program to extend the contract period through June 30, 2010.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The District Health Department, Air Quality Management Division, has received Amendment #1 to an Interlocal Contract from the State Of Nevada, Department of Motor Vehicles to extend the contract period through June 30, 2010. A copy of Amendment #1 is attached.

This Amendment to the Interlocal Contract has been approved by Washoe County's Risk Manager and District Attorney.

Goal supported by this item: Acceptance of Amendment #1 to the Interlocal Contract supports the District Health Department Air Quality Program's mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County through community partnerships along with programs and services such as Public Information and Community Outreach by using all forms of media and educational avenues.

PREVIOUS ACTION

The March District Board of Health meeting was canceled due to a lack of quorum. Due to timing requirements, including scheduling Amendment #1 for the State of Nevada Board

AGENDA ITEM # 7.C.4.

of Examiners Agenda, Washoe County District Board of Health Chairman, Dennis M. Humphreys, O.D., signed Amendment #1 on March 27, 2009.

The Washoe County District Board of Health approved the DMV Excess Reserve Grant Program Interlocal Contract from the State of Nevada, Department of Motor Vehicles, in the amount of \$305,000 on June 28, 2007.

BACKGROUND

Pursuant to NAC 445B.867, a request for a one-year extension to use unobligated funds was forwarded to the State of Nevada Department of Motor Vehicles and the Nevada Division of Environmental Protection in February 2009. Unobligated funds are anticipated to be approximately \$70,000 to \$74,000 as of June 30, 2009.

Due to the award period and timing of receipt of funds, as well as other unanticipated challenges, uncompleted grant objectives include: purchase of ambient air quality monitoring equipment; technical and professional training/travel; a diesel emissions reduction project; and an open burning emissions reduction program. Staff believes, with reasonable confidence, that the remaining grant objectives and expense of the remaining funds can be completed within the one-year extension period.

FISCAL IMPACT

The Health District received the full funding amount of \$305,000 in November 2007. Should the Board approve Amendment #1 to the Interlocal Contract approximately \$70,000 to \$74,000 will be available for expense in FY10. If Amendment #1 is not approved, the remaining funds will be sent back to the State of Nevada, Department of Motor Vehicles in July 2009.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve Washoe County District Board of Health Chairman acceptance of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program to extend the contract period through June 30, 2010.

POSSIBLE MOTION

Move to retroactively approve Washoe County District Board of Health Chairman acceptance of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program to extend the contract period through June 30, 2010.

AMENDMENT #1 TO CONTRACT

Between the State of Nevada
Acting By and Through Its
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711
(775) 684-4504
and

Washoe County District Health Department
Air Quality Management Division
401 Ryland Street Suite 331, Reno, NV 89501
(775) 784-7200 / (775) 784-7225 (fax)

1. **AMENDMENTS.** All provisions of the original contract dated September 11, 2007, attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

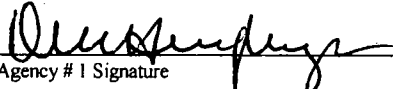
a.) Section 3 of the State's Contract for Services of Independent Contractor as hereby amended as follows:

3. **CONTRACT TERM.** This Contract shall be effective from **Board of Examiner's approval** to **June 30, 2010**, unless sooner terminated by either party as set forth in this Contract.

2. **INCORPORATED DOCUMENTS.** Exhibit A (Original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.

3. **REQUIRED APPROVAL.** This amendment to the original contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

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

 3/27/09
Public Agency # 1 Signature Date

Chairman Washoe County District Board of Health
Title

Public Agency # 2 Signature Date

Chief, Administrative Services Division
Title

Signature Date

Title

Signature - Board of Examiners

APPROVED BY BOARD OF EXAMINERS
On _____
(Date)

Approved as to form by:

Deputy Attorney General for Attorney General

On _____
(Date)

EXHIBIT A

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its
Department of Motor Vehicles
555 Wright Way, Carson City NV 89711
and

Washoe County District Health Department
Air Quality Management Division
401 Ryland Street Suite 331, Reno, NV 89501
(775) 784-7200/ (775) 784-7225 (fax)

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services of Washoe County District Health Department Air Quality Management Division hereinafter set forth are both necessary to Department of Motor Vehicles and in the best interests of the State of Nevada;

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective upon approval to June 30, 2009, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason federal and/or State Legislature funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: GRANT FUNDING REQUEST FISCAL 2008
7. **CONSIDERATION.** Washoe County District Health Department Air Quality Management Division agrees to provide the services set forth in paragraph (6) at a cost not to exceed three hundred five thousand dollars and no cents (\$305,000.00) for the biennium. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.
8. **ASSENT.** The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. **INSPECTION & AUDIT.**
 - a. **Books and Records.** Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

- b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.
10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include without limitation \$125 per hour for State-employed attorneys.
11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.
12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. INDEMNIFICATION.
- a. To the fullest extent of limited liability as set forth in paragraph (11) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. **OWNERSHIP OF PROPRIETARY INFORMATION.** Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. **CONFIDENTIALITY.** Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
22. **GOVERNING LAW; JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. **ENTIRE AGREEMENT AND MODIFICATION.** This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

This space blank intentionally

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

Washoe County District Health Department, Air Quality Management Division
Public Agency #1

George F. Esten
Public Agency #1 Signature

6/28/07 Chairman, Wa Co Dist Brd of Health
Date Title

State of Nevada, Department of Motor Vehicles
Public Agency #2

Don K. Galy
Public Agency #2 Signature

8-1-07 Chief, Administrative Services Division
Date Title

[Signature]
Signature - Nevada State Board of Examiners

APPROVED BY BOARD OF EXAMINERS

Approved as to form by:

On 9-11-07
(Date)

[Signature]
Deputy Attorney General for Attorney General, State of Nevada

On 8-1-07
(Date)

"ATTACHMENT A"

SCOPE OF WORK

The STATE OF NEVADA by and through the Department of Motor Vehicles, Compliance Enforcement Division, hereinafter referred to as "STATE" and the "WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, AIR QUALITY MANAGEMENT DIVISION" hereinafter referred to as "APPLICANT", hereby defines the Scope of Work as follows:

PREAMBLE

WHEREAS, Nevada Revised Statutes 445B.830 authorizes the STATE to award grants to agencies in a non-attainment area for carbon monoxide for programs related to the improvement of the quality of air; and

WHEREAS, the Advisory Committee on Control of Emissions from Motor Vehicles has reviewed and made a recommendation for approval of the APPLICANT'S grant request; and

WHEREAS, the Deputy Director of Motor Vehicles, Department of Motor Vehicles, and the Administrator of the Division of Environmental Protection, Nevada Department of Conservation and Natural Resources have approved the APPLICANT'S grant request; and

NOW, THEREFORE, in consideration of the aforesaid premises, the parties set forth the following:

1. The activities to be performed by APPLICANT are as specified in Section 6 of the contract.
2. The APPLICANT will complete the activities set forth in Attachment B to the contract for an amount not to exceed \$305,000.00. The STATE will grant the APPLICANT the above amount upon ratification of the contract. Further, the APPLICANT shall submit reports for each fiscal year quarter in the format specified by the STATE to the Deputy Director of Motor Vehicles, of the Department of Motor Vehicles within 45 days after the end of such quarter. If the reports are not submitted as required, the agreement shall be terminated and the APPLICANT must refund the unused or non-obligated balance of the grant within 10 days. The reports shall be submitted in the following format:
 - A. Progress Report
 1. List of actual milestones or objectives completed during the reporting period;
 2. Narrative summary of noteworthy accomplishments and problems during the reporting period;

3. Attachments, which may include:
 - a. graphic or tabular displays;
 - b. media reports concerning project;
 - c. papers prepared for professional meetings or published articles.

B. Financial Reports

1. Itemized list of grant expenditures by budget category;
2. Original invoices or other acceptable documentation of expenditures;
3. If the funds set forth in paragraph 2 remain unexpended at the end of the Contract Term, the parties may extend the term of the Contract by amendment to the contract term or all unexpended funds shall be returned to the STATE.
4. The APPLICANT must comply with all provisions of Chapter 445B of the Nevada Administrative Code and Chapter 445B of the Nevada Revised Statutes regarding emissions from engines.
5. Any brochures, printed material, photographs, audio or visual productions prepared by the APPLICANT in the performance of its obligations under this agreement shall include the clean air logo as used by the State's emission control program, and the following credit line: "This material was produced by a grant funded by the Emission Control Program of the Nevada Department of Motor Vehicles." The APPLICANT shall supply one copy of all items to the STATE.
6. Written notices required under this agreement shall be sent to The Department of Motor Vehicles Deputy Director, Clay Thomas, at 555 Wright Way, Carson City Nevada 89711.

ATTACHMENT "B"

**RESERVE GRANT
FISCAL YEAR 2008**

**WASHOE COUNTY
DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION**

Attachment B



DISTRICT HEALTH DEPARTMENT

March 26, 2007

Mr. Clay Thomas, Deputy Director
State of Nevada, Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711

Dear Mr. Thomas:

Enclosed please find the completed application including Objectives of Work, Project Description, Statement of Work and Budget Information from the Washoe County District Health Department - Air Quality Management Division for Grant Funds from the Pollution Control Fund - Excess Reserve in the amount of \$305,000.00 for FY08.

This funding will provide needed support for a variety of air quality projects as outlined in the application. The Air Quality Management Division is confident the application and projects meet all criteria as defined in NRS Chapter 445B.830.

Should you have any questions regarding scope of work, please contact Andrew Goodrich, Director of the Air Quality Management Division, at (775) 784-7200. For budget questions, please contact Lori Cooke, Fiscal Compliance Officer, at (775) 325-8068. When available, please send notice of award and/or correspondence to:

Eileen Coulombe
Administrative Health Services Officer
Washoe County District Health Department
P.O. Box 11130
Reno, NV 89520-0027
(775) 328-2417

Sincerely,

M. A. Anderson, MD, MPH
District Health Officer

Enclosures

cc: Andrew Goodrich, WCDHD-AQMD
Lori Cooke, WCDHD-AHS
File - IO 10039

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

www.co.washoe.nv.us/health
WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
EQUALITY AND DIVERSITY ARE OUR VALUES

**APPLICATION FOR GRANT FROM POLLUTION CONTROL FUND
EXCESS RESERVE FUNDS FISCAL YEAR 2008**

- (a)Submitted by: Washoe County District Health Department
Air Quality Management Division
1001 East Ninth Street
Reno, Nevada 89502
- (b)Agency coordinator: M.A. Anderson, MD, MPH, District Health Officer
Andrew Goodrich, Division Director, AQMD
agoodrich@washoecounty.us
(775) 784-7200
- (c)Requested from: Department of Motor Vehicles – Pollution Control Fund –
“excess reserve” as defined by NRS Chapter 445B.830,
subsection 4, paragraph (b).
- (d)Requested for: Fiscal year 2008 (July 1, 2007 through June 30, 2008)

(e)Objectives of Work:

- Purchase ambient air quality monitoring equipment.
- Provide resources for air quality training/travel.
- Implement woodstove rebate program.
- Fund public outreach activities, including smoking vehicle, idling reduction, and air quality events.
- Implement diesel emission reduction projects.
- Assist in the acquisition of a wood chipper/shredder, reducing open burning.

(f-g)Description, Statement of Work, and Budget:

Task 1

Purchase ambient air quality monitoring equipment. The District is continually updating its ambient air quality monitoring network. The District is requesting funds to purchase auto-calibrators with gas dilution instrumentation and zero air capabilities. This equipment will enable the District to move forward with its plan to automate the daily calibrations currently done at all the monitoring stations. This automation will improve data accuracy as well as provide District technicians with improved quality assurance and control data for the network.

March 26, 2007

DMV Excess Reserve Grant Request

Page Two

Task 2

The air quality management field is very technical and continually evolving. It is critical to our success that staff maintains its expertise in ambient monitoring and control strategies for pollutant emissions. The District is requesting assistance with training/travel funds for Air Quality Division staff.

Task 3

Woodstove rebate program. The District implemented its first wood stove rebate program in 2005 with great success. The program resulted in 69 older, high-polluting wood stoves being removed and replaced with new, clean-burning, efficient devices. The second rebate program in Washoe County started March 19 and is expected to exceed the previous program's success. The District is requesting funding to implement the rebate program again in 2008 with a goal of replacing 100 non-complying devices. The District has partnered with the Nevada Small Business Development Center for this program and has provided small businesses with an opportunity to capitalize on a good environmental cause.

Task 4

The District provides a wide expanse of air quality public outreach services and products. We are requesting funds to continue these activities for fiscal year 2008. Examples of activities include: smoking vehicle (686-SMOG) advertising, reduced motor vehicle idling education, "Mothers of Monsters or M.O.M." children's pollution education, indoor air quality education including radon, yard care equipment exchange, many events the Air Quality Division attends and/or sponsors, and promotion of alternative transportation methods such as bicycling.

Task 5

Emissions from diesel-powered equipment are considered a significant source of toxic pollutants in urban areas. The District is proposing to partner with industry representatives and fleet managers to implement diesel emission-reducing pilot projects. Specifically we are looking to provide incentives for operators to install equipment on heavy-duty trucks and busses to reduce idling. A second goal of the project is to provide assistance for retrofit technology on school busses.

Task 6

Assist in the acquisition of a wood chipper/shredder, reducing open burning. The District is proposing to provide funding assistance to the Washoe County Department of Regional Parks for the purchase of an additional wood chipper/shredder. The District successfully partnered with the Parks Department in 2007 for the first chipper. The use of wood chippers could reduce the need for controlled burns in forest and park maintenance operations.

3.26.07

**WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
BUDGET REQUEST FY 2007-2008
EXCESS RESERVE FUND**

		FY 2004-2005 BUDGET
A. PERSONNEL		\$ -
B. BENEFITS		\$ -
	TOTAL PERSONNEL	\$ -
C. TRAVEL	AQM Staff Training/Travel	\$ 10,000
	TOTAL TRAVEL	\$ 10,000
D. EQUIPMENT	Monitoring Equipment (equipment < \$10,000)	\$ 10,000
	Monitoring Equipment (equipment > \$10,000)	\$ 40,000
	Wood Chipper (equipment > \$10,000)	\$ 15,000
	TOTAL EQUIPMENT	\$ 65,000
E. SUPPLIES		\$ -
	TOTAL SUPPLIES	\$ -
F. CONTRACTUAL	Woodstove Rebate Program	\$ 75,000
	Public Outreach - Smoking vehicle, idling education, M.O.M., etc.	\$ 100,000
	Special Awards-Smoking Vehicle	\$ 25,000
	Diesel Emissions Reduction Projects	\$ 30,000
	TOTAL CONTRACTUAL	\$ 230,000
E. OTHER		\$ -
	TOTAL OTHER	\$ -
TOTAL BUDGET		\$ 305,000
DEPARTMENT OF MOTOR VEHICLES FUNDING		\$ 305,000



WASHOE COUNTY

DEPARTMENT OF REGIONAL PARKS AND OPEN SPACE



2501 PLUMAS STREET
RENO, NEVADA 89509
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE: (775) 828-6842
FAX: (775) 828-8014

March 26, 2007

Andrew C. Goodrich, REM
Director, Air Quality Management
Washoe County
401 Ryland Street, Suite 331
Reno, NV 89502-1643

RE: Proposal to fund a chipper/shredder for reduction of air quality emissions in Washoe County.

Dear Andrew:

Thank you for your recent funding of the chipper/shredder through pollution control grants. We have identified the need for an additional chipper/shredder for use within Washoe County to reduce air quality emissions from controlled burns and for use in various programs and park maintenance needs.

We are writing plans now to start a Forestry/Fuels Reduction program this fall at Davis Creek Park and Galena Creek Park. These plans will involve several types of treatment from brush mastication to thinning of trees in the campground. Much of the biomass being taken out of these areas can successfully be run through a chipper/shredder thus reducing the need to pile and burn slash as a result of the logging operation.

We were successful in a similar effort last fall with a thinning and logging program that we completed at our Crystal Peak Park in Verdi. We removed approximately 300-350 infected and diseased cottonwoods from the property and, with the help of the Nevada Division of Forestry crews and the chipper, we were able to eliminate the need for burning huge amounts of biomass.

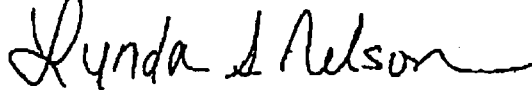
We will also be able to utilize the chipper in our cooperative effort with *Keep Truckee Meadows Beautiful* in recycling Christmas trees at Bartley Ranch Park and Rancho San Rafael Park during three weeks in December and January. Our park maintenance crews will be able to reduce the need for taking so much biomass to the landfills from the pruning and maintenance of over 100 parks and county facilities during the winter, spring and fall.

We are looking into the possibility of offering the public a "neighborhood" chipping program where we would stage the chipper at various County park locations within the Truckee Meadows and have people bring yard prunings that they could then redeem for a coupon to pick up "mulch" after it's chipped.

We are proposing to purchase an approximate \$30,000 chipper/shredder (name brand yet to be determined). Of the estimate, we would request funding in the amount of \$15,000 from the Washoe County Air Quality program and an additional \$15,000 match from the Fire Services program. Washoe County Regional Parks & Open Space is willing to take on the care and maintenance of the equipment, estimated to be about \$600 to \$1,000 per year. We will be able to work out the details of the maintenance agreement and the equipment scheduling with the Fire Services Division.

We look forward to your consideration of this proposal and working with Air Quality on these future projects!

Sincerely,

A handwritten signature in black ink that reads "Lynda S. Nelson". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lynda S. Nelson
Natural Resource Planner



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

cc Dennis, Lloyd
RECEIVED

April 9, 2007

APR 12 2007

DIRECTOR'S OFFICE
NEVADA DMV

Clay Thomas, Deputy Director
State of Nevada, Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711-0900

Dear Mr. Thomas:

The grant applications submitted by Clark and Washoe Counties to receive funding from the pollution control account reserve were discussed during the April 5, 2007 meeting of the Advisory Committee on the Control of Vehicle Emissions. The members of the Advisory Committee unanimously voted to approve both Clark and Washoe County reserve grant applications.

Leo Drozdoff, Administrator of the Department of Conservation, Nevada Division of Environmental Protection has been informed in writing of the Committee recommendations. I expect you will receive Mr. Drozdoff's recommendation within 10 working days, pursuant to Nevada Administrative Code 445B.865.

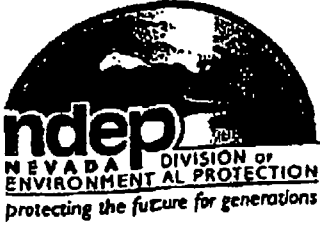
Thank you for your time and assistance with this matter. Please do not hesitate to contact me at (775) 784-7213 if there are any questions.

Sincerely,

Andrew Goodrich, Chairman
Advisory Committee on the Control of Emissions
from Motor Vehicles

AG:br

cc: Attachments



STATE OF NEVADA
Department of Conservation & Natural Resources
DIVISION OF ENVIRONMENTAL PROTECTION

Jim Gibbons, Governor
Allen Blagel, Director
Leo M. Drozdoff, P.E., Administrator

cc: Lloyd, Dennis
RECEIVED

May 3, 2007

MAY 04 2007

DIRECTOR'S OFFICE
NEVADA DMV

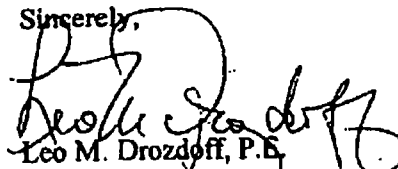
Clay Thomas, Deputy Director
Nevada Department of Motor Vehicles
555 Wright Way
Carson City NV 89711-0900

Dear Mr. Thomas:

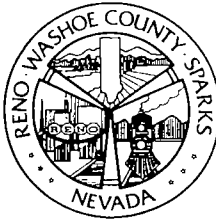
I have reviewed the funding requests made by the Washoe County District Health Department, Air Quality Management Division and the Clark County Department of Air Quality and Environmental Management for excess reserve funds from the Air Pollution Control Account. The total amount of funding requested for FY 08 by Washoe County is \$305,000.00, and FY 08 funding requested by Clark County is \$925,000. The funding will be used for programs related to the improvement of the quality of the air. I concur with the recommendation of the Advisory Committee on the Control of Emissions from Motor Vehicles made on April 5, 2007 for approval of these requests. These approvals are made in accordance with NRS 445B.830.

Please notify myself, or Ms. Jennifer Carr of my staff, when these grants will be heard before the Interim Finance Committee. If you have any questions, please contact Ms. Carr at 687-9346.

Sincerely,


Leo M. Drozdoff, P.E.
Administrator

cc: Jennifer Carr, NDEP
Troy Dillard, DMV



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: April 23, 2009

DATE: April 17, 2009
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*
 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Proposed Ratification of Interlocal Contract between the State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program and the Washoe County Health District for the period July 1, 2009 to June 30, 2011 in the total amount of \$256,774 in support of the Tuberculosis Program (IO 10035) contingent upon Washoe County's Risk Manager and District Attorney approval; and authorize the Chairman of the Board to sign.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received an Interlocal Contract between the Nevada State Health Division and the Washoe County Health District for the period July 1, 2009 to June 30, 2010 in the total amount of \$256,774 in support of the TB Supplemental Base Program.

This Interlocal Contract is a standard Interlocal Contract and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the contract will be revised and brought back to the Board for approval.

GOAL

Ratification of this Interlocal Contract supports the Health District TB Prevention Program's mission to prevent and control tuberculosis in order to reduce morbidity, disability and premature death due to tuberculosis by reducing the number of TB cases per 100,000 in Washoe County.

AGENDA ITEM # 7.C.5.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

www.washoecounty.us/health

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 PRINTED ON RECYCLED PAPER

PREVIOUS ACTION

The District Board of Health ratified the Interlocal Contract for the period July 1, 2007 to June 30, 2009 in the total amount of \$255,862 on June 28, 2007.

BACKGROUND

The Health District received from State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program, an Interlocal Contract in the total amount of \$256,774 (\$128,387 for FY09/10 and \$128,387 for FY10/11) for the TB Supplemental Base Program. These funds support the diagnosis, investigation and treatment of tuberculosis.

FISCAL IMPACT

No budget amendments are necessary at this time.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program and the Washoe County Health District for the period July 1, 2009 to June 30, 2011 in the total amount of \$256,774 in support of the Tuberculosis Program (IO 10035) contingent upon Washoe County's Risk Manager and District Attorney approval; and authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services, Health Division, Bureau of Community Health, TB Prevention Program and the Washoe County Health District for the period July 1, 2009 to June 30, 2011 in the total amount of \$256,774 in support of the Tuberculosis Program (IO 10035) contingent upon Washoe County's Risk Manager and District Attorney approval; and authorize the Chairman of the Board to sign.

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract between the State of Nevada
Acting by and through Its

**Department of Health and Human Services
Health Division
Bureau of Community Health
TB Prevention Program
4150 Technology Way Suite 200
Carson City, NV 89706
Phone: (775) 684-5982 FAX: (775)684-5999**

and

**Washoe County Health District
P.O. Box 11130
Reno, NV 89520
Phone: (775) 328-2400 FAX: (775) 328-2279**

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services of Washoe County Health District hereinafter set forth are both necessary to the Health Division and in the best interests of the State of Nevada;

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective July 1, 2009 to June 30, 2011 unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason Health Division, State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT AA: SCOPE OF WORK
ATTACHMENT BB: HEALTH ASSURANCES

7. CONSIDERATION. Contractor agrees to provide the services set forth in paragraph (6) at a cost of \$ 128,387.00 per year with the total contract or installments payable upon receipt and acceptance of Request for Reimbursement, not exceeding \$ 256,774.00 during the contract period. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the Health Division, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the Health Division, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained for a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION.

a. Consistent with paragraph (11) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause

of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. Proper Authority. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

24. LOBBYING. The parties agree, whether expressly prohibited by federal, state or local law, or otherwise, that no funding associated with this contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose, the following:

- a) any federal, state, county or local agency, legislature, commission, counsel, or board;
- b) any federal, state, county or local legislator, commission member, counsel member, board member, or other elected official; or

**INTERLOCAL CONTRACT
 BETWEEN: NEVADA STATE HEALTH DIVISION
 AND
 WASHOE COUNTY HEALTH DISTRICT**

ATTACHMENT AA: SCOPE OF WORK
 Description of services, deliverables, and reimbursement

For the provision of services toward the control and elimination of tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigation, and completion of treatment.

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

- Provide direct patient services for the treatment of active and suspected cases of tuberculosis, and contacts to active tuberculosis patients.
- Provide direct observed therapy (DOT) to patients with TB disease and high-risk contacts of TB disease.
- Provide outreach and DOT for TB patients in Washoe County who are unable or unwilling to come to the WCHD TB Clinic for TB medications.
- Maintain case files, contact investigation and other records that are necessary for the planning, implementation and evaluation of the program; upon request to allow the Health Division personnel to observe clinics, to communicate directly with the staff, to have access to all information and records pertinent to the Tuberculosis Control and Elimination Program and to conduct an annual program review.
- Provide incentives and/or enablers as defined as bus fares, gasoline, food, coupons and personal items. The incentives and/or enablers are provided with the intent that they help patients (both TB disease and latent tuberculosis infection) and contacts more readily complete appropriate testing, therapy and/or adhere to treatment. Incentives and/or enablers will be tracked in a separate log and Contractor agrees to provide the Health Division with a complete accounting of funds spent in accordance with this contract.

Contractor agrees to adhere to the following budget:

SFY 2010

1. Personnel	\$ 99,448	\$47,763	(1) Public Health Nurse II – (42% of 1.0 FTE)
		\$51,685	(1) Public Health Nurse II – (60% of 0.8 FTE)
			These amounts reflect; percent annual salary including fringe benefits.
2. Travel	\$ 1,100	\$ 800	(1) Trip to the Francis J. Curry Regional TB meeting, National Jewish TB Clinic or a CDC-sponsored meeting. Airfare \$372; lodging \$300; per diem \$128. Travel amounts are approximations for one person.
		\$ 300	Mileage for DOT, TB case management related activities or contact investigation related activities. A maximum of 545.5 miles at \$.550 per mile.

3. Operating	\$ 18,139	\$ 6,239	To include: Postage, Copy machine, printing, licenses, registration fees, special awards and incentives, telephone, and other misc. office supplies
		\$ 4,500	To include: Biologicals
		\$ 7,000	To include: Outpatient Services
		\$ 400	To include: Medical Supplies
4. Contractual Consultant	\$ 9,700	\$ 7,200	MD Consultants. This is a flat rate for the contract period.
		\$ 2,500	Other Professional Services (Pharmacy, transcribing, etc.)
Total Cost	\$ 128,387		

SFY 2011

1. Personnel	\$ 100,214	\$48,195	(1) Public Health Nurse II – (42% of 1.0 FTE)
		\$52,019	(1) Public Health Nurse II – (60% of 0.8 FTE)
			These amounts reflect; percent annual salary including fringe benefits.
2. Travel	\$ 1,100	\$ 800	(1) Trip to the Francis J. Curry Regional TB meeting, National Jewish TB Clinic or a CDC-sponsored meeting. Airfare \$372; lodging \$300; per diem \$128. Travel amounts are approximations for one person.
		\$ 300	Mileage for DOT, TB case management related activities or contact investigation related activities. A maximum of 545.5 miles at \$.550 per mile.
3. Operating	\$ 17,373	\$ 5,473	To include: Postage, Copy machine, printing, licenses, registration fees, special awards and incentives, telephone, and other misc. office supplies
		\$ 4,500	To include: Biologicals
		\$ 7,000	To include: Outpatient Services
		\$ 400	To include: Medical Supplies
4. Contractual Consultant	\$ 9,700	\$ 7,200	MD Consultants. This is a flat rate for the contract period.
		\$ 2,500	Other Professional Services (Pharmacy, transcribing, etc.)
Total Cost	\$ 128,387		

- Contractor may make categorical funding adjustments up to ten percent (10%) of the total contract amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for Washoe County officers and employees.
- These contracted amounts are subject to the availability of appropriate funds as well as legislative authority.

Contractor agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the contract period.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Total reimbursement will not exceed \$256,774.00 for the contract period;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Contractor agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE CONTRACT PERIOD. Any unobligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- To providing technical assistance, upon request from the contractor;
- To seek Epidemiology Aide from the Centers for Disease Control and Prevention (CDC) if needed to prevent or control a TB outbreak in Washoe County;
- To forward any opportunities for education provided by the State of the CDC on topics related to TB disease; and
- To forward any changes in the recommendations for the care of TB cases from the CDC.
- The Health Division reserves the right to hold reimbursement under this contract until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

To allow the Nevada TB Program Coordinator or designee at least one visit to the Washoe County Health District TB Clinic to evaluate progress and compliance with the activities outlined in the Scope of Work.

The Contractor will, in the performance of the Scope of Work specified in this contract, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Contractor is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This contract may be extended up to a total term of four years upon agreement of both parties and if funding is available.

NSHD Template: Updated 6-22-05

ATTACHMENT BB

**INTERLOCAL CONTRACT
ATTACHMENT BB: HEALTH DIVISION ASSURANCES**

As a condition of receiving funds from the Nevada State Health Division, the Contractor agrees to the following conditions:

1. Contractor agrees funds may not be used for other than the awarded purpose. In the event Contractor expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Contractor agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.
3. Contractor acknowledges that contracts are awarded on a cost reimbursement basis for costs incurred during the contract period. Requests for advances must be submitted in writing to the Health Division and will be considered on an individual basis.
4. Approval of budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budget categories without written prior approval from the Health Division, in the form of a Contract Amendment, is not allowed under the terms of this agreement. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
5. Contractor agrees to comply 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 or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Contractor agrees to comply 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. Contractor certifies, by signing this contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every sub-grantee receiving any payment in whole or in part from federal funds.
8. Contractor agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this contract. The Health Division reserves the right to disqualify any contractor on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
9. Contractor agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the contract includes functions or activities that involve the use or disclosure of Protected Health Information, the Contractor agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

10. Contract accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this agreement. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the contract-related activities. Contractors are required to maintain contract-related accounting records, identifiable by contract number. Such records shall be maintained in accordance with the following:
- a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Contractor five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual contracts.
11. Health Division contracts are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
- a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b) ascertain whether policies, plans and procedures are being followed;
 - c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d) determine reliability of financial aspects of the conduct of the project.

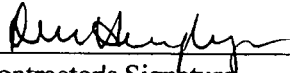
Any audit of Contractor's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of contract funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27, 2003]) that each contractor annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Contractor's fiscal year.

NSHD: 04-04-06

c) any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.

25. All service rendered under this contract will be provided in compliance with the Federal Civil Rights Act of 1964, as amended, and the American Disabilities Act, and no person shall be denied service on the grounds of race, creed, color, sex, national origin, or disability.

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



Contractor's Signature

4/23/09
Date

Chairman Washoe County District Board of Health
Title, Washoe County Health District

Signature: Richard Whitely, MS

Date

Administrator, State Health Division
Title

Signature: Michael J. Willden

Date

Director, Department of Health and Human Services
Title

Signature - Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On _____
Date

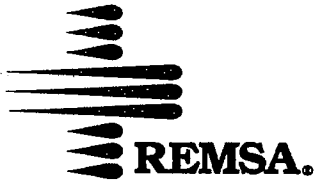
Approved as to form by:

Deputy Attorney General for Attorney General

On _____
Date

NSHD: Updated 6-22-05

Agenda # 9
D13014 3/26/09



Regional Emergency Medical Services Authority

REMSA

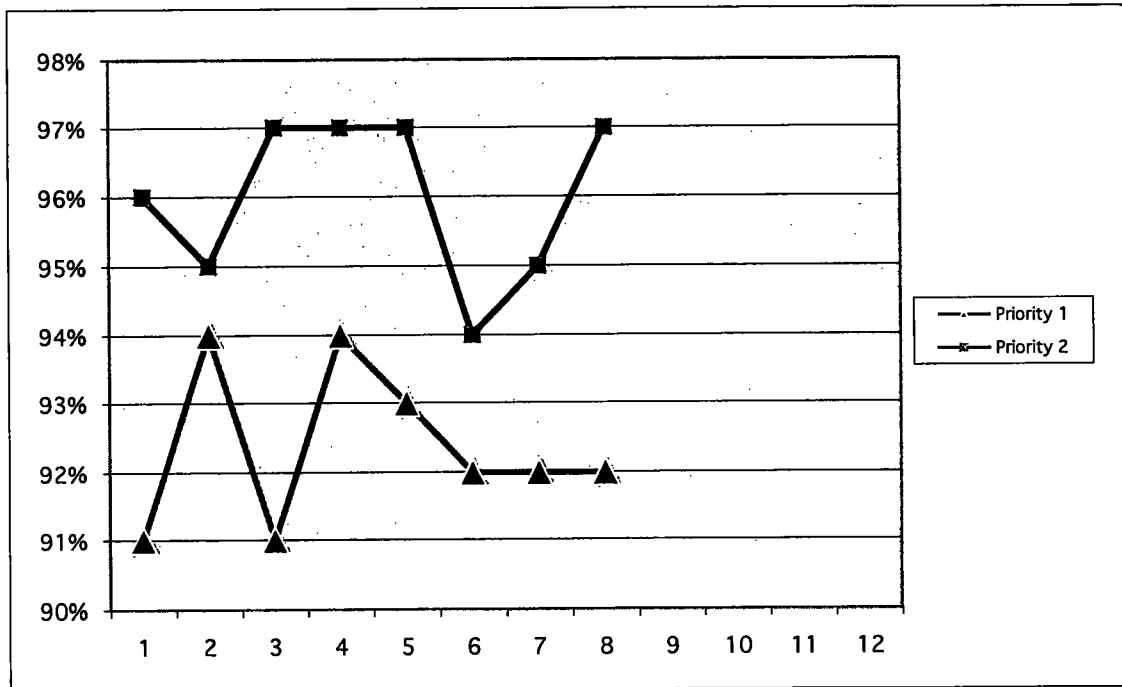
OPERATIONS REPORTS

FOR

FEBRUARY 2009

Fiscal 2009

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-08	4 mins. 56 secs.	3 mins. 51 secs.	91%	96%
Aug.	5 mins. 52 secs.	4 mins. 42 secs.	94%	95%
Sept.	6 mins. 15 secs.	5 mins. 4 secs.	91%	97%
Oct.	5 mins. 55 secs.	4 mins. 49 secs.	94%	97%
Nov.	5 mins. 37 secs.	4 mins. 33 secs.	93%	97%
Dec.	5 mins. 0 secs.	3 mins. 52 secs.	92%	94%
Jan. 09	5 mins. 50 secs.	4 mins. 43 secs.	92%	95%
Feb.	5 mins. 57 secs.	4 mins.51 secs	92%	97%
Mar.				
Apr.				
May				
Jun-07				



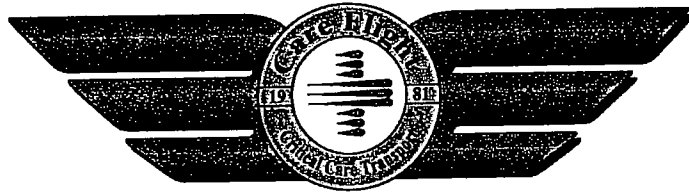
08-09 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	19	\$106,108	\$5,585	\$5,585
Aug.	14	\$83,040	\$5,931	\$5,732
Sept.	25	\$153,215	\$6,129	\$5,903
Oct.	16	\$104,772	\$6,548	\$6,042
Nov.	9	\$53,679	\$5,964	\$6,034
Dec.	18	\$100,736	\$5,596	\$5,956
Jan. 09	11	\$65,659	\$5,969	\$5,957
Feb.	8	\$48,151	\$6,019	\$5,961
Mar.			\$0	\$5,961
Apr.			\$0	\$5,961
May			\$0	\$5,961
June			\$0	\$5,961
Totals	120	\$715,360	\$5,961	\$5,961
			Adjusted Allowed Average Bill -	\$6,341.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	2756	\$2,364,088	\$858	\$858
Aug.	2876	\$2,479,415	\$862	\$860
Sept.	2705	\$2,388,051	\$883	\$867
Oct.	2671	\$2,356,443	\$882	\$871
Nov.	2536	\$2,238,390	\$883	\$873
Dec.	2717	\$2,420,685	\$891	\$876
Jan. 09	2741	\$2,437,974	\$889	\$878
Feb.	2505	\$2,220,210	\$886	\$879
Mar.			\$0	\$879
Apr.			\$0	\$879
May			\$0	\$879
June			\$0	\$879
Totals	21507	\$18,905,256	\$879	\$879
			Allowed ground avg bill -	\$886.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
FEBRUARY 2009**



CARE FLIGHT OPERATIONS REPORT

FEBRUARY 2009

WASHOE COUNTY

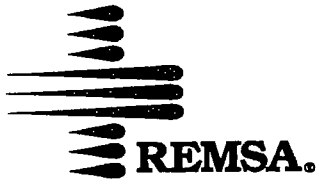
- ❖ **In Town Transfer:**
 - 2 ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
 - 1 Community Education & Public Event

2/23/09	REMSA/RASI Orientation	Flight Staff
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Statistics

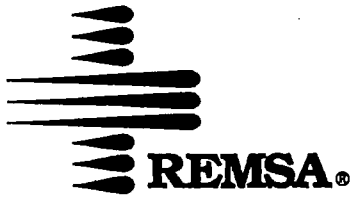
Washoe County Flights

	# patients		
Total Flights:	8		
Total Patients	8		
Expired on Scene	0		
Refused Transport (AMA)	0		
Scene Flights	5		
Hospital Transports	3		
		Scene Flight	Hospital Transfer
Trauma	0		
Medical	4		2
High Risk OB	0		
Pediatrics	0		1
Newborn	0		
Full Arrest	1		
Total	8		



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
FEBRUARY 2009



GROUND AMBULANCE OPERATIONS REPORT

February 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	4264
Total Number Of Responses In Which No Transport Resulted	1692
Total Number Of System Transports	2572

2. CALL CLASSIFICATION REPORT:

Trauma		19%
Non-MVA Related	19%	
MVA Related	0%	
Medical		50%
OB		1%
Psychiatric/Behavioral		5%
Transfers		19%
Unknown/Other		5%
Cardiopulmonary Arrests		1%
 Total Number of System Responses	 100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 15 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 184

- 100% of advanced airways (outside cardiac arrests)
 - 6 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCR's
 - 247 Paramedic total
 - 233 EMT-I total
- 100% Pain/Sedation Management – 152

All follow-up deemed necessary resulting from Communication CQI was completed by Alan Dobrowolski, RN, Communications Manager.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Date	Course	Course Location	Students
02/02/09	Advanced Cardiac Life Support	Saint Mary's	20
02/21/09	Advanced Cardiac Life Support	REMSA	4
02/28/09	Advanced Cardiac Life Support	Renown Hospitalists / OBGYN Associates	6
02/04/09	Advanced Cardiac Life Support Recert	Nampa Fire Training	5
02/05/09	Advanced Cardiac Life Support Recert	Nampa Fire Training	5
02/20/09	Advanced Cardiac Life Support Recert	SMRMC	8
02/14/09	Family and Friends CPR	REMSA Free CPR and Health Fair	88
02/23/09	Family and Friends CPR	Whitney Bollar	1
02/02/09	Healthcare Provider	Tahoe Forest Hospital	2
02/02/09	Healthcare Provider	Milan	13
02/04/09	Healthcare Provider	Saint Mary's	1
02/04/09	Healthcare Provider	Sparks Dialysis Center	4
02/04/09	Healthcare Provider	REMSA	8
02/05/09	Healthcare Provider	REMSA	6
02/05/09	Healthcare Provider	Saint Mary's	3
02/07/09	Healthcare Provider	Riggs Ambulance Service	9

02/09/09	Healthcare Provider	Battle Mountain General Hospital	1
02/10/09	Healthcare Provider	Saint Mary's	2
02/10/09	Healthcare Provider	REMSA	5
02/10/09	Healthcare Provider	Eastern Plumas Health Care	12
02/11/09	Healthcare Provider	Eastern Plumas Health Care	12
02/11/09	Healthcare Provider	REMSA	3
02/14/09	Healthcare Provider	REMSA	1
02/14/09	Healthcare Provider	Saint Mary's	1
02/15/09	Healthcare Provider	Kasey Walker	5
02/16/09	Healthcare Provider	Kasey Walker	2
02/17/09	Healthcare Provider	Sierra Surgery Hospital	9
02/18/09	Healthcare Provider	REMSA	5
02/18/09	Healthcare Provider	Saint Mary's	1
02/18/09	Healthcare Provider	Washoe County School Dist	3
02/18/09	Healthcare Provider	Milan	12
02/19/09	Healthcare Provider	Riggs Ambulance Service	5
02/19/09	Healthcare Provider	Nevada Department of Corrections	2
02/20/09	Healthcare Provider	Sierra Nevada Job Corps	6
02/21/09	Healthcare Provider	Career College of Northern Nevada	1
02/25/09	Healthcare Provider	Eastern Plumas Health Care	4
02/26/09	Healthcare Provider	REMSA	7
02/26/09	Healthcare Provider	Diamond Mountain Casino	4
02/26/09	Healthcare Provider	Florida Canyon Mine	4
02/27/09	Healthcare Provider	Great Basin College	4
02/02/09	Healthcare Provider Recert	REMSA	3

02/02/09	Healthcare Provider Recert	Saint Mary's	8
02/03/09	Healthcare Provider Recert	Nevada Department of Corrections	1
02/05/09	Healthcare Provider Recert	REMSA	1
02/05/09	Healthcare Provider Recert	Willow Springs	10
02/06/09	Healthcare Provider Recert	Concentra	3
02/07/09	Healthcare Provider Recert	Nevada Air National Guard	7
02/08/09	Healthcare Provider Recert	SEMSA - Susanville	1
02/11/09	Healthcare Provider Recert	Saint Mary's	5
02/12/09	Healthcare Provider Recert	REMSA	7
02/12/09	Healthcare Provider Recert	Saint Mary's	3
02/12/09	Healthcare Provider Recert	Nevada Department of Corrections	2
02/12/09	Healthcare Provider Recert	Concentra	1
02/13/09	Healthcare Provider Recert	Storey County Fire	1
02/17/09	Healthcare Provider Recert	REMSA	1
02/18/09	Healthcare Provider Recert	REMSA	1
02/18/09	Healthcare Provider Recert	Nevada Air National Guard	2
02/18/09	Healthcare Provider Recert	Joshua Buchcana	3
02/19/09	Healthcare Provider Recert	REMSA	1
02/19/09	Healthcare Provider Recert	Saint Mary's	8
02/20/09	Healthcare Provider Recert	Jennifer Kraushaar	1
02/23/09	Healthcare Provider Recert	REMSA	4
02/23/09	Healthcare Provider Recert	REMSA	1
02/23/09	Healthcare Provider Recert	In House Education	20
02/24/09	Healthcare Provider Recert	Saint Mary's	3
02/24/09	Healthcare Provider Recert	REMSA	3

02/24/09	Healthcare Provider Recert	In House Education	3
02/24/09	Healthcare Provider Recert	John Hughes	1
02/25/09	Healthcare Provider Recert	Saint Mary's Ultrasound	8
02/25/09	Healthcare Provider Recert	REMSA	1
02/27/09	Healthcare Provider Recert	Northern Nevada Medical Center	1
02/27/09	Healthcare Provider Recert	REMSA	10
02/28/09	Healthcare Provider Recert	Saint Mary's	1
02/28/09	Healthcare Provider Recert	REMSA	6
02/02/09	Healthcare Provider Skills Evaluation	REMSA	2
02/06/09	Healthcare Provider Skills Evaluation	REMSA	1
02/09/09	Healthcare Provider Skills Evaluation	UNR School Of Nursing	1
02/09/09	Healthcare Provider Skills Evaluation	UNR School of Nursing	1
02/11/09	Healthcare Provider Skills Evaluation	REMSA	1
02/17/09	Healthcare Provider Skills Evaluation	Tahoe Forest Hospital	3
02/20/09	Healthcare Provider Skills Evaluation	Riggs Ambulance Service	1
02/24/09	Healthcare Provider Skills Evaluation	Tahoe Forest Hospital	8
02/25/09	Healthcare Provider Skills Evaluation	REMSA	2
02/26/09	Healthcare Provider Skills Evaluation	Sierra Nevada Cardiology	5
02/26/09	Healthcare Provider Skills Evaluation	UNR Police Department	1
02/02/09	Heartsaver AED	Washoe County School Dist	5
02/03/09	Heartsaver AED	Washoe County School Dist	5
02/04/09	Heartsaver AED	Washoe County School Dist	15
02/05/09	Heartsaver AED	Washoe County School Dist	4
02/07/09	Heartsaver AED	Washoe County School Dist	6
02/08/09	Heartsaver AED	UNR Police Department	12

02/09/09	Heartsaver AED	Washoe County School Dist	3
02/10/09	Heartsaver AED	Eldorado Hotel	3
02/11/09	Heartsaver AED	REMSA	6
02/11/09	Heartsaver AED	Washoe County School Dist	5
02/12/09	Heartsaver AED	Washoe County School Dist	8
02/12/09	Heartsaver AED	Nye County EMS	1
02/12/09	Heartsaver AED	Washoe County School Dist	3
02/14/09	Heartsaver AED	Nevada Department of Corrections	2
02/17/09	Heartsaver AED	Plesant Valley Elementary School	7
02/17/09	Heartsaver AED	Washoe County School Dist	6
02/18/09	Heartsaver AED	Washoe County School Dist	12
02/18/09	Heartsaver AED	Tanya Getz	4
02/18/09	Heartsaver AED	UNR Police Department	2
02/19/09	Heartsaver AED	Reno Tahoe Fire Department	3
02/21/09	Heartsaver AED	Elko County School Dist	3
02/21/09	Heartsaver AED	Washoe County School Dist	4
02/23/09	Heartsaver AED	Washoe County School Dist	4
02/24/09	Heartsaver AED	Washoe County School Dist	5
02/25/09	Heartsaver AED	Nampa Fire Training	6
02/25/09	Heartsaver AED	Washoe County School Dist	5
02/26/09	Heartsaver AED	REMSA	13
02/28/09	Heartsaver AED	Washoe County School Dist	3
02/13/09	Heartsaver CPR	Silver Bear Swim School	7
02/21/09	Heartsaver CPR	Saint Mary's Childcare Center	1
02/21/09	Heartsaver CPR	Family to Family Resource Center	8

02/21/09	Heartsaver CPR	REMSA	2
02/25/09	Heartsaver CPR	Sierra Nevada Job Corps	10
02/03/09	Heartsaver First Aid	Reno Tahoe Fire Department	18
02/06/09	Heartsaver First Aid	Nevada Department of Corrections	1
02/06/09	Heartsaver First Aid	Nevada Department of Corrections	26
02/07/09	Heartsaver First Aid	Visual Insight CPR	3
02/09/09	Heartsaver First Aid	Nye County EMS	10
02/10/09	Heartsaver First Aid	UNR Facilities Operations	8
02/10/09	Heartsaver First Aid	Majen	12
02/11/09	Heartsaver First Aid	Reno Tahoe Fire Department	23
02/12/09	Heartsaver First Aid	Nevada Department of Corrections	2
02/13/09	Heartsaver First Aid	Great Basin College	10
02/13/09	Heartsaver First Aid	Sierra Nevada Job Corps	6
02/13/09	Heartsaver First Aid	Majen	8
02/16/09	Heartsaver First Aid	International House of Style	6
02/16/09	Heartsaver First Aid	Majen	9
02/16/09	Heartsaver First Aid	Majen	8
02/18/09	Heartsaver First Aid	Joshua Buchanan	3
02/19/09	Heartsaver First Aid	Nye County EMS	18
02/20/09	Heartsaver First Aid	Nevada Department of Corrections	28
02/21/09	Heartsaver First Aid	CAT Logistics	8
02/24/09	Heartsaver First Aid	Great Basin National Park	3
02/24/09	Heartsaver First Aid	Majen	4
02/25/09	Heartsaver First Aid	Majen	6
02/26/09	Heartsaver First Aid	Majen	13

02/26/09	Heartsaver First Aid	Sierra Nevada Job Corps	6
02/26/09	Heartsaver First Aid	Reno Tahoe Fire Department	6
02/28/09	Heartsaver First Aid	Visual Insight CPR	3
02/07/09	Heartsaver Pediatric First Aid	REMSA	2
02/14/09	Heartsaver Pediatric First Aid	REMSA	4
02/21/09	Heartsaver Pediatric First Aid	Saint Mary's Childcare Center	7
02/21/09	Heartsaver Pediatric First Aid	Saint Mary's Childcare Center	1
02/21/09	Heartsaver Pediatric First Aid	REMSA	1
02/05/09	Neonatal Resuscitation Program	REMSA	3
02/04/09	Pediatric Advanced Life Support Recert	Nampa Fire Training	2
02/05/09	Pediatric Advanced Life Support Recert	Nampa Fire Training	4
02/24/09	Pediatric Advanced Life Support Recert	John Hughes	4
02/28/09	Pediatric Advanced Life Support Recert	John Mohler & Co	4

Total Students Processed – February 2009	895
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Paramedic Course

Ongoing	REMSA Paramedic Program – 7/08	12 Students
Ongoing	REMSA Paramedic Program – 1/09	12 Students

EMT Course

Ongoing	EMT B – 1/5/09	22 Students
Ongoing	EMT I – 3/10/09	21 Students

5. COMMUNITY RELATIONS:

Community Outreach Department:

Point of Impact

2/9/09-2/12/09	Nationally Certified Child Passenger Safety Technician class; all students passed	4 students
2/14/09	Child Safety Seat Checkpoint , REMSA Save A Heart CPR fair. 28 cars and 39 seats inspected.	4 staff, 13 volunteers

Northern Nevada Fitting Station Project

2/11/09	Saint Mary's prenatal class, Reno.	24 students
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Safe Kids Washoe County

2/2/09	Esther Bennett Safety Committee meeting, Sun Valley.	6 volunteers
2/6/09	Washoe County Child Death Review team, Reno	18 volunteers
2/10/09	Virginia Palmer Safety Committee meeting, Sun Valley	3 volunteers
2/11/09	Gerlach Annual Outreach planning meeting, Washoe County School District.	8 volunteers
2/12/09	Chronic Disease Coalition, Washoe County District Health Department	20 volunteers
2/14/09	CPR event, Scheel's.	5 volunteers
2/17/09	PTA Meeting at Jesse Hall Elementary School, Sparks	1 staff
2/18/09	National Immunization Week meeting, Saint Mary's Foundation.	1 staff
2/18/09	Safe Routes to Schools partner meeting, Washoe County Public Works.	10 volunteers
2/19/09	Nevada State Legislature, Senate Energy, Infrastructure and Transportation hearing on primary seat belt law and school zone bill.	1 staff

2/20/09	Esther Bennett Safety Committee CPR/First Aid assembly.	5 volunteers
2/24/09	Presentation of Safe Kids Programs to REMSA Paramedic Class	1 staff
2/24/09	Presentation regarding REMSA's injury prevention programs to National Highway Traffic Safety Administration statewide review of Emergency Medical Services system, Reno.	1 staff

Meetings

2/3/09	Employee Resource Team Monthly Meeting	1 staff
2/7/09	Shopping for Employee Resource Team employee appreciation supplies.	2 staff



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
FEBRUARY 2009**

INQUIRIES

February 2009

There were no inquiries in the month of February.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
FEBRUARY 2009**

GROUND AMBULANCE CUSTOMER COMMENTS FEBRUARY 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Response promptly.	Continue the good, caring service.	Very Good. Please send form to be a member of REMSA.
2	The EMT came and visited me in the hospital and the billing staff was very kind.	The Firefighters and EMT put me on the backboard backwards which made transportaion difficult and uncomfortalbe.	Overall the EMT and Paramedic were very nice and good at their jobs.
3	An entire army of police and helpful EMT's showed up.	Can't think of a thing.	Fast and efficient.
4	Rapid response, minutes after Fire Dept. EMT thought to add warm moisture to O2 in ambulance to ease coughing and bronchospasms.		I felt the EMT's were competent and professional.
5	I was extremely pleased with the professionalism of the staff.	I couldn't have asked for anything better.	
6	Made sure I stayed calm and did their best to make me comfortable.	Nothing at all.	Everyone was great.
7	Respond under 4 min, kept on the phone while we waited.		Your service is wonderful, thank you.
8	Just so great and kind and understanding for my husbands condition, "Parkinsons".	Just keep up the good work.	Make our Government pay you more. They get millions of Dollars a year salary. Pass it on to us all. They said "change" I'm waiting - hal
9	Explained how St Mary's admit would work.	Get to the hospital sooner instead of sitting at Dr Office for 15 minutes.	
10	Showed up when called and transported me to the hospital in a timely manner.		
11	Very courteous, explained why I should go to the hospital.		Keep up the good work. Response time was very good.
12	All I can say is thank God for REMSA and the super people you hire.		
13	They were great! Here in 5 min or less.	Nothing	Thanks for providing such a great job.
14	Assess the patient's condition and derermine course of action. Communicated well with ER, patient and family.	I can't think of anything missing.	Personnel are professional and friendly, I have complete confidence in them.
15	Gave me oxygen and got me to hospital	I'm well pleased with your service.	A minnie stroke caused me to be very tired, dizzy, angry, because I couldn't talk or even hear.
16	As in past experiences, (that's plural) REMSA employees are wonderful, caring and professional. We could not ask for or receive better care. Thank you.		
17	Everything, you took me to ER at St. Mary's in record time.		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
18	Fast response time and very competent.	You are a 10 now. Can't see anything needing improvement.	Excellent. The surgeon told me the Paramedic did a terrific job. Thank you for saving my life.
19	All services for me were done in a high professional manner. Everyone was kind and sensitive.	Stay the way you are. Always be exceptional in what you do.	Everyone was exceptional and nice. No complaints.
20	Always there for me.	Loud at night!! Had a real problem sleeping, from 4am to 7am daily.	All in all, service was great & care was great.
21	They were very nice and kind about keeping my 3 year old son informed about what they were doing and letting me be in his line of sight.	Your services were all great and very helpful.	
22	I was attended to very well with courtesy and caring attitude.	Keep up the good work!!!	
23	Kept my mother alive and on time to the hospital.	The same you the staff do for help a person on the case of emergency.	Very good.
24	Extremely professional and helpful and your staff should receive recognition for a job well done.	IV was placed in elbow joint, which later needed to be moved. (not a complaint)	The ambulance care was outstanding and very much appreciated. That crew should be recognized as outstanding!
25	Everything! Your people are just great. They were comforting, but totally professional.	Nothing really. The medics got here so quickly and actually seemed concerned about me.	I thought it was interesting that they really wanted me to go to So Meadows to get checked out. I was wavering as to what to do, but they helped me decide. Good!!
26	Showed up and comforted my 92 year old mother before taking her to St. Mary's.		You folks have always been wonderful.
27	Very friendly; made me feel important and comfortable, given the situation I was in.	Nothing, the service was great.	Thank you for helping me in my time of need.
28	Arrived quickly.	A little more communication about the patient re: what is being done.	Service was here quickly but the guys seemed pretty rough with the patient.
29	The crew was excellent, very caring with my husband and his needs. Comforting to me also, which was helpful as I had had a difficult time reaching on call physician to handle my concerns. Took about 45 minutes for me to go thru channels. Next time I will call you right off. Skip the on call Doc's who don't want to be bothered, especially during the holidays. My husband was hallucinating extremely bad and I did not realize that was a sign of pneumonia. I thought he was reacting violently pain meds.		
30	Assured me I was not an urgent emergency case.	Nothing.	It was an unanticipated transfer to the hospital requested by my doctor. It was very stressful to me. Turned out to be mostly a false alarm.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	EMT saw our 4 year old would be more comfortable breathing with moist air, so he rigged up a mask with humidity.		
32	Care of my husband and getting to hospital in a timely manner.	I do not know if there is more that could be done.	Excellent care and service, thank you.
33	Took excellent care of me and saved my life. Thank you for all you did for me, thank you.	Just keep up the good work saving as many lifes as you can.	Been understanding and caring as you are in very important to all of us.
34	You were here within 5-10 minutes. The crewmen were extremely helpful. They were angels.	Can't think of a thing. Timing, assistance was perfect!	You are a God send and wonderful!
35	Very prompt!	Everything was taken care of.	Service was great! Thank you!
36		They put me on oxygen to go to the ER. But did not turn oxygen gauge on.	
37	I have a full blown asthma attack.	Was treated very well.	Help come me, was given oxygen, and transported to hospital.
38	Kept us informed, through our friends in Nevada.	Service was outstanding all the way around.	Thank you for caring for our daughter!
39	Spoke to me in Spanish.	Everything went well.	They were quick to show up at my house.
40	You have always been great. Your caring ways is what makes us old people feel human.		
41	The crew talked to my dad as if there was no problem and with respect.	With concern and understanding as well as kept me informed and allowed me to help them whenever my dad was in pain. Thank you.	
42	Assisted friends in helping me to my car.	No comment.	I felt that REMSA aid was unnecessary, they assisted me to my car when a workman's comp related injury exacerbated.
43	Everything. The EMT's made a scary experience better for me.		Keep up the good work!
44	Everything. Taking the time to help my husband relax and your thoughtfulness.	All we can say is keep up the good work. We think you are the best.	
45	Both the driver and EMT were very polite and informative to me and the Doctor.	Keep good personnel working for you.	I haven't spoke with the dispatcher or billing staff as of now, but the service was very good in general.
46	Helped me get to a place to where I got back on my feet and felt better.	You were very polite and I think there's none better help out there at that time.	
47	Polite professional.	REMSA for year of 2009 at special rate.	I was in hospital when cut-off day expired but would like to be in program.
48	You guys was very nice to me. Made me feel welcome and saved my life.	Have music playing to help people not to be scared.	They were very nice, saved my life.
49	You arrived quickly and you were very professional and calm.	I can't think of anything.	You guys are the best!
50	Everything! I was very pleased with the great job done by Patrick and Trevor and your billing staff.	Great service was received. Even my husband was pleased to know the hospital was expecting him.	REMSA had told ER at SMRMC he was on his way. Thank you!!
51	Evaluation: Well trained, careful, explained everything before they did it, cheerfull.		Stay as well as you are!

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
	Make us feel safe, they were concern of my sons state of health, great sense of humor made me feel better when I was so worried for my son.		
53	Your personnel were excellent with a GI Bleed, they kept me calm, safe and unafraid.	This was not my first time with you, so I felt secure, couldn't do more.	It was excellent. One employee even came to check on me. I was so grateful. It was quite an experience!
54	Care and transport was exceptional. Crew were very polite and took all effort to make me comfortable and confident.	Keep doing everything as is. Wonderful.	We used your services for both myself and wife. And always very happy with the crews. Thank you for being there for us.
55	The ambulance arrived quickly. Very helpful.	Don't put nose oxygen canuel on 2 minutes before arrival emergency driveway. So can charge my insurance.	Overall service was great with exception of nose canuel not necessary for 2 minutes before arrival.
56	You got here fast and rushed me fast to the VA emergency.	Nothing.	I appreciate all the help and the quick response.
57	We called for transport to the ER, personnel offered to assist patient to my car for transport and found that sitting position in car too painful, so she was transported in REMSA. I was impressed that they offered assistance to help her into my vehicle...didn't know that was an option. I know that we received quicker care at ER because of REMSA's transportation to ER. The crew wa great! Thanks!		Excellent care and service, very professional and very helpful.
58	This emergency occured during the middle of a Church Service. The crew handled the situation quietly and extremely well with a minumem of disturbance to the Congregation.		The care was greatly appreciated!
59			The two young men who came to help were very caring and professional. I appreciated their assistance!
60	Excellent, staff was calming to me in a stress situation. Immediate arrival and service.	Was perfect.	Rather than suggest the closet facility, ask which hospital coordinates with insurance.
61	Communicate well with me, very professional and informative.	Just keep employing the same knowledgable and caring people.	
62	Showed compassion and caring yet still able to be very efficient and informative.	I cannot come up with anything that needed to be improved.	
63	I was very sick when REMSA crew arrived, throwing up. The gave me a pill to stop that so they could remove me to the gurney where they could take my vitals and proceed with their procedure for removing me to the St. Mary's Emergency.		They were exceptionally proficient and professional in everything they did.
64	Everything	Send me a copy of where I was picked up and taken to Renown Hosp.	I need this info for my lawyer, also the cost.
65	Good all around service - very professional.		I paid cash (credit card) in full amount; there should have been a discount for prompt full payment.



Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
FEBRUARY 2009**



CARE FLIGHT CUSTOMER COMMENTS FEBRUARY 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	The crew made my brother and myself feel confident our mother was in good hands and well taken care of.		
2	took me to hospital, arrived safely		
3	Everything	Let me stay healthy	
4	Everything that was done was handled with care and concern.		Great people!!
5	Flight to Reno saved my life.		I do not remember flight, but I know I'm still alive.
6	All well done.		
7	Safe flight and saved my life.	Work with me on payments.	Thank you for all your help for your professional crew.
8	You flew my husband from Bishop to Reno to help him get the emergent care he needed.		Thank you for being there when we needed you!!
9	was very careful in handling me on and off the chopper.	unknown except reduce the price of service	The staff was very kind and professional.
10	Everything was very professional and made a difficult situation for me quite uplifting.		You people are doing one hell of a nice job. Keep it up!!
11	Answered all my questions & more, very helpful, thanks.		Very good.
12	Flight crew were awesome. Thank you all!		
13	I was well taken care of, explained everything and I was sure I was safe. Very thankful for the quick flight.		
14	Explained everything to the family very well, the flight nurse did most of it, she was awesome.	Just continue what you're doing.	
15	The crew was very polite and caring.		



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
FEBRUARY 2009**

PUBLIC RELATIONS

February 2009

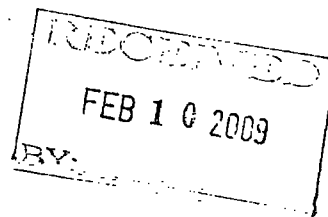
ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding senior fall safety, medication misuse and exercise safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote and distributed press release regarding for Valentine's Day CPR Event	The RGJ ran the press release as it was written and posted in their online edition on 2/2. Channels 2, 4 and 8 all promoted the event days prior to the actual classes. All three stations also covered the actual even and ran the footage during their evening newscast.
Worked with Kevin on coordination of a PBS filming of a Renown patient being transported from the hospital to home on a ventilation system.	Filming took place on 2/16 and the story will air nationally on PBS in March.



Division of Health Sciences
University of Nevada, Reno

January 27, 2009

Mr. Jim Gubbels
REMSA
450 Edison Way
Reno, Nevada 89502-4117



Dear Mr. Gubbels,

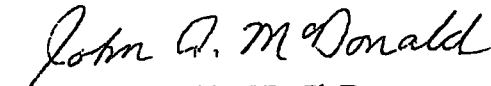
On behalf of the students, faculty and staff of the University of Nevada, Reno Division of Health Sciences, thank you for your contribution to the Washoe County District Board of Health Scholarship.

I'd like to take this opportunity to let you know about some recent and exciting changes for the health related programs at the University of Nevada, Reno. Last year, President Milt Glick announced that the former College of Health and Human Sciences, and most of its units, would join together with the School of Medicine to form the Division of Health Science on the UNR campus, effective July 1, 2008. Emphasizing a multi-disciplinary approach, the Division of Health Sciences will produce highly skilled and compassionate graduates across the spectrum of the health professions, provide competent and comprehensive clinical care, broaden community health awareness and pursue collaborative academic programs and community partnerships. The new division consists of the following programs: Orvis School of Nursing, School of Community Health Sciences, School of Social Work, University of Nevada School of Medicine, and a number of health related centers, including the Sanford Center for Aging.

One of our first projects to further health science education and increase the number of health care professionals in Nevada involves plans for a new Health Science Education Building, to be shared by the Orvis School of Nursing and the School of Medicine. Enclosed is a comprehensive brochure that further details the project.

I am very grateful for the continuing role you are playing and welcome your commitment to our growth and success. Should you have questions about the new division you are welcome to contact our development office at 775-784-6977 or visit our new website at www.unr.edu/healthsciences.

Sincerely,


John A. McDonald, M.D., Ph.D.
Vice President, Division of Health Sciences

Division of Health Sciences
University of Nevada, Reno/0136
Reno, Nevada 89557-0136
(775) 784-6977
(775) 784-6979 fax
www.unr.edu/healthsciences



REGION IN BRIEF

REMSA to offer CPR training on Valentines Day at Scheels

RENO — In honor of February's National Heart Month, the Regional Emergency Medical Services Authority (REMSA) will conduct its second annual Save a Heart free CPR training session and health fair from 9 a.m. until 1 p.m. on Saturday, Feb. 14 at Scheels in Sparks. CPR awareness courses begin at the top of every hour and a special Spanish CPR awareness course begins at noon.

"Valentine's Day has traditionally been a chance for people to give their hearts away," said J.W. Hodge, public education manager at REMSA. "This year, it is an opportunity to learn the tools to save someone's heart and life."

The CPR training is not an official certification course but is instead an awareness course and the first 100 participants will receive a free "CPR Anytime" kit to take home and train other family members with the self-directed DVD and inflatable manequin.

"With 95 percent of sudden cardiac arrests occurring outside of a healthcare facility, it is crucial that more community members are prepared to respond," Hodge said. "This is one way we will be able to increase the chances of survival for victims in our community."

The CPR Education and Health Fair will also have live radio remotes by Alice 96.5 and 103.7 the River.

The Health Fair will also feature:

- Point of Impact Child Safety Seat Checkpoint that will be held in the Scheels parking lot. Limited to the first 30 cars.
- Safe Kids Washoe County will distribute information on how to keep children safe within our community
- Washoe Co. ID Program Child Fingerprinting
- United Blood Services Bloodmobile
- Free chair massage
- Free blood pressure checks
- American Lung Association
- Family to Family Resource Center
- Nevada Project Heartbeat
- Milan Institute
- Northern Nevada Asthma and Food Allergy Parent Education Group
- Willow Springs Adolescent Treatment Center

More than 900 people per day in the United States die from sudden cardiac arrest and 80 percent of these deaths occur at home. Studies by the American heart Association have found that early CPR within the first three to five minutes after a collapse can result in a more than 50 percent chance of long-term survival.

For more information or questions, contact REMSA at 858-5700.

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POWERED BY YOU AND THE RENO GAZETTE-JOURNAL

REMSA holds free CPR training session, health fair

FEBRUARY 18, 2009

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REMSA hosts a free cardiopulmonary resuscitation training session and health fair from 9 a.m. to 1 p.m. Saturday at Scheels All Sports, 1200 Scheels Drive in Sparks.

ADVERTISMENT CPR is an emergency medical procedure performed on a victim of cardiac arrest or respiratory arrest. Its purpose is to maintain a flow of oxygenated blood to the brain and the heart.

The health fair includes a child safety seat checkpoint, blood pressure checks, chair massages, a blood drive and fingerprinting services.

Admission is free.

Details: 775-858-5700.

Latest Headlines

- Gov. Gibbons' lawyers seek delay in cocktail waitress lawsuit
- Roads can be slick, but no major traffic delays reported this morning in the Reno area
- 300 block of West Street closed in Reno for barricaded suspect
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- Chains still required in some places in the Sierra and Northern Nevada

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The Reno Gazette-Journal Online

December 27, 2008

Winners

Also a winner is everyone at Regional Emergency Medical Services Authority (REMSA) and the Senior Bridges Program, which specializes in treating local seniors experiencing behavior concerns related to cognitive disorders, depression, anxiety and emotional issues.

Seniors either enrolled or graduated from the Senior Bridges Program, designed to assist Northern Nevada seniors, who received a special visit from Santa Claus and REMSA/Care Flight employees, who raised more than \$1000 to provide gifts at a Christmas party, themed Feliz Navidad.

REMSA is a not-for-profit emergency medical services system serving Northern Nevada.

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Avalanche drill turns into real-life rescue (w/ slideshow)

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Thursday, January 29, 2009

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February 2009

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A probe line works its way down the hill, searching for buried items, which were used to simulate avalanche victims.
Bonanza Photo - Jen Schmidt

[ENLARGE](#)

INCLINE VILLAGE, Nev.—Rescuers from the North Lake Tahoe Fire Protection District lucked out Tuesday when a call for help came in from the Mt. Rose Meadows while the district was training for avalanche rescues in the area.

A female snowboarder suffered serious injuries while riding west of State Highway 431. According to Bruce Hicks, a firefighter/paramedic with the fire district, the woman suffered a fall, causing the injuries.

A call came into the fire district's personnel at about 1:20 p.m., and Battalion Chief Mike Schwartz said personnel mobilized immediately to respond to the call. Fire district personnel declined to give the woman's name.

"It was training that turned into good timing because the patient was located in a remote, heavily wooded area and it took some hiking to reach her," said NLTFPD Firefighter/Paramedic Bruce Hicks, who led the avalanche training. "The fact that we were all up there really saved on time which of course was to the patient's benefit."



Search and rescue dog Penny, who works with Mt. Rose Ski Patrol, sniffs along the snow to find one of the six "victims," or human-scented items, buried for avalanche training Thursday in the Meadows.
Bonanza Photo - Jen Schmidt

[ENLARGE](#)

Snowmobiles, Nordic skiers and rescue personnel on snowshoes mobilized quickly from the incident command post set up at the Incline Lake trailhead and headed in the direction of the patient, located below the Third Creek drainage area.

Approximately 29 rescue personnel were involved with the rescue, including the Washoe County Sheriff's Office Hasty Team, Sierra Fire Protection District and CareFlight to name a few. The patient

was transported via CareFlight with serious injuries to Renown Medical Center.

Fire district officials couldn't elaborate on the injuries the woman suffered. Calls to Renown were not returned as of press time.

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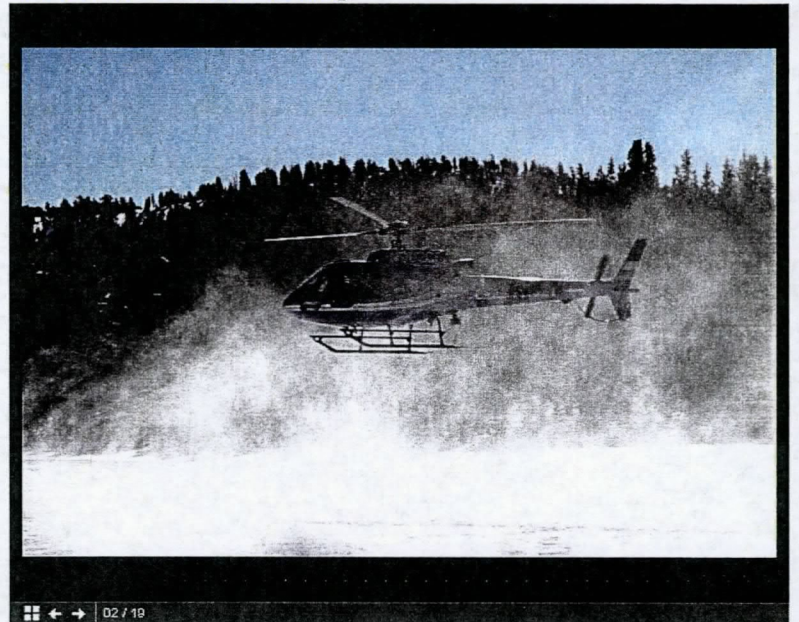
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Avalanche scenario training



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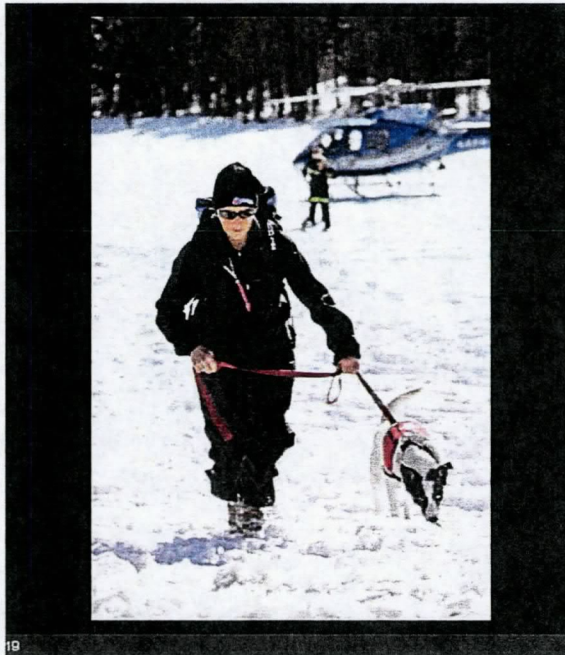
Avalanche scenario training



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e scenario training



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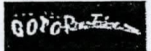


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Media join the bell-ringing for Salvation Army donors

FEBRUARY 14, 2009

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Salvation Army Media Bell Ringing participants, including: Bill Schultz and Connie Wray, Alice 96.5 FM; Gregg Thomas, BOB-FM; Chuck Short, KDOT-FM; Brent Boynton, Terri Russell and Pat Thomas, KOLO-TV Channel 8; Tad Dunbar and Joe Hart, KRVN-TV Channel 4; Bill Brown, Neda Iranpour, Tom Henkenius and Kristen Remington, KTVN-TV Channel 2; Jim Fannin, News Talk 780 KKOH; Laurie Adamson, 103.7 The River; and Siobhan McAndrew and Maggie O'Neill, Reno Gazette-Journal.



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*Supporters of the Children's Cabinet since Dec. 1, including: Mathewson Charitable Lead Trusts; Otto Huth Scholarship Fund; Brett and Karen Coleman Foundation; Jack Van Sickle Foundation; Leonette Foundation; International Game Technology; Mr. and Mrs. Michael Dermody; Sovereign Order of St. Johns of Jerusalem; Starfish Foundation of REMSA and Care Flight; In-N-Out Burger Foundation; Morgan Stanley; Northern Sierra Endurance Training; Robert Banks Foundation; KPS|3 Marketing; Josephs Foundation; United Way of Northern Nevada and the Sierra; MGM Mirage Voice Foundation; Ranson Webster; McDonald Carano Wilson LLP; EcoLogic Inc.; Mr. and Mrs. Brian Sandoval; Meg Cleary; Wells Fargo Bank; Edward McCaffery; Harley Davidson Financial Services; Wilbur D. May Foundation; the Children's Cabinet Stitchers; and many other individuals who donated gifts, money and time.

AT&T contributes
to area organizations

AT&T, for its contributions in November and December to area organizations, including: Nevada Association of Counties, EDAWN, Reno-Sparks Chamber of Commerce, Nevada EcoNet, Reno Sunrise Rotary, High Sierra Industries, Dayton Chamber of Commerce, Desert Research Institute, KNPB-TV Channel 5, Nevada Area Council Boy Scouts, Humboldt Chamber of Commerce, University of Nevada Foundation, Better Business Bureau, Women in Technology International, Clark County Bar Association and Western Industrial Nevada.

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More Voices Headlines

- In the short term, stimulus will put Nevadans to work
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Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

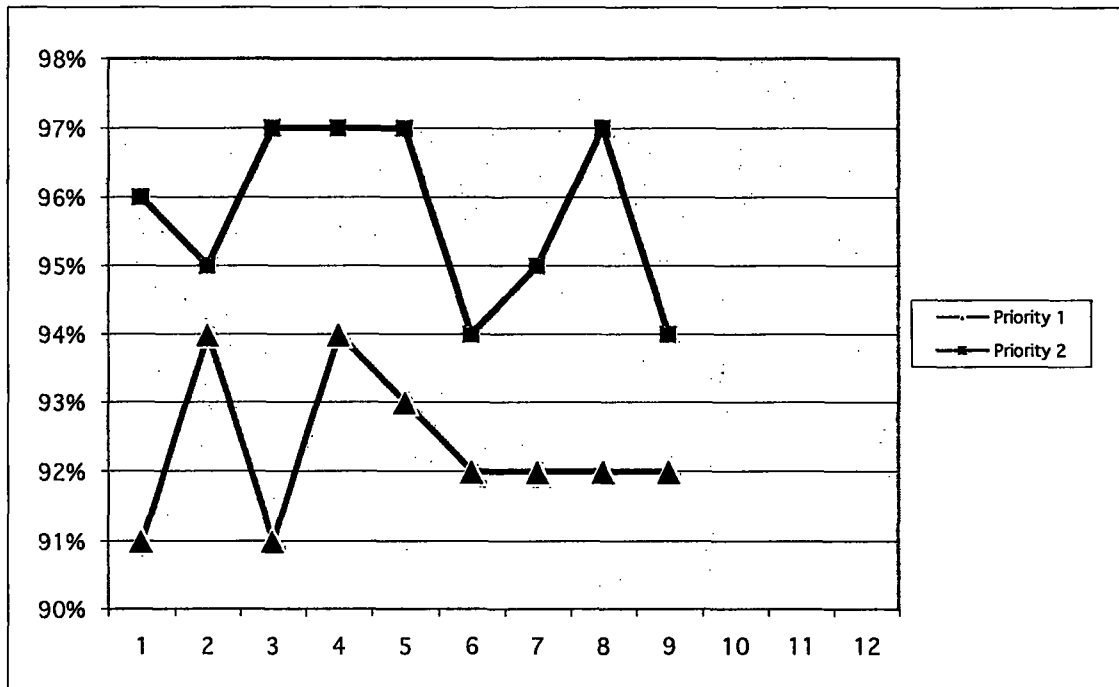
FOR

MARCH 2009

DBOH AGENDA ITEM # 9.

Fiscal 2009

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-08	4 mins. 56 secs.	3 mins. 51 secs.	91%	96%
Aug.	5 mins. 52 secs.	4 mins. 42 secs.	94%	95%
Sept.	6 mins. 15 secs.	5 mins. 4 secs.	91%	97%
Oct.	5 mins. 55 secs.	4 mins. 49 secs.	94%	97%
Nov.	5 mins. 37 secs.	4 mins. 33 secs.	93%	97%
Dec.	5 mins. 0 secs.	3 mins. 52 secs.	92%	94%
Jan. 09	5 mins. 50 secs.	4 mins. 43 secs.	92%	95%
Feb.	5 mins. 57 secs.	4 mins. 51 secs.	92%	97%
Mar.	6 mins. 14 secs.	5 mins. 7 secs.	92%	94%
Apr.				
May				
Jun-07				



08-09 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	19	\$106,108	\$5,585	\$5,585
Aug.	14	\$83,040	\$5,931	\$5,732
Sept.	25	\$153,215	\$6,129	\$5,903
Oct.	16	\$104,772	\$6,548	\$6,042
Nov.	9	\$53,679	\$5,964	\$6,034
Dec.	18	\$100,736	\$5,596	\$5,956
Jan. 09	11	\$65,659	\$5,969	\$5,957
Feb.	8	\$48,151	\$6,019	\$5,961
Mar.	12	\$94,826	\$7,902	\$6,138
Apr.			\$0	\$6,138
May			\$0	\$6,138
June			\$0	\$6,138
Totals	132	\$810,186	\$6,138	\$6,138
			Adjusted Allowed Average Bill -	\$6,341.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	2756	\$2,364,088	\$858	\$858
Aug.	2876	\$2,479,415	\$862	\$860
Sept.	2705	\$2,388,051	\$883	\$867
Oct.	2671	\$2,356,443	\$882	\$871
Nov.	2536	\$2,238,390	\$883	\$873
Dec.	2717	\$2,420,685	\$891	\$876
Jan. 09	2741	\$2,437,974	\$889	\$878
Feb.	2505	\$2,220,210	\$886	\$879
Mar.	2815	\$2,516,292	\$894	\$881
Apr.			\$0	\$881
May			\$0	\$881
June			\$0	\$881
Totals	24322	\$21,421,548	\$881	\$881
			Allowed ground avg bill -	\$886.00



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
MARCH 2009



GROUND AMBULANCE OPERATIONS REPORT

March 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	4773
Total Number Of Responses In Which No Transport Resulted	1944
Total Number Of System Transports	2829

2. CALL CLASSIFICATION REPORT:

Trauma		26%
	Trauma – MVA	8%
	Trauma – Non MVA	18%
Medical		47%
OB		0%
Psychiatric/Behavioral		4%
Transfers		16%
Unknown/Other		6%
Cardiopulmonary Arrests		1%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 28 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 148
- 100% of advanced airways (outside cardiac arrests)
 - 4 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
 - 292 Paramedic total

- o 408 EMT-I total
- 100% Pain/Sedation Management – 181

All follow-up deemed necessary resulting from Communication CQI was completed by Alan Dobrowolski, RN, Communications Manager.

4. EDUCATION AND TRAINING REPORT:
--

A. Public Education

Date	Course	Course Location	Students
03/02/09	Advanced Cardiac Life Support	Beale AFB	3
03/02/09	Healthcare Provider	REMSA	8
03/03/09	Healthcare provider	Nampa Fire Dept	9
03/03/09	Heartsaver First Aid	REMSA	5
03/02/09	Healthcare Provider Recert	REMSA	2
03/04/09	Healthcare Provider	REMSA	2
03/04/09	Healthcare Provider	REMSA	7
03/04/09	Advanced Cardiac Life Support	REMSA	25
03/04/09	Healthcare provider	Nampa Fire Dept	11
03/04/09	Heartsaver First Aid	Nampa Fire Dept	6
03/05/09	Heartsaver First Aid	Hand-in Hand	8
03/05/09	Heartsaver CPR	Visual Insight	1
03/05/09	Heartsaver First Aid	REMSA	6
03/05/09	Healthcare Provider	SIR Resource Center	5
03/05/09	Healthcare Provider	So Meadows Dental	12
03/05/09	Healthcare Provider Recert	Tahoe Forest Hospital	3
03/05/09	Healthcare Provider Recert	Tahoe Forest Hospital	4
03/05/09	Healthcare Provider	Willow Springs Center	1
03/05/09	Healthcare Provider	REMSA	4

03/05/09	Pediatric Advanced Life Support	NCME	13
03/05/09	Healthcare provider	Willow Springs	7
03/05/09	Heartsaver First Aid	Hand-in-Hand	8
03/05/09	Heartsaver First Aid	Hamilton company	4
03/05/09	Healthcare Provider Skills Evaluation	Tahoe Forest Hospital	1
03/06/09	Healthcare Provider	Great Basin College	3
03/06/09	advanced cardiac life support	NCME	12
03/07/09	Advanced Cardiac Life Support	SCOR	15
03/07/09	Heartsaver First Aid	Tahoe Forest Hospital	3
03/07/09	Heartsaver Pediatric First Aid	REMSA	8
03/07/09	Heartsaver First Aid	Homewatch Caregivers	7
03/07/09	Healthcare provider	RAS Merced	7
03/07/09	Heartsaver pediatric First Aid	Wells combined School	8
03/08/09	Heartsaver AED	New Creation Outreach Ministries	7
03/09/09	Healthcare Provider	Eagle Valley Children's Home	3
03/10/09	Heartsaver AED	JS Redpath Corp Office	4
03/10/09	Healthcare Provider	Dr Myatt and Dr Melendez	6
03/10/09	Heartsaver First Aid	Sparks Storm Fastpitch Softball	11
03/10/09	Healthcare Provider	REMSA	6
03/10/09	Heartsaver First Aid	Right at Home	7
03/11/09	Heartsaver First Aid	Visual Insight	1
03/11/09	Healthcare Provider	Rosewood Rehab Center	2
03/11/09	Healthcare Provider Skills Evaluation	REMSA	1
03/11/09	Heartsaver First Aid	REMSA	1
03/11/09	Pediatric Advanced Life Support Recert	REMSA	13

03/11/09	Healthcare Provider Recert	REMSA	9
03/11/09	Healthcare Provider Recert	REMSA	3
03/11/09	Healthcare provider	REMSA	2
03/11/09	Heartsaver CPR	Casa de Vida	5
03/11/09	Heartsaver First Aid	The Season's	13
03/11/09	Healthcare provider	Ely NDOC	1
03/11/09	Healthcare Provider	Ely NDOC	1
03/12/09	Heartsaver First Aid	Lovelock Correctional Center	1
03/12/09	Heartsaver First Aid	REMSA	5
03/12/09	Healthcare Provider Recert	REMSA	3
03/12/09	Healthcare Provider Recert	REMSA	3
03/12/09	Healthcare Provider Recert	REMSA	2
03/12/09	Healthcare provider	Nampa Fire Dept	8
03/12/09	Heartsaver First Aid	The Season's	11
03/12/09	Heartsaver First Aid	Hamilton company	5
03/12/09	Heartsaver CPR	Sierra Nv Jobcorps	6
03/13/09	Advanced Cardiac Life Support	Reno Endoscopy Center	3
03/13/09	Healthcare Provider	REMSA	1
03/13/09	Heartsaver First Aid	State of Nevada DOC	19
03/13/09	Heartsaver AED	Currant Creek community Bldg	2
03/14/09	Heartsaver First Aid	Curves	5
03/14/09	Advanced Cardiac Life Support	St Mary's	8
03/14/09	Heartsaver Pediatric First Aid	REMSA	11
03/14/09	Healthcare Provider	REMSA	7
03/14/09	Advanced Cardiac Life Support	Incline Village Community Hospital	14
03/14/09	Heartsaver First Aid	White River Boys Ranch	16

03/15/09	Healthcare provider	REMSA	2
03/16/09	Healthcare provider	Nampa Fire Dept	6
03/16/09	Healthcare provider	Nv Div of State Parks	5
03/17/09	Healthcare Provider Recert	REMSA	1
03/17/09	advanced cardiac life support	East Fork Fire	3
03/18/09	International Trauma Life Support Recert	REMSA	8
03/18/09	Healthcare Provider	REMSA	2
03/18/09	Healthcare Provider	REMSA	7
03/19/09	Healthcare Provider	Gastroenterology Consultants	1
03/19/09	Healthcare Provider Skills Evaluation	Gastroenterology Consultants	4
03/19/09	Healthcare Provider Recert	NFD Training	11
03/19/09	Healthcare Provider Recert	State of Nevada DOC	4
03/19/09	Heartsaver First Aid	Hamilton company	4
03/20/09	Healthcare Provider	REMSA	1
03/20/09	Heartsaver First Aid	Advanced Green Builders	3
03/20/09	Heartsaver First Aid	HDR	4
03/20/09	Healthcare Provider Skills Evaluation	REMSA	1
03/20/09	Heartsaver pediatric First Aid	SEMSA	7
03/21/09	Heartsaver First Aid	REMSA	3
03/21/09	Heartsaver First Aid	REMSA	1
03/21/09	Heartsaver pediatric First Aid	Chester, Ca	9
03/21/09	Heartsaver First Aid	RAS	10
03/21/09	Heartsaver pediatric First Aid	Visual Insight	4
03/22/09	Healthcare Provider Skills Evaluation	Private Home	1
03/22/09	Healthcare provider	SEMSA post	1
03/22/09	Healthcare provider	Visual Insight	2

03/23/09	Heartsaver First Aid	Abaris Training	9
03/23/09	Healthcare Provider Recert	Sierra Surgery	8
03/23/09	Heartsaver CPR	State of Nevada DOC	2
03/24/09	Healthcare Provider	REMSA	5
03/24/09	Healthcare Provider	REMSA	3
03/24/09	Healthcare Provider	REMSA	1
03/24/09	Heartsaver First Aid	REMSA	1
03/24/09	Healthcare Provider Skills Evaluation	Tahoe Forest Hospital	1
03/24/09	Healthcare Provider Recert	Tahoe Forest Hospital	6
03/25/09	Healthcare Provider	REMSA	1
03/25/09	Healthcare Provider	REMSA	1
03/25/09	Neonatal Resuscitation Program	REMSA	7
03/25/09	Healthcare provider	Renown Resources	5
03/25/09	Healthcare provider	Pacific Perfusion Services Inc	4
03/26/09	Healthcare Provider	REMSA	7
03/26/09	Healthcare Provider	REMSA	1
03/26/09	Healthcare Provider Recert	Elko Co. School District	1
03/26/09	Healthcare provider	Regent Care Center	8
03/26/09	Heartsaver First Aid	Hamilton company	4
03/27/09	Healthcare Provider	REMSA	1
03/27/09	Healthcare Provider	REMSA	8
03/27/09	pediatric advanced life support	REMSA	1
03/27/09	Healthcare Provider Recert	Radiation Oncology	6
03/27/09	Healthcare Provider	State of Nevada DOC	1
03/27/09	Healthcare provider	Susanville	2
03/27/09	Heartsaver First Aid	Patagonia Service Center	3

03/28/09	Healthcare Provider	REMSA	5
03/30/09	Healthcare Provider	REMSA	1
03/30/09	Healthcare Provider	REMSA	3
03/31/09	International Trauma Life Support Recert	REMSA	12

Total Students Processed – March 2009	667
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Paramedic Course

Ongoing	REMSA Paramedic Program – 7/08	12 Students
Ongoing	REMSA Paramedic Program – 1/09	12 Students

EMT Course

Ongoing	EMT B – 1/5/09	24 Students
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

3/19/09	Child Passenger Safety Presentation on Mothers of Preschoolers (MOPS) Group; 15 Moms.	1 staff
3/21/09	Child Safety Seat Checkpoint, Champion Chevrolet Collision Center . 18 cars and 24 seats inspected.	13 volunteers, 4 staff

Northern Nevada Fitting Station

3/11/09	Fitting Station partners quarterly meeting, Renown Foundation.	5 partners
3/25/09	Saint Mary's prenatal class, Reno.	36 students

Safe Kids Washoe County

3/2/09	Esther Bennett Safety Committee meeting, Sun Valley.	3 volunteers
3/3/09	Teach at UNR Community Health Sciences class.	32 students
3/4/09	Bike to Work community meeting, Reno.	8 volunteers
3/10/09	Coalition Monthly Meeting, Sparks.	15 volunteers
3/11/09	National Infant Immunization Week meeting, Saint Mary's Foundation.	25 partners
3/2/09	Esther Bennett Safety Committee meeting, Sun Valley.	3 volunteers
3/3/09	Teach at UNR Community Health Sciences class.	32 students
3/4/09	Bike to Work community meeting, Reno.	8 volunteers
3/10/09	Coalition Monthly Meeting, Sparks.	15 volunteers
3/11/09	National Infant Immunization Week meeting, Saint Mary's Foundation.	25 partners
3/11/09	Photojournalism Advocacy Project teleconference with Safe Kids Worldwide.	1 staff
3/11/09	Board of Directors regular meeting, REMSA.	7 members
3/12/09	Chronic Disease Coalition, Washoe County District Health Department	22 volunteers
3/18/09	Bike to Work community meeting, Reno.	7 volunteers
3/19/09	Maternal Child Health Coalition, Washoe County District Health Department	18 volunteers
3/20/09	National Infant Immunization Week marketing meeting, Saint Mary's Foundation.	5 volunteers
3/20/09	EMS for Children subgrantee committee meeting, REMSA.	7 staff
3/24/09	Meeting with Chili's regarding fundraising.	1 staff
3/24/09	Assembly Energy, Infrastructure and Transportation subcommittee hearing on AB300 - motorcycle helmet repeal proposal	1 staff

3/24/09	Esther Bennett Safety Committee meeting, Sun Valley.	3 volunteers
3/25/09	EMS for Children Family Advocacy Network planning committee teleconference.	8 volunteers
3/26/09	Esther Bennett Safe Routes to Schools frequent walking program kick-off - Buffalo Stampede.	525 students, 45 school staff, 6 volunteers
3/30/09	Safe Kids Worldwide membership meeting at Lifesavers Conference, Nashville, Tennessee.	2 staff

Public Relations

3/12/09	REMSA tour with Sparks City Councilperson Julia Ratti.	3 staff
3/20/09	Truckee Meadows Law Enforcement Chaplaincy luncheon, Reno.	2 staff
3/24/09	Meeting with VistaCare Hospice marketing director regarding REMSA transport services.	1 staff
3/28-4/1/09	Lifesavers 2009 National Conference on Highway Traffic Safety Priorities, Nashville, Tennessee.	2 staff

Meetings

3/2/09	Employee Resource Team Monthly Meeting	1 staff
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Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
MARCH 2009**

INQUIRIES

March 2009

There were no inquiries in the month of March.



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
MARCH 2009**



**CARE FLIGHT OPERATIONS REPORT
MARCH 2009
WASHOE COUNTY**

❖ **In Town Transfer:**

- 3 ITT were completed

❖ **Outreach, Education, & Marketing:**

- 4 Community Education & Public Event

3/6/09	Renown ENA PR	Flight Staff
3/7/09	Cabela's Community PR	Flight Staff
3/16/09	REMSA/RASI Orientation	Flight Staff
3/21/09	Cabela's Community PR	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	12
Total Patients	12
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	9
Hospital Transports	3
Trauma	1
Medical	7
High Risk OB	0
Pediatrics	4
Newborn	0
Full Arrest	0
Total	12



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
MARCH 2009**

GROUND AMBULANCE CUSTOMER COMMENTS MARCH 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Made me feel as comfortable as I could be at the time.		Someone actually took the time to take me and friend to drug store and they also called a cab for us to get back to hotel.
2	During a very scary and stressful situation the staff made me feel completely comfortable and safe.		
3	Everything - Driver (gave name) and other lady were wonderful, professional and calming.	Nothing, keep doing what you are doing.	Your personnel are very medically smart. Please give them my best regards. Thank you.
4	(Named both employees) ambulance personnel were courteous, very helpful, kind and prompt.	I can't think of any improvement.	I admire your entire operation. This is my 3rd ride with you and your crews are superb!
5			The service was excellent. (Named employee) and crew were great with my son Joey. Thank you.
6	You were sincere and very nice when I had to go to the hospital. Polite and professional and that is very important.	Not to be rude but when there is a women ambulance person they are rude at times, rudeness does not help.	You over all are very polite and professional.
7	Nothing one member of your crew was more interested and taunted me over something I did wrong, got into my purse w/o my permission. I have always thought your paramedics were awesome I've used your services many times but a patient comes 1st not what happened in their personal life. I made a mistake it was my business not the paramedic who was driving and he told everyone he came in contact with. The other young name didn't do anything wrong		I am appauled.
8	Everything.	Nothing.	My 93 year old father was the patient. I was out of town but communicated with REMSA by phone. Dad lives at the Lakeside Manor Facility. I felt REMSA was most helpful when I spoke to them while they were picking up my Dad. I truly appreciate their level of professionalism and their understanding of what info I wanted to know as a long distance relative at that moment. Thank you much.
9	She was taken to a hospital.	Investigate the missing belongings and follow proper procedure.	All Mary Carlson's upper garments are missing they have not been returned; she kept her money pinned in her bra. Tiff - Please see attached letter.
10	Horrible Horrible	Verbal complaint made 2-25. No response - why.	The most rude crew.
11	I called the business office to assist in triage as Mom was pre-admitted to Northern Nevada Hospital.	Excellent Service.	I was asked by the paramedic, if Mom had a "Medical Emergency" or did I just want a ride to the hospital. I stated, I was following 2 doctor's instructions to transport her. She was in hospital for 9 days, discharged, then re-admitted with some "unknown" infection, that cat scan was said to be the "worst" ever seen in an elderly person, still alive -- so -- the question is -- Does this constitute a "medical emergency"?
12	Got me to the hospital ok.	Have your personnel more understanding about their patient's needs.	(Named medic) would not give me a pain shot when I needed after the hospital told him to. He told me he had pain medicine in the needle and he said that he would not give it to me. It was his own idea no to give it to me.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
13	Normally very good.	<p>The paramedics on this run were borderline abusive/making jokes about it and degrading me because I drank too much..."well this run is a waste, etc. etc." I was REALLY sick. Renown finally isolated the problem. I had pneumonia and a severe cough that I could not get rid of. After several attempts I was finally treated for the cause. I am well now and sober (for good). I do not appreciate being made fun of and treated like I am a waste of their time and your resources. Alcoholism is a serious disease that I suffer from and I had a slip (member of Alcoholics Anonymous for many years) and pneumonia. I deserve to be treated the same as any other sick person. I am paying for the run one way or another. For \$855 I do not expect to be made fun of by these people.</p>	
14			Drove like a hotrod, didn't use my name until requested. Drive from 11:30-16:00 didn't inquire about stop to eat or water.
15	Prep for ride.		Ambulance breakdown caused delay.
16			The ambulance was less than a mile away, yet it took them 15-20 minutes to find my place. I believe drivers should familiarize themselves with the surrounding neighborhood.
17			The doctor at St Mary's ER said the transport was not necessary. Mt Mother is 96 and feeble, she just fell.
18	Nothing!	LISTEN TO PATIENT AND FAMILY MEMBERS & FRIENDS!	I was taken by you against my & my husband's wishes. My husband and friends were forcefully pushed back and away. NONE OF US requested an ambulance, my husband could have taken care of me very well and has in the past. If this ever happens to me again by your company, I will file a law suit against you. I DID NOT appreciate in any way what was done to me, and I WILL NOT tolerate it again. Take heed - next time listen and pay attention to my husband, Kenneth, and his wishes.



Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
MARCH 2009**



CARE FLIGHT CUSTOMER COMMENTS MARCH 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Pain relief		
2	I was not with my husband when Care Flight took him to Renown. Incline Hospital called them and a ambulance took him to the Care Flight while I drove down to the hospital.		thank you very much for taking care of him and transporting him so quickly.
3	Everything	Keep up the good work.	Billy could have used sun glasses because of macular degeneration.
4	Everything-Very patient and helpful. Put the IV in my arm very well, which is difficult.		
5	communicated the process of caring for my husband. Very helpful to me and my 12 year old son.	Keep up the good work!	
6	Put me at ease, friendly and caring	keep employing the type of personnel that saved me.	



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
MARCH 2009**

PUBLIC RELATIONS

March 2009

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding stroke awareness, choking precautions, safety preparedness plan, and travel safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote and distributed a press release regarding Care Flight honoring a Lyon County Sheriff at their monthly County Commission meeting.	Press release went out on 3/4 for the 3/5 award presentation. The Fernley Leader newspaper covered the event and ran a story on 3/10.
Worked with the Discovery Channel in a story they are working on locally where they needed b-roll footage of an ambulance.	The footage was taken on 3/11 and will run in April on the Discovery Channel.
Wrote press release regarding mini med-files being distributed during Medication Safety Week in April.	Release will be sent the first week of April.
Pitched Channel 2 on a possible series of story regarding REMSA CPR training to highlight Education Center.	Story was pitched on 3/27. Story would run in April.



April 1, 2009

Free holder for a person's medical information for seniors, others given in Washoe County

As part of national Medication Safety Week that runs from today through Tuesday, Regional Emergency Medical Services Authority (REMSA) offers Mini Medi-Files for people in Washoe County to make sure critical medical and health information is available for emergency medical responders.

The Mini Medi-File is a small fold-over vinyl holder to health information like medical conditions, medications, allergies and emergency contacts. The Medi-File can fit in a wallet or purse.

"When coming onto an emergency scene, it is vitally important that REMSA paramedics have immediate access to a patient's medical information, especially when the patient is unable to verbally communicate," Melissa Krall, director of community outreach for REMSA, said in a statement. "By taking a few minutes to fill out the information within the Medi-File and keeping it with you at all times, in an emergency situation paramedics may be more informed in your treatment and ultimately have a better chance to save your life."

The City of Reno Senior Services, Washoe County Senior Center, the State of Nevada Division for Aging Services, Washoe County Sheriff's Office and Senior Care Plus have partnered with REMSA to produce and distribute for free 40,000 of the Mini Medi-Files to Washoe County citizens.

Although there are many other suggested methods for ensuring your vital information is obtained during a crisis such as using a cell phone, emergency service providers prefer the use of the Medi-Files, REMSA said in the statement.

"Putting emergency contact information into your cell phone is a good idea, but the Medi-File takes the concept a step further putting life saving medical information into the hands of the people who need it," Washoe County Sheriff Michael Haley said in statement. "With the Medi-File, even if your cell phone is inoperable, your information is still attainable."

There's also also get a window sticker that clearly identifies those within the home as Medi-File carriers and signals the REMSA paramedics to immediately look in the patient's wallet or purse to get needed medical information.

Nearly 30,000 of the Mini Medi-Files have been distributed free of charge in Washoe County since 2005.

Mini Medi-Files and direction sheets can be obtained at:

REMSA Training Center
230 S. Rock Blvd., Ste. 23, Reno

Washoe County Sheriff's Office
911 Parr Boulevard, Reno

City of Reno Parks and Recreation

TAHOE DOUGLAS FIRE PROTECTION DISTRICT

FYE

Guy LeFever, Fire Chief
Rick Nicholson, Fire Marshal
Van Ogami, Assistant Chief



Steve Seibel, Chairman
Roy Clason, Vice-Chairman
Frank Forvilly, Trustee
RJ Clason, Trustee
Brad Dorton, Trustee

TO PATRICK &
Jim G.

Val Popovich
REMSA
450 Edison
Reno, NV 89502

April 3, 2009

Ms. Popovich,

On behalf of the Tahoe Douglas Fire Protection District I would like to thank you for your company's recent donation of Zoll equipment and supplies to the fire district. During these economic times, your donation is tremendous in assisting the fire district to continue to provide ALS care to the residents and visitors of the fire district. Please do not hesitate to call me if we can assist REMSA with anything.

Sincerely,

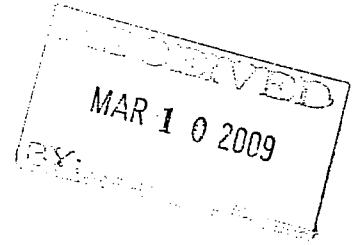
Ben Sharit
EMS Battalion Chief
Tahoe Douglas Fire Protection District
775-586-1573



Leading Adults to Success

Northern Nevada Literacy Council - - - 1400 Wedekind Road - - Reno, NV 89512
775.356.1007 - - fax 775.356.1009 - - website www.nnlc.org

March 9, 2009



Jim Gubbles
REMSA
450 Edision Way
Reno, Nevada 89502

Dear Mr. Gubbles

I want to thank you for your participation in Northern Nevada Literacy Council's
Community Involvement Week, March 2-5, 2009.

The students expressed their appreciation for the presentation that you made.

I look forward for us joining forces again in the near future.

Best Regards,

A handwritten signature in black ink that reads "Jeff Perthel". The signature is written in a cursive, flowing style.

Jeff Perthel
Program Specialist



DISTRICT HEALTH DEPARTMENT

April 14, 2009

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for March 2009

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for March of fiscal year 09.

Background

The attached reports are for the accounting period 09/09 and the percentages should approximate 75% of the year. Our total revenues and expenditures for the current year (FY09) compared to last year (FY08) are as follows:

March 2009	FY09 – REV	FY08 – REV	FY09 – EXP	FY08 – EXP
Transfer	63%	69%		
AHS	51%	68%	58%	73%
AQM	58%	68%	62%	65%
CCHS	57%	60%	73%	71%
EHS	64%	71%	66%	69%
EPHP	51%	51%	58%	58%
TOTAL	57%	63%	66%	69%

The Environmental Oversight Account for March 2009 was \$162,774.96.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.


 Administrative Health Services Officer

Enclosure

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00	90,521.21	34,478.79	72	125,000.00	126,355.39	1,355.39	101
422504 Pool Permits	100,000.00	68,331.00	31,669.00	68	84,000.00	54,771.00	29,229.00	65
422505 RV Permits	15,000.00	12,660.00	2,340.00	84	15,000.00	13,604.00	1,396.00	91
422507 Food Service Permits	410,000.00	307,463.00	102,537.00	75	410,000.00	295,733.00	114,267.00	72
422508 Wat Well Const Perm	40,000.00	21,007.00	18,993.00	53	40,000.00	27,760.00	12,240.00	69
422509 Water Company Permits	25,000.00	7,424.00	17,576.00	30	28,000.00	17,165.00	10,835.00	61
422510 Air Pollution Permits	420,550.00	315,001.65	105,548.35	75	313,845.28	596,324.15	282,478.87	190
422511 ISDS Permits	125,000.00	61,648.00	63,352.00	49	125,000.00	95,698.00	29,302.00	77
422513 Special Event Permits	80,000.00	62,539.00	17,461.00	78	80,000.00	62,830.00	17,170.00	79
422514 Initial Applic Fee		20,800.00	20,800.00					
* Licenses and Permits								
431100 Federal Grants	1,340,550.00	967,394.86	373,155.14	72	1,220,845.28	1,290,240.54	69,395.26	106
431105 Federal Grants - Indirect	6,582,424.45	3,023,711.59	3,558,712.86	46	6,131,026.56	3,318,408.25	2,812,618.31	54
432100 State Grants		11,320.41	11,320.41		11,064.00	3,176.50	7,887.50	29
432310 Tire Fee NRS 444A.090	809,529.80	610,249.16	199,280.64	75	968,786.80	647,981.52	320,805.28	67
432311 Pol Ctl 455B.830	415,000.00	276,583.09	138,416.91	67	415,000.00	339,665.07	75,334.93	82
* Intergovernmental								
460162 Services to Other Agencies	280,000.00	230,760.00	49,240.00	82	277,137.86	224,535.00	52,602.86	81
460500 Other Immunizations	8,086,954.25	4,152,624.25	3,934,330.00	51	7,803,015.22	4,533,766.34	3,269,248.88	58
460501 Medicaid Clinical Services	195,859.10	72,288.62	123,570.48	37	197,796.38	115,948.78	81,847.60	59
460503 Childhood Immunizations	165,000.00	85,989.98	79,010.02	52	165,000.00	140,064.00	24,936.00	85
460504 Maternal Child Health	30,750.00	37,967.94	7,217.94	123	20,500.00	36,902.56	16,402.56	180
460505 Non Title X Revenue	190,000.00	157,525.80	32,474.20	83	190,000.00	167,512.00	22,488.00	88
460508 Tuberculosis		3,625.93	3,625.93			41.41	41.41	
460509 Water Quality	8,000.00	15,685.39	7,685.39	196	8,000.00	10,791.26	2,791.26	135
460510 IT Overlay		280.00	280.00		800.00	140.00	660.00	18
460511 Birth and Death Certificates	150,000.00	96,450.00	53,550.00	64	150,000.00	98,940.00	51,060.00	66
460512 Duplication Service Fees	230,000.00	163,218.20	66,781.80	71	230,000.00	183,473.25	46,526.75	80
460513 Other Health Service Charges	800.00	238.50	561.50	30	1,000.00	219.50	780.50	22
460514 Food Service Certification	23,800.00	5,579.75	18,220.25	23	20,000.00	9,766.25	10,233.75	49
460515 Medicare Reimbursement	8,000.00	5,776.00	2,224.00	72	8,000.00	6,076.00	1,924.00	76
460516 Pgm Inc-3rd Pty Rec	250.00	892.07	642.07	357	8,000.00	12,799.04	4,799.04	160
460517 Influenza Immunization	3,000.00	10,519.87	7,519.87	351	4,600.00	7,097.63	2,497.63	154
460518 STD Fees	10,000.00	9,687.00	313.00	97	30,000.00	28,115.00	1,885.00	94
460519 Outpatient Services	60,000.00	29,981.23	30,018.77	50	50,000.00	39,852.59	10,147.41	80
460520 Eng Serv Health	11,500.00	7,188.00	4,312.00	63	11,000.00	7,966.00	3,034.00	72
460521 Plan Review - Pools & Spas	120,000.00	99,354.00	20,646.00	83	140,000.00	88,796.34	51,203.66	63
460523 Plan Review - Food Services	3,000.00	4,474.00	1,474.00	149	3,000.00	12,034.05	9,034.05	401
460524 Family Planning	40,000.00	22,759.26	17,240.74	57	40,000.00	38,969.41	1,030.59	97
460525 Plan Review - Vector	100,000.00	74,523.26	25,476.74	75	125,000.00	108,971.95	16,028.05	87
460526 Plan Review-Air Quality	75,000.00	45,920.00	29,080.00	61	100,000.00	60,738.80	39,261.20	61
460527 NOE-AQM	14,837.00	28,237.00	13,400.00	190	12,000.00	1,074.00	10,926.00	9
460528 NESHAP-AQM	32,900.00	40,857.30	7,957.30	124	121,000.00	3,584.00	117,416.00	3
460529 Assessments-AQM	167,900.00	60,556.00	107,344.00	36	63,000.00	16,662.00	46,338.00	26
460530 Inspector Registr-AQ	36,630.00	21,408.00	15,222.00	58	26,000.00	2,996.00	23,004.00	12
	2,100.00		2,100.00		2,000.00		2,000.00	

Washoe / Health District
 REVENUE
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
* 460531 Dust Plan-Air Quality	178,333.00-	186,357.00-	8,024.00	104	395,000.00-	9,152.00-	385,848.00-	2
* Charges for Services	1,857,659.10-	1,287,340.10-	570,319.00-	69	2,121,696.38-	1,208,683.82-	913,012.56-	57
484000 Donation, Contri-Oper					15,000.00-	15,000.00-		100
484195 Non-Govtl Grants		484.91-	484.91		6,020.00-	6,020.00-		100
485300 Other Misc Govt Rev		484.91-	484.91		21,020.00-	2,552.80-	2,552.80	
* Miscellaneous		6,407,844.12-	4,877,319.23-	57	11,166,576.88-	7,056,263.50-	4,110,313.38-	63
** Revenue	11,285,163.35-							

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
701110 Base Salaries	11,240,002.38	7,614,349.85	3,625,652.53	68	11,810,586.22	8,341,594.32	3,468,991.90	71
701120 Part Time	1,045,046.35	616,293.03	428,753.32	59	1,089,921.13	765,509.57	324,411.56	70
701130 Pooled Positions	197,135.86	87,747.47	109,388.39	45	204,971.19	120,528.90	84,442.29	59
701140 Holiday Work	1,500.00	1,452.62	47.38	97	1,750.00	716.36	1,033.64	41
701150 Contractual Wages	84,339.87	21,556.75	62,783.12	26	22,167.00	36,989.72	14,792.72	167
701200 Incentive Longevity	169,100.50	78,863.01	90,237.49	47	204,489.80	82,726.38	121,763.42	40
701300 Overtime	69,385.91	27,852.10	41,533.81	40	83,378.85	38,541.46	44,837.39	46
701406 Standby Pay	35,000.00	24,890.36	10,109.64	71	40,000.00	35,519.47	4,480.53	89
701408 Call Back	6,000.00	2,683.29	3,316.71	45	11,000.00	4,071.96	6,928.04	37
701412 Salary Adjustment	273,978.53		273,978.53		832.95		832.95	
701413 Vac Payoff/Sick Pay-Term		189,854.34	189,854.34			97,991.87	97,991.87	
701417 Comp Time		26,880.20	26,880.20			6,460.69	6,460.69	
701419 Comp Time - Transfer		5,898.46	5,898.46			2,083.38	2,083.38	
701500 Merit Awards	254,000.00		254,000.00		650,000.00		650,000.00	
Salaries and Wages	12,319,532.34	8,698,321.48	3,621,210.86	71	12,817,431.24	9,532,704.08	3,284,727.16	74
705110 Group Insurance	1,493,380.68	987,497.70	505,882.98	66	1,575,329.42	1,118,776.02	456,553.40	71
705210 Retirement	2,548,069.63	1,694,791.52	853,278.11	67	2,663,736.30	1,878,675.75	785,060.55	71
705215 Retirement Calculation	147,700.00		147,700.00					
705230 Medicare April 1986	161,008.60	112,081.84	48,926.76	70	173,003.66	121,105.48	51,898.18	70
705320 Workmens Comp	81,600.00	60,826.35	20,773.65	75	70,725.00	49,854.00	20,871.00	70
705330 Unemply Comp	13,260.00	13,268.32	8.32	100	11,275.00	11,715.00	440.00	104
705360 Benefit Adjustment	19,155.00		19,155.00		4,695.82		4,695.82	
Employee Benefits	4,464,173.91	2,868,465.73	1,595,708.18	64	4,498,765.20	3,180,126.25	1,318,638.95	71
710100 Professional Services	1,042,795.07	542,272.96	500,522.11	52	1,022,606.13	305,399.68	717,206.45	30
710105 Medical Services	13,700.00	8,688.50	5,011.50	63	14,000.00	8,409.00	5,591.00	60
710108 MD Consultants	57,140.00	35,850.00	21,290.00	63	58,947.00	34,275.00	24,672.00	58
710115 Prof Eng Services		1,208.31	1,208.31					
710119 Subrecipient Payments	304,994.00	197,977.50	107,016.50	65	303,716.49	190,218.43	113,498.06	63
710200 Service Contract	116,754.00	72,301.82	44,452.18	62	124,335.10	57,277.19	67,057.91	46
710205 Repairs and Maintenance	17,335.63	2,328.28	15,007.35	13	14,868.00	10,526.87	4,341.13	71
710210 Software Maintenance		9,350.00	9,350.00			8,174.15	8,174.15	
710300 Operating Supplies	180,856.66	110,399.34	70,457.32	61	133,965.75	91,383.69	42,582.06	68
710302 Small Tools & Allow	2,950.00		2,950.00		2,950.00	1,732.52	1,217.48	
710308 Animal Supplies	2,000.00	201.74	1,798.26	10	2,000.00		2,000.00	59
710312 Special Dept Expense		200.00	200.00					
710319 Chemical Supplies	621,588.00	361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710325 Signs and Markers					150.00		150.00	
710334 Copy Machine Expense	41,362.18	23,145.18	18,217.00	56	36,022.45	27,955.06	8,067.39	78
710350 Office Supplies	56,718.55	41,576.59	15,141.96	73	69,754.43	45,277.28	24,477.15	65
710355 Books and Subscriptions	9,988.50	7,019.67	2,968.83	70	8,111.57	6,334.25	1,777.32	78
710360 Postage	6,951.57	17,254.52	10,302.95	248	1,969.00	17,921.75	15,952.75	910
710361 Express and Courier	18,150.00	284.93	17,865.07	2	21,180.76	384.21	20,796.55	2
710391 Fuel & Lube	100.00	108.60	8.60	109	100.00	46.06	53.94	46
710500 Other Expense	52,568.75	32,222.64	20,346.11	61	61,475.02	20,017.54	41,457.48	33
710502 Printing	38,043.48	10,899.00	27,144.48	29	37,331.00	18,516.55	18,814.45	50

Washo County Health District
EXPENSES_
Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710503 Licenses & Permits	10,415.00	5,600.20	4,814.80	54	10,815.00	1,871.00	8,144.00	25
710505 Rental Equipment	10,169.00	1,800.00	8,369.00	18	10,050.00	2,600.00	8,250.00	18
710506 Dept Insurance Deductible		263.74	263.74-			461.57	461.57-	
710507 Network and Data Lines	455.00	5,770.19	5,315.19-	1,268	600.00	2,469.75	1,869.75-	412
710508 Telephone Land Lines	74,905.48	37,884.03	37,021.45	51	92,057.00	43,302.74	48,754.26	47
710509 Seminars and Meetings	66,296.00	37,492.00	28,804.00	57	45,252.35	24,554.00	20,698.35	54
710512 Auto Expense	26,645.18	10,496.58	16,148.60	39	17,658.00	12,135.97	5,522.03	69
710519 Cellular Phone	24,205.00	10,894.88	13,310.12	45	5,765.00	20,198.94	14,433.94-	350
710529 Dues	5,280.00	3,810.00	1,470.00	72	8,661.00	9,258.00	597.00-	107
710535 Credit Card Fees		3,715.09	3,715.09-					
710546 Advertising	65,626.52	33,960.78	31,665.74	52	84,570.00	31,285.15	53,284.85	37
710577 Uniforms & Special Clothing	3,500.00		3,500.00		3,850.00	239.93	3,610.07	6
710600 LT Lease-Office Space	256,446.13	161,583.58	94,862.55	63	196,463.00	156,388.36	40,074.64	80
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50	5,940.00	5,940.00		100
710703 Biologicals	287,009.61	171,491.08	115,518.53	60	299,830.51	190,608.74	109,221.77	64
710714 Referral Services	8,700.00	3,885.00	4,815.00	45	17,190.00	3,480.00	13,710.00	20
710721 Outpatient	149,305.88	83,037.97	66,267.91	56	142,765.11	93,166.51	49,598.60	65
710872 Food Purchases	2,050.00	1,395.33	654.67	68	1,645.78	676.08	969.70	41
711113 Equip Srv Replace	104,964.00	98,381.97	6,582.03	94	142,000.29	113,013.50	28,986.79	80
711114 Equip Srv O & M	160,958.54	74,950.93	86,007.61	47	121,796.68	83,620.47	38,176.21	69
711115 Equip Srv Motor Pool	19,195.00	4,592.50	14,602.50	24	19,100.00	12,502.50	6,597.50	65
711119 Prop & Liab Billings	58,667.00	44,000.37	14,666.63	75	47,718.00	36,873.00	10,845.00	77
711210 Travel	186,514.22	43,598.84	142,915.38	23	128,125.61	53,677.88	74,447.73	42
711504 Equipment nonCapital	83,179.03	49,145.36	34,033.67	59	109,728.76	82,044.55	27,684.21	75
711507 Vehicles nonCapital						2,142.00	2,142.00-	
* Services and Supplies	4,194,422.98	2,365,590.46	1,828,832.52	56	4,046,652.79	2,116,730.48	1,929,922.31	52
781004 Equipment Capital	461,395.05	135,249.09	326,145.96	29	410,193.10	110,841.10	299,352.00	27
781007 Vehicles Capital					32,000.00		32,000.00	
* Capital Outlay	461,395.05	135,249.09	326,145.96	29	442,193.10	110,841.10	331,352.00	25
** Expenses	21,439,524.28	14,067,626.76	7,371,897.52	66	21,805,042.33	14,940,401.91	6,864,640.42	69
621001 Transfer From General	9,693,500.00-	6,139,296.02-	3,554,203.98-	63	10,271,000.00-	7,100,293.00-	3,170,707.00-	69
* Transfers In	9,693,500.00-	6,139,296.02-	3,554,203.98-	63	10,271,000.00-	7,100,293.00-	3,170,707.00-	69
** Other Financing Src/Use	9,693,500.00-	6,139,296.02-	3,554,203.98-	63	10,271,000.00-	7,100,293.00-	3,170,707.00-	69
*** Total	460,860.93	1,520,486.62	1,059,625.69-	330	367,465.45	783,845.41	416,379.96-	213

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,463,729.00-	747,675.66-	716,053.34-	51	1,041,467.00-	710,970.14-	330,496.86-	68
* Intergovernmental	1,463,729.00-	747,675.66-	716,053.34-	51	1,041,467.00-	710,970.14-	330,496.86-	68
460512 Duplication Service Fees	800.00-	238.50-	561.50-	30	1,000.00-	219.50-	780.50-	22
* Charges for Services	800.00-	238.50-	561.50-	30	1,000.00-	219.50-	780.50-	22
485300 Other Misc Govt Rev		484.91-	484.91			481.05-	481.05	
* Miscellaneous		484.91-	484.91			481.05-	481.05	
** Revenue		484.91-	484.91			481.05-	481.05	
701110 Base Salaries	1,464,529.00-	748,399.07-	716,129.93-	51	1,042,467.00-	711,670.69-	330,796.31-	68
701120 Part Time	2,046,648.55	1,252,115.29	794,533.26	61	1,763,246.61	1,292,150.65	471,095.96	73
701130 Pooled Positions	24,461.26	15,970.65	8,490.61	65	43,795.09	16,862.17	26,932.92	39
701150 Contractual Wages			25,580.86					
701200 Incentive Longevity	29,850.00	11,251.92	18,598.08	38	64,289.80	8,446.16	8,446.16-	15
701300 Overtime	4,015.00	2,775.07	1,239.93	69	3,475.75	9,950.00	54,339.80	13
701412 Salary Adjustment	94,369.00		94,369.00			468.98	3,006.77	
701413 Vac Payoff/Sick Pay-Term		33,899.31	33,899.31-					
701417 Comp Time		7,432.32	7,432.32-					
701419 Comp Time - Transfer		5,898.46	5,898.46-					
701500 Merit Awards	91,459.00-		91,459.00-		47,450.00-		47,450.00-	
* Salaries and Wages	91,459.00-		91,459.00-		47,450.00-		47,450.00-	
705110 Group Insurance	2,133,465.67	1,329,343.02	804,122.65	62	1,827,357.25	1,327,877.96	499,479.29	73
705210 Retirement	245,985.18	165,377.34	80,607.84	67	244,090.48	175,154.57	68,935.91	72
705215 Retirement Calculation	425,683.31	257,702.69	167,980.62	61	372,329.49	266,077.22	106,252.27	71
705230 Medicare April 1986	147,700.00		147,700.00					
705320 Workmens Comp	28,990.03	18,224.33	10,765.70	63	25,506.88	18,014.89	7,491.99	71
705330 Unemploy Comp	14,800.00	11,099.97	3,700.03	75	10,350.00	7,335.00	3,015.00	71
705360 Benefit Adjustment	2,405.00	2,405.00	2,405.00	100	1,650.00	1,650.00		100
* Employee Benefits	19,155.00	2,405.00	19,155.00					
710100 Professional Services	884,718.52	454,809.33	429,909.19	51	653,926.85	468,231.68	185,695.17	72
710108 MD Consultants	4,800.00	2,296.18	2,503.82	48	2,915.62	315.00	2,600.62	11
710200 Service Contract	150.00	180.00	180.00-		270.00	180.00	90.00	67
710205 Repairs and Maintenance	800.00	549.65	399.65-	366	400.00	400.00	400.00	
710300 Operating Supplies	35,300.00	14,258.98	21,041.02	40	22,300.00	17,133.41	260.52	35
710312 Special Dept Expense		25.00-	25.00-				5,166.59	77
710334 Copy Machine Expense	11,879.00	6,742.01	5,136.99	57	9,544.19	9,600.32	56.13-	101
710350 Office Supplies	16,185.00	7,467.75	8,717.25	46	15,185.00	12,816.36	2,368.64	84
710355 Books and Subscriptions	1,370.00	1,108.81	261.19	81	1,370.00	2,507.49	1,137.49-	183
710360 Postage		2,167.83	2,167.83-			1,434.45	1,434.45-	
710361 Express and Courier	1,700.00	30.60	1,669.40	2	1,475.00	0.58	1,474.42	0
710500 Other Expense	1,250.00	580.05	669.95	46	650.00	736.33	86.33-	113
710502 Printing	9,570.00	905.34	8,664.66	9	4,525.00	3,356.15	1,168.85	74
710503 Licenses & Permits	2,500.00	216.00	2,284.00	9	2,350.00	1,351.00	999.00	57
710507 Network and Data Lines		150.00	150.00-					
710508 Telephone Land Lines	12,510.00	7,721.31	4,788.69	62	13,425.00	7,867.76	5,557.24	59
710509 Seminars and Meetings	5,100.00	3,231.50	1,868.50	63	4,700.00	2,999.00	1,701.00	64
710512 Auto Expense	4,550.00	1,172.76	3,377.24	26	3,300.00	2,098.25	1,201.75	64

Washington County Health District
 Administrative Health Services
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710519 Cellular Phone	383.00	346.84	36.16	91	625.00	734.20	109.20-	117
710529 Dues	955.00	1,310.00	355.00-	137	946.00	2,751.00	1,805.00-	291
710546 Advertising		156.77	156.77-			76.97	76.97-	
710600 LT Lease-Office Space	141,319.12	66,679.40	74,639.72	47	77,370.00	64,464.68	12,905.32	83
710872 Food Purchases	200.00	116.86	83.14	58	145.78	145.78		100
711113 Equip Srv Replace		1,980.30	1,980.30-		4,002.00	3,001.50	1,000.50	75
711114 Equip Srv O & M	1,623.64	839.70	783.94	52	1,473.91	550.82	923.09	37
711115 Equip Srv Motor Pool		360.00	360.00-			100.00	100.00-	
711119 Prop & Liab Billings	10,693.00	8,019.81	2,673.19	75	7,230.00	5,422.59	1,807.41	75
711210 Travel	16,500.00	4,076.98	12,423.02	25	12,274.31	6,410.62	5,863.69	52
711504 Equipment nonCapital	1,700.00		1,700.00		1,785.00	691.64	1,093.36	39
* Services and Supplies	281,037.76	132,738.76	148,299.00	47	188,661.81	146,885.38	41,776.43	78
** Expenses	3,299,221.95	1,916,891.11	1,382,330.84	58	2,669,945.91	1,942,995.02	726,950.93	73
*** Total	1,834,692.95	1,168,492.04	666,200.91	64	1,627,478.91	1,231,324.33	396,154.58	76

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422510 Air Pollution Permits	420,550.00	315,001.65	105,548.35	75	313,845.28	596,374.15	282,528.87	190
* Licenses and Permits	420,550.00	315,001.65	105,548.35	75	313,845.28	596,374.15	282,528.87	190
431100 Federal Grants	759,349.00	143,463.00	615,886.00	19	738,622.00	383,226.36	355,395.64	52
432100 State Grants	170,000.00	170,000.00		100	305,000.00	305,000.00		100
432311 Pol Ctr 455B.830	280,000.00	230,760.00	49,240.00	82	277,137.86	224,535.00	52,602.86	81
* Intergovernmental	1,209,349.00	544,223.00	665,126.00	45	1,320,759.86	912,761.36	407,998.50	69
460513 Other Health Service Charges	9,800.00	546.75	9,253.25	6	6,000.00	71.25	5,928.75	1
460526 Plan Review-Air Quality	14,837.00	28,237.00	13,400.00	190	12,000.00	1,074.00	10,926.00	9
460527 NOE-AQM	32,900.00	40,857.30	7,957.30	124	121,000.00	3,584.00	117,416.00	3
460528 NESHAP-AQM	167,900.00	60,556.00	107,344.00	36	63,000.00	16,662.00	46,338.00	26
460529 Assessments-AQM	36,630.00	21,408.00	15,222.00	58	26,000.00	2,996.00	23,004.00	12
460530 Inspector Registr-AQ	2,100.00		2,100.00		2,000.00		2,000.00	
460531 Dust Plan-Air Quality	178,333.00	186,357.00	8,024.00	104	395,000.00	9,152.00	385,848.00	2
* Charges for Services	442,500.00	337,962.05	104,537.95	76	625,000.00	33,539.25	591,460.75	5
485300 Other Misc Govt Rev								
* Miscellaneous								
** Revenue								
701110 Base Salaries	2,072,399.00	1,197,186.70	875,212.30	58	2,259,605.14	1,544,076.25	715,528.89	68
701130 Pooled Positions	1,388,862.47	953,049.33	435,813.14	69	1,452,304.15	1,058,558.04	393,746.11	73
701140 Holiday Work	8,000.00	2,687.15	5,312.85	34	26,000.00	3,770.91	22,229.09	15
701150 Contractual Wages	50,000.00	166.02	166.02		250.00		250.00	
701200 Incentive Longevity	23,550.00	9,488.44	14,061.56	40	22,200.00	10,500.00	11,700.00	47
701300 Overtime	4,535.34	134.48	4,400.86	3	9,000.00	741.78	8,258.22	8
701408 Call Back	1,000.00		1,000.00		1,000.00		1,000.00	
701412 Salary Adjustment	8,608.78		8,608.78					
701413 Vac Payoff/Sick Pay-Term		47,591.12	47,591.12					
701417 Comp Time		8,502.93	8,502.93					
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	1,484,556.59	1,021,619.47	462,937.12	69	74,750.00	1,604.64	1,604.64	
705110 Group Insurance	142,279.60	98,301.10	43,978.50	69	1,436,004.15	1,076,391.55	359,612.60	75
705210 Retirement	289,544.99	196,190.35	93,354.64	68	148,778.32	110,177.82	38,600.50	74
705230 Medicare April 1986	18,901.05	13,584.09	5,316.96	72	301,596.76	218,487.95	83,108.81	72
705320 Workmens Comp	8,000.00	6,000.03	1,999.97	75	19,794.89	14,404.83	5,390.06	73
705330 Unemply Comp	1,300.00	1,300.00		100	8,280.00	5,868.00	2,412.00	71
* Employee Benefits	460,025.64	315,375.57	144,650.07	69	1,320.00	1,320.00		100
710100 Professional Services	261,928.54	72,612.89	189,315.65	28	479,769.97	350,258.60	129,511.37	73
710200 Service Contract	350.00	312.84	37.16	89	310.10	6,373.00	163,863.98	4
710205 Repairs and Maintenance	8,792.63	143.00	8,649.63	2	8,250.00	5,777.75	2,472.25	70
710300 Operating Supplies	4,500.00	795.52	3,704.48	18	3,800.00	4,167.75	367.75	110
710312 Special Dept Expense		25.00	25.00					
710334 Copy Machine Expense	4,387.20	3,511.99	875.21	80	4,387.20	4,356.86	30.34	99
710350 Office Supplies	4,500.00	2,922.39	1,577.61	65	3,500.00	3,368.29	131.71	96
710355 Books and Subscriptions	224.00	212.26	11.74	95	300.00	300.48	0.48	100
710360 Postage		1,811.69	1,811.69					

Washoe County Health District
 Air Quality Management
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710361 Express and Courier	2,000.00	29.02	1,970.98	1	2,900.00	63.82	2,836.18	2
710500 Other Expense	1,000.00	5,554.70	4,554.70	555	1,000.00	906.13	93.87	91
710502 Printing	1,600.00	761.23	838.77	48	1,000.00	813.59	186.41	81
710503 Licenses & Permits		90.00	90.00			90.00	90.00	
710505 Rental Equipment	1,700.00	1,800.00	100.00	106	1,700.00	1,800.00	100.00	106
710508 Telephone Land Lines	12,600.00	6,004.33	6,595.67	48	20,000.00	8,772.96	11,227.04	44
710509 Seminars and Meetings	4,200.00	1,110.00	3,090.00	26	4,200.00	2,540.00	1,660.00	60
710512 Auto Expense	200.00	731.62	531.62	366	200.00	170.27	29.73	85
710519 Cellular Phone	4,145.00	2,578.05	1,566.95	62	1,000.00	3,385.31	2,385.31	339
710529 Dues	435.00		435.00		500.00	435.00	65.00	87
710535 Credit Card Fees		540.95	540.95					
710546 Advertising	5,700.00	978.76	4,721.24	17	6,700.00	425.93	6,274.07	6
710577 Uniforms & Special Clothing	1,100.00		1,100.00		2,000.00	184.98	1,815.02	9
710600 LT Lease-Office Space	74,490.12	61,898.40	12,591.72	83	79,809.00	59,111.60	20,697.40	74
710721 Outpatient	1,316.00	904.38	411.62	69	1,600.00	1,316.12	283.88	82
711113 Equip Srv Replace	24,384.00	26,108.05	1,724.05	107	29,484.00	22,005.00	7,479.00	75
711114 Equip Srv O & M	33,132.40	17,587.95	15,544.45	53	27,986.02	20,498.45	7,487.57	73
711115 Equip Srv Motor Pool	275.00	250.00	25.00	91	350.00	275.00	75.00	79
711119 Prop & Liab Billings	5,780.00	4,335.03	1,444.97	75	4,338.00	4,338.00		100
711210 Travel	38,964.00	6,670.72	32,293.28	17	28,600.00	7,128.02	21,471.98	25
711504 Equipment nonCapital	4,000.00	17,371.80	13,371.80	434	5,327.05	17,068.87	11,741.82	320
* Services and Supplies	501,703.89	237,652.57	264,051.32	47	409,478.35	178,464.71	231,013.64	44
781004 Equipment Capital	165,850.05	51,560.50	114,289.55	31	240,000.00	71,555.00	168,445.00	30
* Capital Outlay	165,850.05	51,560.50	114,289.55	31	240,000.00	71,555.00	168,445.00	30
** Expenses	2,612,136.17	1,626,208.11	985,928.06	62	2,565,252.47	1,676,669.86	888,582.61	65
**** Total	539,737.17	429,021.41	110,715.76	79	305,647.33	132,593.61	173,053.72	43

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	2,343,949.20-	1,146,755.51-	1,197,193.69-	49	2,314,316.05-	1,250,329.87-	1,063,986.18-	54
432100 State Grants	564,279.80-	401,999.16-	162,280.64-	71	588,786.80-	305,981.52-	282,805.28-	52
* Intergovernmental	2,908,229.00-	1,548,754.67-	1,359,474.33-	53	2,903,102.85-	1,556,311.39-	1,346,791.46-	54
460162 Services to Other Agencies	86,494.00-	57,359.59-	29,134.41-	66	88,062.00-	53,654.74-	34,407.26-	61
460500 Other Immunizations	165,000.00-	85,989.98-	79,010.02-	52	165,000.00-	140,064.00-	24,936.00-	85
460501 Medicaid Clinical Services	30,750.00-	37,967.94-	7,217.94	123	20,500.00-	36,902.56-	16,402.56	180
460503 Childhood Immunizations	190,000.00-	157,525.80-	32,474.20-	83	190,000.00-	167,512.00-	22,488.00-	88
460504 Maternal Child Health						41.41-	41.41	
460505 Non Title X Revenue		3,625.93-	3,625.93					
460508 Tuberculosis	8,000.00-	15,685.39-	7,685.39	196	8,000.00-	10,791.26-	2,791.26	135
460513 Other Health Service Charges						87.00-	87.00	
460515 Medicare Reimbursement	250.00-	892.07-	642.07	357	8,000.00-	12,799.04-	4,799.04	160
460516 Pgm Inc-3rd Prty Rec	3,000.00-	10,519.87-	7,519.87	351	4,600.00-	7,097.63-	2,497.63	154
460517 Influenza Immunization	10,000.00-	9,687.00-	313.00-	97	30,000.00-	28,115.00-	1,885.00-	94
460518 STD Fees	60,000.00-	29,981.23-	30,018.77-	50	50,000.00-	39,852.59-	10,147.41-	80
460519 Outpatient Services	11,500.00-	7,188.00-	4,312.00-	63	11,000.00-	7,966.00-	3,034.00-	72
460524 Family Planning	100,000.00-	74,523.26-	25,476.74-	75	125,000.00-	108,971.95-	16,028.05-	87
* Charges for Services	664,994.00-	490,946.06-	174,047.94-	74	700,162.00-	613,855.18-	86,306.82-	88
484000 Donation, Contri-Oper					15,000.00-	15,000.00-		100
484195 Non-Govt'l Grants					6,020.00-	6,020.00-		100
485300 Other Misc Govt Rev						643.00	643.00-	
* Miscellaneous						20,377.00-	643.00-	
** Revenue						2,190,543.57-	1,433,741.28-	
701110 Base Salaries	3,573,223.00-	2,039,700.73-	1,533,522.27-	57	21,020.00-	20,377.00-	643.00-	97
701120 Part Time	3,350,766.90	2,312,253.83	1,038,513.07	69	3,624,284.85-	2,687,444.71	1,121,499.15	60
701130 Pooled Positions	966,243.97	558,023.33	408,220.64	58	994,193.32	707,661.63	286,531.69	71
701130 Holiday Work	37,818.00	37,717.79	100.21	100	65,300.00	61,663.99	3,636.01	94
701140 Contractual Wages	17,302.73	110.68	17,302.73			110.26-	110.26-	
701200 Incentive Longevity	53,890.00	31,453.48	22,436.52	58	54,700.00	33,308.07	21,391.93	61
701300 Overtime	3,835.57	980.07	2,855.50	26	11,879.10	6,689.73	5,189.37	56
701412 Salary Adjustment	403,856.66-		403,856.66-					
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time		89,427.11	89,427.11-			27,325.62	27,325.62-	
701419 Comp Time - Transfer		10,384.80	10,384.80-			2,799.20	2,799.20-	
701500 Merit Awards	162,541.00-		162,541.00-			475.55	475.55-	
* Salaries and Wages	3,863,459.51	3,040,351.09	823,108.42	79	285,350.00-	3,532,291.73	285,350.00-	76
705110 Group Insurance	558,482.31	357,679.67	200,802.64	64	4,549,666.28	429,003.91	1,117,374.55	68
705210 Retirement	896,036.24	591,592.00	304,444.24	66	993,568.23	700,275.93	293,292.30	70
705230 Medicare April 1986	53,887.66	38,036.32	15,851.34	71	61,448.67	43,802.44	17,646.23	71
705320 Workmens Comp	30,000.00	22,499.82	7,500.18	75	29,670.00	21,334.50	8,335.50	72
705330 Unemploy Comp	4,875.00	4,875.00	4,875.00	100	4,730.00	5,170.00	440.00-	109
* Employee Benefits	1,543,281.21	1,014,682.81	528,598.40	66	1,717,348.11	1,199,586.78	517,761.33	70
710100 Professional Services	299,863.70	235,932.42	63,931.28	79	292,320.05	79,981.81	212,338.24	27
710105 Medical Services	13,350.00	8,274.50	5,075.50	62	13,500.00	8,341.00	5,159.00	62
710108 MD Consultants	45,140.00	27,670.00	17,470.00	61	46,677.00	27,095.00	19,582.00	58

Washoe / Health District
 Community and Clinical Health Services
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710119 Subrecipient Payments	304,994.00	197,977.50	107,016.50	65	303,716.49	190,218.43	113,498.06	63
710200 Service Contract	10,954.00	7,871.50	3,082.50	72	20,825.00	10,609.72	10,215.28	51
710205 Repairs and Maintenance	5,410.00	1,068.50	4,341.50	20	2,885.00	4,202.65	1,317.65-	146
710210 Software Maintenance		350.00	350.00-			74.15	74.15-	
710300 Operating Supplies	86,391.00	62,247.48	24,143.52	72	75,093.18	57,789.95	17,303.23	77
710312 Special Dept Expense		125.00	125.00-					
710334 Copy Machine Expense	17,183.00	10,495.70	6,687.30	61	12,562.53	11,070.29	1,492.24	88
710350 Office Supplies	16,679.00	13,090.86	3,588.14	78	18,225.76	14,349.63	3,876.13	79
710355 Books and Subscriptions	4,595.00	1,488.14	3,106.86	32	2,050.00	1,851.54	198.46	90
710360 Postage	4,350.00	5,666.08	1,316.08-	130	100.00	5,588.04	5,488.04-	5,588
710361 Express and Courier	3,650.00	96.72	3,553.28	3	5,285.76	191.56	5,094.20	4
710500 Other Expense	43,298.75	19,006.50	24,292.25	44	46,326.02	15,507.44	30,818.58	33
710502 Printing	16,784.00	3,232.96	13,551.04	19	19,104.00	5,338.71	13,765.29	28
710503 Licenses & Permits	4,780.00	2,864.20	1,915.80	60	5,330.00	1,130.00	4,200.00	21
710505 Rental Equipment	469.00		469.00		350.00		350.00	
710507 Network and Data Lines	455.00	2,433.52	1,978.52-	535	600.00	2,173.74	1,573.74-	362
710508 Telephone Land Lines	24,270.00	12,787.08	11,482.92	53	25,090.00	15,062.78	10,027.22	60
710509 Seminars and Meetings	34,897.00	26,130.50	8,766.50	75	12,380.00	9,093.00	3,287.00	73
710512 Auto Expense	20,542.00	7,858.00	12,684.00	38	9,895.00	9,124.75	770.25	92
710519 Cellular Phone	2,178.00	804.90	1,373.10	37	1,900.00	2,553.26	653.26-	134
710529 Dues	2,050.00	849.00	1,201.00	41	2,400.00	2,194.00	206.00	91
710535 Credit Card Fees		2,908.16	2,908.16-					
710546 Advertising	29,092.00	32,308.53	3,216.53-	111	36,443.00	29,443.24	6,999.76	81
710577 Uniforms & Special Clothing	450.00		450.00		150.00		150.00	
710600 LT Lease-Office Space		9.01	9.01-					
710703 Biologicals	282,109.61	171,456.13	110,653.48	61	290,930.51	190,573.79	100,356.72	66
710714 Referral Services	8,700.00	3,885.00	4,815.00	45	17,190.00	3,480.00	13,710.00	20
710721 Outpatient	140,067.88	78,424.60	61,643.28	56	133,243.11	87,651.39	45,591.72	66
710872 Food Purchases	1,850.00	1,278.47	571.53	69	1,500.00	530.30	969.70	35
711113 Equip Srv Replace	1,800.00	1,473.02	326.98	82	522.00	652.50	130.50-	125
711114 Equip Srv O & M	3,129.54	1,077.97	2,051.57	34	1,515.84	1,195.24	320.60	79
711115 Equip Srv Motor Pool	320.00	712.50	392.50-	223	50.00	100.00	50.00-	200
711119 Prop & Liab Billings	21,675.00	16,256.25	5,418.75	75	20,485.00	15,363.72	5,121.28	75
711210 Travel	54,991.00	13,359.57	41,631.43	24	36,061.47	18,101.84	17,959.63	50
711504 Equipment nonCapital	5,017.00	1,831.39	3,185.61	37	13,650.00	5,698.10	7,951.90	42
* Services and Supplies	1,511,485.48	973,301.66	538,183.82	64	1,468,356.72	826,331.57	642,025.15	56
** Expenses	6,918,226.20	5,028,335.56	1,889,890.64	73	7,835,371.11	5,558,210.08	2,277,161.03	71
*** Total	3,345,003.20	2,988,634.83	356,368.37	89	4,211,086.26	3,367,666.51	843,419.75	80

Washoe County Health District
 Environmental Health Services
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00	90,521.21	34,478.79	72	125,000.00	126,355.39	1,355.39	101
422504 Pool Permits	100,000.00	68,331.00	31,669.00	68	84,000.00	54,771.00	29,229.00	65
422505 RV Permits	15,000.00	12,660.00	2,340.00	84	15,000.00	13,604.00	1,396.00	91
422507 Food Service Permits	410,000.00	307,463.00	102,537.00	75	410,000.00	295,733.00	114,267.00	72
422508 Wat Well Const Perm	40,000.00	21,007.00	18,993.00	53	40,000.00	27,760.00	12,240.00	69
422509 Water Company Permits	25,000.00	7,424.00	17,576.00	30	28,000.00	17,165.00	10,835.00	61
422510 Air Pollution Permits						50.00	50.00	
422511 ISDS Permits	125,000.00	61,648.00	63,352.00	49	125,000.00	95,698.00	29,302.00	77
422513 Special Event Permits	80,000.00	62,539.00	17,461.00	78	80,000.00	62,830.00	17,170.00	79
422514 Initial Applic Fee		20,800.00	20,800.00					
* Licenses and Permits	920,000.00	652,393.21	267,606.79	71	907,000.00	693,866.39	213,133.61	77
431100 Federal Grants	277,000.00	146,654.18	130,345.82	53	257,000.00	134,602.86	122,397.14	52
432100 State Grants	75,250.00	38,250.00	37,000.00	51	75,000.00	37,000.00	38,000.00	49
432310 Tire Fee NRS 444A.090	415,000.00	276,583.09	138,416.91	67	415,000.00	339,665.07	75,334.93	82
* Intergovernmental	767,250.00	461,487.27	305,762.73	60	747,000.00	511,267.93	235,732.07	68
460162 Services to Other Agencies	109,365.10	14,929.03	94,436.07	14	109,734.38	62,294.04	47,440.34	57
460509 Water Quality		280.00	280.00		800.00	140.00	660.00	18
460510 IT Overlay	150,000.00	96,450.00	53,550.00	64	150,000.00	98,940.00	51,060.00	66
460513 Other Health Service Charges	14,000.00	5,033.00	8,967.00	36	14,000.00	9,608.00	4,392.00	69
460514 Food Service Certification	8,000.00	5,776.00	2,224.00	72	8,000.00	6,076.00	1,924.00	76
460520 Eng Serv Health	120,000.00	99,354.00	20,646.00	83	140,000.00	88,796.34	51,203.66	63
460521 Plan Review - Pools & Spas	3,000.00	4,474.00	1,474.00	149	3,000.00	12,034.05	9,034.05	401
460523 Plan Review - Food Services	40,000.00	22,759.26	17,240.74	57	40,000.00	38,969.41	1,030.59	97
460525 Plan Review - Vector	75,000.00	45,920.00	29,080.00	61	100,000.00	60,738.80	39,261.20	61
* Charges for Services	519,365.10	294,975.29	224,389.81	57	565,534.38	377,596.64	187,937.74	67
485300 Other Misc Govt Rev						1,625.26	1,625.26	
* Miscellaneous						1,625.26	1,625.26	
** Revenue	2,206,615.10	1,408,855.77	797,759.33	64	2,219,534.38	1,584,356.22	635,178.16	71
701110 Base Salaries	3,324,778.61	2,367,828.95	956,949.66	71	3,602,288.90	2,550,213.05	1,052,075.85	71
701130 Pooled Positions	125,737.00	47,342.53	78,394.47	38	113,671.19	55,094.00	58,577.19	48
701140 Holiday Work	1,500.00	1,175.92	324.08	78	1,500.00	606.10	893.90	40
701150 Contractual Wages		7,113.35	7,113.35			7,120.43	7,120.43	
701200 Incentive Longevity	53,900.00	23,773.08	30,126.92	44	57,850.00	27,253.85	30,596.15	47
701300 Overtime	55,000.00	20,162.11	34,837.89	37	55,000.00	28,189.76	26,810.24	51
701406 Standby Pay	35,000.00	24,890.36	10,109.64	71	40,000.00	35,519.47	4,480.53	89
701408 Call Back	5,000.00	2,683.29	2,316.71	54	10,000.00	2,855.78	7,144.22	29
701412 Salary Adjustment					7,848.83		7,848.83	
701413 Vac Payoff/Sick Pay-Term		18,507.87	18,507.87			70,666.25	70,666.25	
701417 Comp Time		560.15	560.15			3,661.49	3,661.49	
701500 Merit Awards					189,150.00		189,150.00	
* Salaries and Wages	3,600,915.61	2,514,037.61	1,086,878.00	70	3,699,008.92	2,781,180.18	917,828.74	75
705110 Group Insurance	411,165.33	288,095.61	123,069.72	70	445,219.47	316,073.04	129,146.43	71
705210 Retirement	692,578.60	493,507.72	199,070.88	71	748,655.94	534,361.01	214,294.93	71
705230 Medicare April 1986	42,676.59	31,693.81	10,982.78	74	44,736.39	34,145.44	10,590.95	76
705320 Workmens Comp	20,800.00	15,526.56	5,273.44	75	17,940.00	12,714.00	5,226.00	71
705330 Unemploy Comp	3,380.00	3,453.32	73.32	102	2,860.00	2,860.00		100
705360 Benefit Adjustment					1,722.82		1,722.82	
* Employee Benefits	1,170,600.52	832,277.02	338,323.50	71	1,261,134.62	900,153.49	360,981.13	71

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710100 Professional Services	131,160.62	62,185.08	68,975.54	47	90,989.48	31,342.67	59,646.81	34
710105 Medical Services	150.00	414.00	264.00	276	500.00	68.00	432.00	14
710115 Prof Eng Services		1,208.31	1,208.31					
710200 Service Contract	104,700.00	62,716.05	41,983.95	60	102,200.00	46,047.27	56,152.73	45
710205 Repairs and Maintenance	1,100.00	768.70	331.30	70	1,100.00	322.99	777.01	29
710300 Operating Supplies	14,392.81	10,557.24	3,835.57	73	7,150.00	3,615.21	3,534.79	51
710302 Small Tools & Allow	2,950.00	201.74	2,950.00	10	2,950.00	1,732.52	1,217.48	59
710308 Animal Supplies	2,000.00	25.00	1,798.26		2,000.00		2,000.00	
710312 Special Dept Expense		361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710319 Chemical Supplies	621,588.00		25.00		150.00		150.00	
710325 Signs and Markers	4,550.00	673.12	3,876.88	15	4,909.53	985.82	3,923.71	20
710334 Copy Machine Expense	9,075.00	7,478.52	1,596.48	82	9,018.57	5,705.38	3,313.19	63
710350 Office Supplies	2,000.00	3,019.43	1,019.43	151	2,225.57	735.24	1,490.33	33
710355 Books and Subscriptions	1,250.00	5,400.26	4,150.26	432	750.00	5,744.47	4,994.47	766
710360 Postage	7,100.00	128.59	6,971.41	2	6,900.00	128.25	6,771.75	2
710361 Express and Courier	100.00	108.60	8.60	109	100.00	46.06	53.94	46
710381 Fuel & Lube	3,400.00	3,289.79	110.21	97	3,400.00	2,867.64	532.36	84
710500 Other Expense	4,060.00	2,256.03	1,803.97	56	4,560.00	3,704.62	855.38	81
710502 Printing	3,135.00	2,430.00	705.00	78	3,135.00	100.00	3,035.00	3
710503 Licenses & Permits	8,000.00		8,000.00		8,000.00		8,000.00	
710505 Rental Equipment		263.74	263.74			461.57	461.57	
710506 Dept Insurance Deductible		2,831.24	2,831.24					
710507 Network and Data Lines	22,845.00	7,532.22	15,312.78	33	24,920.00	7,505.08	17,414.92	30
710508 Telephone Land Lines	15,850.00	4,640.00	11,210.00	29	12,430.47	5,962.00	6,468.47	48
710509 Seminars and Meetings	350.00	55.56	294.44	16	550.00	66.45	483.55	12
710512 Auto Expense	16,813.00	5,904.08	10,908.92	35	2,000.00	12,594.75	10,594.75	630
710519 Cellular Phone	1,800.00	1,061.00	739.00	59	2,700.00	3,298.00	598.00	122
710529 Dues		265.98	265.98					
710535 Credit Card Fees	30,500.00	516.72	29,983.28	2	16,500.00	1,339.01	15,160.99	8
710546 Advertising	1,950.00		1,950.00		1,700.00	54.95	1,645.05	3
710577 Uniforms & Special Clothing	40,636.89	32,996.77	7,640.12	81	39,284.00	32,812.08	6,471.92	84
710600 LT Lease-Office Space	4,922.00	736.50	4,185.50	15	4,922.00	2,268.00	2,654.00	46
710721 Outpatient	78,780.00	68,820.60	9,959.40	87	107,992.29	87,354.50	20,637.79	81
711113 Equip Srv Replace	123,072.96	54,974.93	68,098.03	45	90,820.91	61,375.96	29,444.95	68
711114 Equip Srv O & M	18,500.00	3,195.00	15,305.00	17	18,500.00	12,027.50	6,472.50	65
711115 Equip Srv Motor Pool	15,028.00	11,270.97	3,757.03	75	12,532.00	9,398.97	3,133.03	75
711119 Prop & Liab Billings	44,136.62	8,175.63	35,960.99	19	27,161.83	12,086.17	15,075.66	44
711210 Travel	36,202.42	2,043.24	34,159.18	6	35,078.61	5,519.67	29,558.94	16
711504 Equipment nonCapital		729,724.10	642,374.22	53	1,268,718.26	649,783.41	618,934.85	51
711507 Vehicles nonCapital	1,372,098.32				32,000.00		32,000.00	
* Services and Supplies					32,000.00		32,000.00	
* Capital Outlay					6,260,861.80	4,331,117.08	1,929,744.72	69
** Expenses	6,143,614.45	4,076,038.73	2,067,575.72	66	350,000.00		350,000.00	
621001 Transfer From General	350,000.00	79,428.02	270,571.98	23	350,000.00		350,000.00	
** Other Financing Src/Use	350,000.00	79,428.02	270,571.98	23	350,000.00		350,000.00	
*** Total	3,586,999.35	2,587,754.94	999,244.41	72	3,691,327.42	2,746,760.86	944,566.56	74

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,738,397.25	839,163.24	899,234.01	48	1,779,621.51	839,279.02	940,342.49	47
431105 Federal Grants - Indirect		11,320.41	11,320.41		11,064.00	3,176.50	7,887.50	29
* Intergovernmental	1,738,397.25	850,483.65	887,913.60	49	1,790,665.51	842,455.52	948,229.99	47
460511 Birth and Death Certificates	230,000.00	163,218.20	66,781.80	71	230,000.00	183,473.25	46,526.75	80
* Charges for Services	230,000.00	163,218.20	66,781.80	71	230,000.00	183,473.25	46,526.75	80
485300 Other Misc Govt Rev						312.00	312.00	
* Miscellaneous						312.00	312.00	
** Revenue	1,968,397.25	1,013,701.85	954,695.40	51	2,020,685.51	1,025,616.77	995,068.74	51
701110 Base Salaries	1,128,945.85	729,102.45	399,843.40	65	1,183,802.70	753,227.87	430,574.83	64
701120 Part Time	54,341.12	42,299.05	12,042.07	78	51,932.72	40,985.77	10,946.95	79
701150 Contractual Wages	17,037.14	14,443.40	2,593.74	85	22,167.00	16,580.16	5,586.84	75
701200 Incentive Longevity	7,910.50	2,896.09	5,014.41	37	5,450.00	1,714.46	3,735.54	31
701300 Overtime	2,000.00	3,800.37	1,800.37	190	4,024.00	2,451.21	1,572.79	61
701412 Salary Adjustment	26,900.35		26,900.35		8,681.78		8,681.78	
701413 Vac Payoff/Sick Pay-Term		428.93	428.93					
701419 Comp Time - Transfer								
701500 Merit Awards						3.19	3.19	
* Salaries and Wages	1,237,134.96	792,970.29	444,164.67	64	53,300.00	814,962.66	53,300.00	68
705110 Group Insurance	135,468.26	78,043.98	57,424.28	58	1,205,394.64	88,366.68	390,431.98	81
705210 Retirement	244,226.49	155,798.76	88,427.73	64	247,585.88	159,473.64	20,943.26	64
705230 Medicare April 1986	16,553.27	10,543.29	6,009.98	64	21,516.83	10,737.88	88,112.24	50
705320 Workmens Comp	8,000.00	5,699.97	2,300.03	71	4,485.00	2,602.50	10,778.95	58
705330 Unemploy Comp	1,300.00	1,235.00	65.00	95	715.00	715.00	1,882.50	100
705360 Benefit Adjustment								
* Employee Benefits	405,548.02	251,321.00	154,227.02	62	2,973.00	261,895.70	2,973.00	68
710100 Professional Services	345,042.21	169,246.39	175,795.82	49	386,585.65	187,387.20	124,689.95	40
710105 Medical Services	200.00		200.00		466,144.00		278,756.80	
710108 MD Consultants	12,000.00	8,000.00	4,000.00	67	12,000.00	7,000.00	5,000.00	58
710200 Service Contract	600.00	851.78	251.78	142	600.00	310.10	289.90	52
710205 Repairs and Maintenance	1,233.00	299.75	933.25	24	2,233.00	84.00	2,149.00	4
710210 Software Maintenance		9,000.00	9,000.00			8,100.00	8,100.00	
710300 Operating Supplies	40,272.85	22,540.12	17,732.73	56	25,622.57	8,677.37	16,945.20	34
710334 Copy Machine Expense	3,362.98	1,722.36	1,640.62	51	4,619.00	1,941.77	2,677.23	42
710350 Office Supplies	10,279.55	10,617.07	337.52	103	23,825.10	9,037.62	14,787.48	38
710355 Books and Subscriptions	1,799.50	1,191.03	608.47	66	2,166.00	939.50	1,226.50	43
710360 Postage	1,351.57	2,208.66	857.09	163	1,119.00	2,673.36	1,554.36	239
710361 Express and Courier	3,700.00		3,700.00		4,620.00		4,620.00	
710500 Other Expense	3,620.00	3,791.60	171.60	105	10,099.00	5,303.48	10,099.00	65
710502 Printing	6,029.48	3,743.44	2,286.04	62	8,142.00	296.01	2,838.52	
710507 Network and Data Lines		355.43	355.43				296.01	
710508 Telephone Land Lines	2,680.48	3,839.09	1,158.61	143	8,622.00	4,094.16	4,527.84	47
710509 Seminars and Meetings	6,249.00	2,380.00	3,869.00	38	11,541.88	3,960.00	7,581.88	34
710512 Auto Expense	1,003.18	678.64	324.54	68	3,713.00	676.25	3,036.75	18
710519 Cellular Phone	686.00	1,261.01	575.01	184	240.00	931.42	691.42	388
710529 Dues	40.00	590.00	550.00	1,475	2,115.00	580.00	1,535.00	27

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 9, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710546 Advertising	334.52		334.52		24,927.00		24,927.00	
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50	5,940.00	5,940.00	5,940.00	100
710703 Biologicals	4,900.00	34.95	4,865.05	1	8,900.00	34.95	8,865.05	0
710721 Outpatient	3,000.00	2,972.49	27.51	99	3,000.00	1,931.00	1,069.00	64
711114 Equip Srv O & M		470.38	470.38-					
711115 Equip Srv Motor Pool	100.00	75.00	25.00	75	200.00		200.00	
711119 Prop & Liab Billings	5,491.00	4,118.31	1,372.69	75	3,133.00	2,349.72	783.28	75
711210 Travel	31,922.60	11,315.94	20,606.66	35	24,028.00	9,951.23	14,076.77	41
711504 Equipment nonCapital	36,259.61	27,898.93	8,360.68	77	53,888.10	53,066.27	821.83	98
* Services and Supplies	528,097.53	292,173.37	235,924.16	55	711,437.65	315,265.41	396,172.24	44
781004 Equipment Capital	295,545.00	83,688.59	211,856.41	28	170,193.10	39,286.10	130,907.00	23
* Capital Outlay	295,545.00	83,688.59	211,856.41	28	170,193.10	39,286.10	130,907.00	23
** Expenses	2,466,325.51	1,420,153.25	1,046,172.26	58	2,473,611.04	1,431,409.87	1,042,201.17	58
*** Total	497,928.26	406,451.40	91,476.86	82	452,925.53	405,793.10	47,132.43	90

DBOH Item # 11.
4/23/09

**WASHOE COUNTY HEALTH DISTRICT
FY10 BUDGET UPDATE
APRIL 23, 2009**

EFB FY 09-	\$ 1,346,906
FY 09 ETC Revenues	\$ 10,035,755
FY 09 Gen Fund Transfer	\$ 9,473,870
FY 09 Transfers to Health	\$ -
FY 09 ETC Expenditures	\$ (19,715,616)
End Fund Balance FY 09	\$ 1,140,915
Open Fund Balance FY 10	\$ 1,140,915
FY 10 Revenues	\$ 9,394,116
FY 10 Gen Fund Transfer	\$ 8,795,500
FY 10 Transfer to Health	\$ -
FY 10 Expenditures	\$ (19,023,916)
EFB FY 10	\$ 306,615

FY 10 Expenditures (4/9/09)	\$ (20,359,795)
10 Vacant Positions less 3 Home Visiting Positions	\$ 597,736
Home Visiting (HV) @ 50% includes 3 Vacant Positions	\$ 398,535
Family Planning at 90/10 grant/local distribution	\$ 339,608
Expenditure Adjustment for FY10	\$ 1,335,879
FY10 Expenditures (Revised 4/23/09)	\$ (19,023,916)

FUNDED

Division	Program Weight	Position Classification/Control Number	Position Value	Prioritization per DHO/DD's
AQM-172300	3	Senior Air Quality Specialist - 7x2263	\$ 30,003	5
EHS-172100	3	Vector Borne Disease Specialist 7-x2251	\$ 83,740	6
EHS-172400	3	Environmental Health Specialist - 7x2240	\$ 83,740	7
EHS-172400	3	Environmental Health Specialist - 7x2238	\$ 83,740	10
EHS-172404	3	Environmental Health Specialist Supervisor - 7x2258	\$ 98,973	2
EPHP-171700	3	Epidemiologist - 7x2291	\$ 88,245	1
EPHP-171700	3	Public Health Investigator - 7x2209	\$ 22,927	*
AHS-170200	3	Department Computer Application Specialist - 7x2187	\$ 67,764	3
Positions Funded in FY10			\$ 559,131	

*PT no priority assigned

NOT FUNDED

Division	Program Weight	Position Classification/Control Number	Position Value	Prioritization per DHO/DD's
AHS-170400	3	Emergency Medical Services Coordinator - 7x2289	\$ 90,345	Hold
AHS-170200	3	Administrative Assistant I 7X2170	\$ 71,732	Hold
AHS-170200	3	GIS Specialist - 7x4775	\$ 71,732	Hold
AHS-170200	3	Payroll/Personnel Clerk - 7x2180	\$ 61,082	Abolish
AQM-172300	3	Administrative Secretary Supervisor - 7x2161	\$ 50,212	Hold
EHS-172400	3	Licensed Engineer - 7x2298	\$ 105,322	Hold
EPHP-171700	3	Senior Epidemiologist - 7x2294	\$ 93,289	Hold
AHS-172300	2	Public Information Officer- 7x2303	\$ 54,022	Hold
CCHS-170600	2	Public Health Nurse II - 7x2205	\$ -	Included in HV 50%
CCHS-170600	2	Public Health Nurse II - 7x2211	\$ -	Included in HV 50%
CCHS-170600	2	Public Health Nurse II - 7x162	\$ -	Included in HV 50%
General Fund vacancy savings from positions held through FY10			\$ 597,736	

**DISTRICT BOARD OF HEALTH
FY 08/09 & FY 09/10 UPDATE
MARCH 26, 2009**

*****DRAFT*****

EFB FY 08-	\$ 1,346,906
FY 09 ETC Rev-Operation	\$ 10,027,190
FY 09 Gen Fund Transfer	\$ 9,473,870
FY 09 Transfers to Health	\$ -
FY 09 ETC Exp	\$(19,669,242)
End Fund Balance FY 09	\$ 1,178,724
Open Fund Balance FY 10	\$ 1,178,724
FY 10 Revenues -Operations	\$ 9,397,806
FY 10 Gen Fund Transfer	\$ 8,795,500
FY 10 Transfer to Health	\$ -
FY 10 Expenditures	\$(20,309,656)
EFB FY 10	\$ (937,626)

Leadership Team Meeting 3/23/09

Current Vacant Positions

AHS-170200 Admin Assistant I
AHS-170200 Payroll/Personnel Clerk
AHS-170200 Dept Computer App Specialist
AHS-170200 GIS Specialist
AHS-170400 Emerg Med Svcs Coord

2 Incentives

7 Total = 20%

Current Vacant Positions

AQM-172300 Admin Sec Supervisor
AQM-172300 Public Information Officer
AQM-172300 Sr. Air Quality Specialist

1 Incentives

4 Total = 18%

Current Vacant Positions

CCHS-170600 Public Health Nurse II
CCHS-170600 Public Health Nurse II
CCHS-170600 Public Health Nurse II

6 Incentives

9 Total = 13%

Current Vacant Positions

EHS-172100 Vector Borne Dis Specialist
EHS-172400 Env Health Specialist
EHS-172400 Env Health Specialist
EHS-172400 Env Health Specialist
EHS-172400 Licensed Engineer

4 Incentives

9 Total = 16%

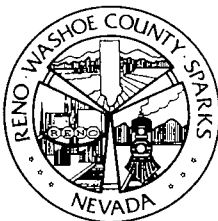
Current Vacant Positions

EPHP-171700 Public Health Investigator
EPHP-171700 Epidemiologist
EPHP-171700 Sr. Epidemiologist

1 Incentives

4 Total = 21%

19 Vacancies + 14 Incentives = 33 Positions



DBOH AGENDA ITEM NO. 12.

DISTRICT HEALTH DEPARTMENT

April 15, 2009

TO: District Board of Health Members
FROM: M. A. Anderson, MD, MPH, District Health Officer
RE: **District Board of Health Committee Assignments**

Last month you were provided with the previous list of appointments to the District Board of Health committees.

Attached is the new list of committee memberships based upon stated preferences.

Respectfully,

M. A. Anderson, MD, MPH

/jbs

DBOH AGENDA ITEM # 12.

DBOH AGENDA ITEM NO. 12.

DISTRICT BOARD OF HEALTH COMMITTEES April 23, 2009

Community and Clinical Health:

1. Dr. Humphreys
2. Mr. Matt Smith
3. Dr. Amy Khan

Environmental Health Services:

1. Mr. Matt Smith
2. Ms. Kitty Jung
3. Mr. Dan Gustin

Personnel and Administration:

1. Dr. Humphreys
2. Dr. George Furman
3. Ms. Julia Ratti

Marketing:

1. Dr. George Furman
2. Mr. Dan Gustin
3. Ms. Julia Ratti

DBOH AGENDA ITEM # 12.



DISTRICT HEALTH DEPARTMENT

April 23, 2009

TO: District Board of Health

FROM: Jennifer Stoll-Hadayia, MPA, Chair
Washoe County Health District (WCHD) Legislative Team

THROUGH: Mary-Ann Brown, RN, MSN, Division Director

SUBJECT: Update on 2009 State Legislative Session Activities

SUMMARY

On December 18, 2008, the Board approved the priorities, process, and roles for 2009 State Legislative Session activities by the Washoe County Health District (WCHD) and its staff. Per the approved protocol, a written bill status update and an oral presentation of legislative activity is to be provided at Board meetings on a monthly basis as a discussion or action item, as needed. Below is the update for April 23, 2009.

BILL STATUS UPDATE- GOVERNMENT AFFAIRS REQUESTS

The Legislative Session began on February 2, 2009. Since that time, staff received requests for evaluation and/or fiscal notes from Washoe County Government Affairs on the following bills (a staff-recommended position on each bill is also noted):

- **AB16.** Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600) *Oppose*
- **AB112.** Establishes provisions relating to public health emergencies. (BDR 40-214) *Oppose, Unless Amended*
- **AB200.** Extends limited immunity from civil liability to certain medical providers who render gratuitous care under certain circumstances. (BDR 3-469) *Support*
- **AB249.** Revises provisions governing the abatement of certain nuisances. (BDR 40-1043) *Support*
- **AB312.** Revises provisions related to a special volunteer medical license. (BDR 54-470) *Support*
- **AB347.** Makes various changes concerning foreign nationals. (BDR 3-136) *Neutral*
- **AB349.** Revises provisions governing certain emergency medical technicians. (BDR 40-1022) *Support*
- **AB396.** Reforms vehicle registration process; allows for vehicle emissions tests to be required only once every two years. (BDR 43-956) *Oppose*

- **AB398.** Limits disclosure of certain records of a health authority. (BDR 40-1044) *Support*
- **AB414.** Makes various changes to the requirements for emissions inspections of certain vehicles. (BDR 40-821) *Support*
- **AB426.** Requires the Division of Environmental Protection of the State Department of Conservation and Natural Resources to conduct a study concerning programs for reusing and recycling computers and other electronics. (BDRS-466) *Neutral*
- **AB432.** Revises provisions governing alcoholic beverage awareness programs. (BDR 32-526) *Neutral*
- **AB466.** Revises provisions relating to franchise agreements in certain counties. (BDR 20-775) *Neutral*
- **SB21.** Revises provisions governing the sale or offer for sale of certain food, drugs and other commodities after the date of expiration for those products has passed. (BDR 51-260) *Neutral*
- **SB32.** Makes various changes to the Open Meeting Law. (BDR 19-459) *Neutral*
- **SB54.** Revises the qualifications of the State Health Officer. (BDR 40-336) *Oppose*
- **SB126.** Requires local governments to allow the reuse of graywater in single-family residences. (BDR 48-394) *Neutral*
- **SB137.** Provides for the placement of recycling containers in certain locations. (BDR 40-741) *Support*
- **SB186.** Provides for the issuance of permits for the operation of motor vehicle tire recycling centers. (BDR 40-739) *Neutral*
- **SB231.** Makes various changes concerning food establishments connected with a child care facility. (BDR 40-975) *Neutral*
- **SB233.** Provides for the free immunization of certain children against certain diseases within limits of available money. (BDR 40-105) *Oppose, Unless Amended*
- **SB278.** Authorizes the establishment of health districts in certain less populous counties. (BDR 40-1061) *Support, If Amended*
- **SB279.** Makes changes to public records requirements. (BDR 19-82) *Neutral*
- **SB381.** Revises provisions governing the immunization of children against certain diseases. (BDR 38-809) *Support*
- **SB397.** Establishes provisions relating to the use of certain plastic bags. (BDR 52-1143) *Neutral*

Total: 25

- **Fiscal notes:** BDR 136 (now AB347), BDR 214 (now AB112), BDR 466 (now AB426), BDR 739 (now SB186), BDR 809 (now SB381), BDR 1068, and BDR 1143 (now SB397).

Those bills on the list above that failed to meet legislative deadlines are noted in the following section as well.

BILL STATUS UPDATE- STAFF TRACKING

Staff also continued to monitor additional bills that have relevance to Board-approved Departmental and Divisional legislative priorities and that have met legislative deadline (again, a staff-recommended position on each bill is noted):

- **AB97.** Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487) *Neutral*

- **AB107.** Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)
Support
- **AB145.** Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815) *Support*
- **AB191.** Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827) *Support*
- **AB206.** Revises provisions relating to public health. (BDR 40-858) *Support*
- **AB213.** Requires the establishment of the Cancer Drug Donation Program. (BDR 40-39)
Neutral
- **AB219.** Enacts provisions governing certain blood tests for children. (BDR 40-682) *Support*
- **AB229.** Enacts provisions governing fire-safe cigarettes. (BDR 42-568) *Neutral*
- **AB255.** Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812) *Support*
- **AB266.** Prohibits the sale of novelty lighters. (BDR 52-569) *Neutral*
- **AB285.** Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853). *Support*
- **AB332.** Revises provisions governing immunity from liability for donating, receiving or distributing certain grocery products or food. (BDR 3-1017) *No Position*
- **AB479.** Revises the rate of taxation on moist snuff. (BDR 32-837) *Oppose*
- **AJR14.** Resolution supporting US EPA to grant California a waiver to set vehicle standards for greenhouse gases. (BDR R-5) *Support*
- **SB7.** Makes various changes to the Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23) *Neutral*
- **SB17.** Revises provisions governing health care records. (BDR 54-607) *Neutral*
- **SB48.** Repeals certain requirements regarding the delivery of cigarettes sold to consumers. (BDR 32-270) *Neutral*
- **SB60.** Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542)
Support
- **SB72.** Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)
Neutral
- **SB159.** Requires the establishment of the Cancer Drug Donation Program. (BDR 40-14)
Neutral
- **SB220.** Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program. (BDR 40-1135) *Neutral*
- **SB304.** Revises provisions relating to tests for certain communicable diseases. (BDR 40-844)
Support
- **SB305.** Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845) *Support*
- **SB311.** Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924) *No Position*
- **SB332.** Revises provisions governing vehicles owned or operated by governmental entities. (BDR 43-1147) *Oppose*

- **SB340.** Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133) *Support*
- **SB372.** Revises the Nevada Clean Indoor Air Act. (BDR 15-1099) *Oppose*
- **SB383.** Requires certain warnings regarding the use of certain tobacco products. (BDR 40-1104) *Support*
- **SB395.** Makes various changes regarding renewable energy and energy efficiency and alters the composition of the Commission on Economic Development. (BDR 58-1219) *Support*
- **SCR12.** Urges the promotion of physical fitness in the schools. (BDR R-697) *Neutral*

Total: 30

Per County process, positions on these bills were submitted via “Washoe Bills,” and they have been summarized in the Legislative Tracking Matrix that is submitted electronically to the Board on a weekly basis and that is attached to this report.

Since the last Board report, legislative deadlines have occurred such that several bills monitored by staff have failed to proceed. These bills have been removed from the Legislative Tracking Matrix and are listed below:

- **AB67.** Authorizes boards of county commissioners to levy an ad valorem tax to pay the costs of public safety, health and welfare services. (BDR 31-460) *Neutral*
- **AB68.** Provides for the issuance of a certificate of birth resulting in stillbirth. (BDR 40-151) *Neutral*
- **AB83.** Makes various changes concerning the reporting and investigation of allegations of child abuse and neglect. (BDR 38-333) *Neutral*
- **AB91.** Authorizes the State Treasurer to securitize the revenue stream produced by the Tobacco Master Settlement Agreement. (BDR 18-208) *Oppose*
- **AB200.** Extends limited immunity from civil liability to certain medical providers who render gratuitous care under certain circumstances. (BDR 3-469) *Support*
- **AB312.** Revises provisions related to a special volunteer medical license. (BDR 54-470) *Support*
- **AB347.** Makes various changes concerning foreign nationals. (BDR 3-136) *Neutral*
- **AB363.** Provides for the collection and application of graywater for a single-family residence. (BDR 40-1087) *Neutral*
- **AB396.** Reforms vehicle registration process; allows for vehicle emissions tests to be required only once every two years. (BDR 43-956) *Oppose*
- **AB398.** Limits disclosure of certain records of a health authority. (BDR 40-1044) *Support*
- **AB466.** Revises provisions relating to franchise agreements in certain counties. (BDR 20-775) *Neutral*
- **SB32.** Makes various changes to the Open Meeting Law. (BDR 19-459) *Neutral*
- **SB126.** Requires local governments to allow the reuse of graywater in single-family residences. (BDR 48-394) *Neutral*
- **SB279.** Makes changes to public records requirements. (BDR 19-82) *Neutral*
- **SB322.** Provides for the establishment and maintenance of an integrated system for the provision of health and social services in certain counties. (BDR 40-1073) *No Position*

Total: 15

TESTIMONY UPDATE

Staff continued to provide written and verbal testimony on legislation of high priority to the Department. Per County process, Washoe County Government Affairs was notified of staff activity at the Legislature as well as provided copies of any written testimony prior to hearing. Testimony has occurred on the following bills with type and position indicated:

- **AB16.** Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600) *Oppose (Written testimony)*
- **AB107.** Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208) *Support (Verbal testimony and exhibit provided via email)*
- **AB145.** Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815) *Support (Verbal testimony and amendment submitted to sponsor via email)*
- **AB191.** Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827) *Support (Verbal testimony and exhibit provided)*
- **AB255.** Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812) *Support (Verbal and written testimony)*
- **AB479.** Revises the rate of taxation on moist snuff. (BDR 32-837) *Oppose (Verbal and written testimony)*
- **SB304.** Revises provisions relating to tests for certain communicable diseases. (BDR 40-844) *Position: Support (Verbal testimony and amendment submitted to sponsor)*
- **SB305.** Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845) *Support (Verbal testimony and amendment submitted to sponsor)*
- **SB372.** Revises the Nevada Clean Indoor Air Act. (BDR 15-1099) *Oppose (Verbal testimony)*
- **SB340.** Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133) *Support (Verbal and written testimony and amendment submitted to sponsor)*
- **SB381.** Revises provisions governing the immunization of children against certain diseases. (BDR 38-809) *Support (Sign-In Only)*

Total: 11

ATTACHMENTS

- Bill Tracking – 2009 State Legislative Session

POSSIBLE MOTION

Should the Board concur with the staff report, a possible motion would be: “move to approve the February WCHD Legislative Team report.”

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

Introduction

The Washoe County Health District's 2009 legislative bill tracking document contains: (1) legislation with impact to the District and/or its Divisions with emphasis on adopted legislative priorities for the session and (2) legislation sent by Washoe County Government Affairs for policy and/or fiscal impact analysis.

Key to Document Fields

- **Bill #** = Number assigned to the bill [SB = Senate Bill; AB = Assembly Bill; An "R" = Resolution; A "C" = Concurrent action in both houses]; a live link to the bill language should be included
- * = Indicates request for evaluation by Washoe County Government Affairs
- **Sponsor** = Full name of the primary individual or organization sponsoring the bill
- **Status** = Current location of the bill in terms of a particular House and committee; this can also reference bill filing status (e.g., pre-filed, enrolled, failed, etc.)
- **Summary** = Bill title as written
- **Analysis** = A succinct statement of the bill's impact to the Health District and/or community; if extensive explanation or background is needed, talking-points and/or a position statement should be drafted
- **Recommendations** = One "priority," "action," "position," option for "ordinance and policy impact," and option for "fiscal impact" should be included per below.

Priority = Indicate if bill is a High or Low priority for the Health District

Action

- **Monitor** = Interested in outcome of the bill only
- **Track** = Interested in all stages of the bill; dependent upon changes, may elevate to Needs Attention
- **Needs Attention** = Proactive response to bill required (e.g., position paper/talking-points, testimony, communication with law-maker, etc.)
 - If **Needs Attention** is indicated, then also:
 - **Testify** = Yes or No
 - If **Yes** = include name of individual who will provide testimony if requested (in parenthesis)
 - If **Yes** = include type of testimony to be provided (written, verbal, both) (in parenthesis)

Position

- **Support, As Is** = Support bill as currently written
- **Support, If Amended** = Support, if specific changes to the bill are made; recommended changes should be included in the "Analysis" section
- **Oppose** = Oppose bill as written and no suggestions for improvement can be made
- **Comment Only** = A neutral position on the bill, i.e., bill is neither supported nor opposed as written

County Ordinance & Policy Impact (Note: if Yes to either, impact should be explained in the Analysis section)

- **Change to County Ordinance** = Yes, No, Uncertain
- **Change to County Policies and Procedures** = Yes, No, Uncertain

Fiscal Impact

- **Yes** = Bill has fiscal impact to the Health District, either positively or negatively; if Yes, fiscal impact should be explained in the Analysis section
- **No** = Bill has no fiscal impact to the Health District

- **Staff** = Staff lobbyist and/or subject matter expert assigned to the bill

For More Information

Connie Campbell, CCHS, 328-2437, ccampbel@washoecounty.us
Jennifer Stoll-Hadaya, CCHS, 328-3645, jhadaya@washoecounty.us

Washoe County Health District
Bill Tracking – 2009 State Legislative Session

Administrative Health Services, Epidemiology and Public Health Preparedness Division, and Office of the District Health Officer

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
*AB16 1 st Reprint	Commerce and Labor	Assembly Final Passage 4/6	Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600)	<p><u>Evaluation:</u> This bill extends existing requirements relating to proactively informing emergency response personnel of their potential exposure to blood-borne pathogens. This bill would add airborne infections.</p> <p>The impact of this bill on the Health District would be an unnecessary increase in workload for the District Health Officer and/or Communicable Disease Program staff. Because the bill requires the employers of emergency response personnel to designate a position to carry out some of the provisions, it could also increase the cost of providing emergency response.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) (Type: <u>written</u>) • Oppose • Ordinance: No • Policy: No • Fiscal Impact : Yes (R. Todd)
AB97 1 st Reprint	Government Affairs (on behalf of NVCM)	Assembly Final Passage 4/15 Amend Do Pass	Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487)	<p><u>Evaluation:</u> This bill requires the development of regulations to transfer responsibilities between state and local governments (and the reverse), and between local governments. The only stated provision is that there must be 90 days notice of transfer of duties.</p> <p>The impact on the Health District is unknown at this time as transferable responsibilities are not defined. The committee's recommended regulations will need to be closely monitored for the potential for unfunded mandates.</p>	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon)
*AB112	Health and Human Services	Assembly Health and Human Services 4/8 Amend Do	Establishes provisions relating to public health emergencies. (BDR 40-214)	<p><u>Evaluation:</u> This bill appears to be in response to the hepatitis C outbreak associated with improper infection control practices at an endoscopy center in Las Vegas. However, the language of the bill could be applied more</p> <p><u>Fiscal impact:</u> The fiscal impact to the Health District is unknown at this time.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) (Type: <u>Unknown</u>) • Oppose, Unless

Washoe Co Health District
 Bill Tracking - 2009 State Legislative Session

	<p>Pass</p> <p>Eligible for Exemption</p>	<p>broadly. As such, it has several weaknesses:</p> <ul style="list-style-type: none"> • <i>It does not include a definition of "immediate threat to health and safety of the public."</i> Local boards of health do not identify health threats and only meet monthly, which would make determining and then reporting a health threat to the Governor challenging. • <i>It does not include a definition of "public health emergency."</i> Without a working definition, it would be difficult for the Governor to make a determination. • <i>It lacks detail on the makeup of the committee.</i> The bill does not include any requirement for specific training and experience in the field of epidemiology. • <i>Inclusion of the State Health Officer and District Health Officers may or may not address this concern.</i> Membership should include the State Epidemiologist. • <i>It preempts the local Public Health Authority.</i> This may or may not be an issue depending on whether the definitional issues above are addressed. However, there would be nothing gained by declaring a "Public Health Emergency" that, in turn, is micromanaged by a statewide committee. It would be public health malpractice to wait for a declaration by a committee before immediate action is taken at the local level. <p>Fiscal impact: The District Health Officer would be a member of the committee established by this bill, and the County would be required to provide paid administrative leave for attendance. The number of such meetings is not specified. Additional Health District staff could be tapped to serve on subcommittees as well. It is likely this involvement would take place as a part of current Health District responsibilities whether or not this bill were in place. The bill does contain provisions to cover</p>	<p>Amended</p> <ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : Yes <p>(R. Todd)</p>
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			<p>transportation and per diem costs as provided to state officers and employees generally. Additional expenses may be incurred if a District Board of Health meeting must be convened to determine a public health emergency.</p> <p>For additional analysis, see attachments: <u>AB112 Evaluation</u>, <u>AB112 Fiscal Impact</u></p> <p><u>Evaluation</u>: Sections 1 to 10 relate primarily to sentinel event reporting requirements of medical facilities to the Nevada State Health Division.</p> <p>Sections 11 to 19 amend NRS 441A covering communicable disease investigation by health authorities. The key changes are as follows:</p> <ul style="list-style-type: none"> • Adds a definition of infectious disease. This is important as it is a more inclusive term than communicable disease. • Adds authority to investigate events other than infectious disease if the event significantly impairs the health, safety, or welfare of the public. • Gives health authorities the power to issue a subpoena for release of information relevant to an investigation. • Gives health authorities the power to levy a fee on a healthcare provider or medical facility to cover a proportionate share of investigation costs. • Compels public agencies, law enforcement agencies, and political subdivisions to provide information that is relevant to an investigation to a health authority. • Gives health authorities the power to issue cease and desist orders to healthcare providers and medical facilities. <p>These provisions, if enacted, would improve the ability of health authorities to investigate and control infectious disease within their jurisdictions.</p>	<ul style="list-style-type: none"> • Priority: High • Monitor • Testify: Yes (R. Todd, M. Anderson) (Type: verbal, written, depending on amendments) • Support: As Is • Ordinance: No • Policy: No • Fiscal Impact : No (R. Todd)
<u>AB206</u>	Health and Human Services	Assembly Health & Human Services 4/8 Amend Do Pass	Revises provisions relating to public health. (BDR 40-858)	<p>The remaining sections of the bill would not</p>

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*AB349 1st Reprint	Parnell, Leslie, McClain (primaries)	Assembly Health & Human Services 4/1 Amend Do Pass	Revises provisions governing certain emergency medical technicians. (BDR 40-1022)	directly impact the Health District. This bill allows for certain emergency medical technicians to be able to administer immunizations or medications in an emergency or to otherwise satisfy public health needs, such as a public health preparedness exercise.	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (S. Kutz)
*SB54 1st Reprint	Health and Education	Senate Final Passage 4/6 Amend Do Pass	Revises the qualifications of the State Health Officer. (BDR 40-336)	Evaluation: This bill allows for an alternate, unlicensed pathway for a "physician or administrative physician" to be appointed as the State Health Officer. This downgrade of the requirements for the State Health Officer position has the potential to weaken the visibility and priority that is placed on public health in the State of Nevada. Amendment: Do not change the existing requirements for a licensed physician to assume the role of State Health Officer.	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (M. Anderson) (Type: Unknown) • Oppose (amendment proposed) • Ordinance: No • Policy: No • Fiscal Impact : No (M. Anderson)
*SB278	McGinness	Senate Health & Education 4/8 Amend Do Pass Notice of eligibility for exemption	Authorizes the establishment of health districts in certain less populous counties. (BDR 40- 1061)	Evaluation: This bill enables rural and frontier counties to establish consolidated health districts to provide health and social services, including substance abuse and mental health treatment. It also allows newly-formed health districts to levy taxes. Inclusion of substance abuse and mental health services may inappropriately expand the scope of a public health district. Therefore, an amendment is pending before law-makers that would refer this issue to a study by the Interim Committee on Health Care.	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Support, If Amended • Ordinance: No • Policy: No • Fiscal Impact : No (M. Anderson)

Air Quality Management Division

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
*AB414	Claborn	Assembly Final Passage 4/13	Makes various changes to the requirements for emissions inspections of certain vehicles. (BDR 40-821)	Allows for electronic submission of emission control data and other minor program modifications. Maintains fees collected by the DMV, and therefore should be revenue neutral to the Pollution Control Fund and the Health	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Support, As Is

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				District.	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : No (A. Goodrich)
<u>AJR14</u>	Ohrenschall, Bobzien, Segerblom, Leslie, Hogan, Parks, et al	Committee on Elections, Procedures, Ethics, and Constitutional Amendments 4/9 Do Pass	Resolution supporting US EPA to grant California a waiver to set vehicle standards for greenhouse gases. (BDR R-5)	California, along with 17 other states, has requested a greenhouse gas standard for motor vehicles. If granted, these standards would apply to the majority of vehicles sold in the western US. Nevada would benefit by receiving cleaner motor vehicles.	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (A. Goodrich)
<u>SB332</u>	Committee on Energy, Infrastructure & Transportation	Senate Energy, Infrastructure & Transportation 3/23 Amend Do Pass	Revises provisions governing vehicles owned or operated by governmental entities. (BDR 43-1147)	Changes the parameters for the required use of alternative fuels in government fleets.	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: Unknown • Oppose • Ordinance: Uncertain • Policy: Uncertain • Fiscal Impact : Yes (A. Goodrich)
<u>SB395</u>	Committee on Energy, Infrastructure & Transportation (on behalf of the Governor)	Senate Energy, Infrastructure & Transportation 4/10 Amend and Refer	Makes various changes regarding renewable energy and energy efficiency and alters the composition of the Commission on Economic Development. (BDR 58-1219)	Governor's energy bill partially in response to recommendations by the Nevada Climate Change Advisory Committee. Requires energy efficient appliances and equipment, state buildings to meet energy codes, revises renewable portfolio standards, modifies tax abatements for renewable energy businesses, requires CO2 information for vehicles, and other energy producer requirements. A. Goodrich, Chairman of advisory committee.	<ul style="list-style-type: none"> • Priority: High • Track • Testify: Yes (A Goodrich) (Type: written, verbal) • Support • Ordinance: Uncertain • Policy: Uncertain • Fiscal Impact : Uncertain (A. Goodrich)

Community and Clinical Health Services Division

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
<u>AB107</u> 1 st Reprint	Oceguera	Assembly Ways & Means 4/13 Agenda No Action	Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)	<u>Evaluation:</u> This bill creates an Advisory Committee for the Prevention and Treatment of Stroke within the State Health Division. It also prescribes the goal of the Committee as to develop a statewide plan to prevent stroke, heart disease, and other vascular diseases. The bill also authorizes the state to apply for funds	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadaya) (Type: verbal) • Support, As Is

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			<p>to support activities outlined in the plan.</p> <p>The bill does not mandate local health authority representation on the Committee, so there is no direct impact on the Health District at this time. However, this bill supports the Health District goal of chronic disease prevention. In addition, this bill was submitted by request from the American Heart Association, and Health District staff serve on their Advocacy Committee.</p> <p>Fiscal impact: There is no fiscal impact to the Health District.</p> <p>Evaluation: This bill expands the use of school athletic fields to non-profits outside of the traditional school day. Similar policies are being promoted nationally as an intervention that may increase childhood physical activity with the long-term goal of reducing childhood obesity.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention.</p> <p>The bill could be increasingly effective toward this goal if it expanded the locations on school property that may be used for youth physical activity outside of regular school hours; expanded the types of organizations to which use of school facilities will be granted without charge for the purpose of youth physical activity; expanded activities beyond "sports" to include any activity with the purpose of youth physical education; and included high schools.</p> <p>Amendment:</p> <ul style="list-style-type: none"> • Replace "athletic field" with "location on school property that may be reasonably used for youth physical activity including playgrounds, multi-purpose rooms, or athletic fields" 	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia)
<p>AB145 1st Reprint</p>	<p>Hambrick (primary); Carpenter, Cobb, Gustavson, Mortenson, Ohrenschaill & Segerblom</p>	<p>Assembly Education 3/30 Amend Do Pass</p>	<p>Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815)</p>	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support, As Is (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon, J. Stoll-Hadayia)

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				<ul style="list-style-type: none"> • Replace "nonprofit organization" with "nonprofit organization, public parks and recreation department, or other entity" • Replace "sports" with "physical activity and sports" • Include "high schools" <p>Similar language is included in <u>AB285</u>.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill requires school districts to continue to collect height and weight of students for the intent of determining childhood obesity rates. This is the only local data Washoe County and Nevada have to assess childhood obesity and the impact of prevention/intervention programs. The Health District uses these data to set priorities and apply for grant funding.</p> <p>Amendment: (Proposed by American Health Association and accepted by bill sponsor) Specify that measurements will be taken from a sample of 4th, 7th, and 10th graders; and specify that the Interim Health Committee examine child weight-related health issues.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill requires the State Board of Pharmacy to establish a program in which private citizens can donate unused cancer treatment medications for re-distribution to other cancer patients in need. The bill outlines basic criteria for storage, distribution, and dispensing of the donated medications and provides civil liability immunity for those who donate.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support, As Is & As Amended • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon, J. Stoll-Hadayia)
<p><u>AB191</u> 1st Reprint</p>	<p>Denis, Kihuen, Parnell, Hardy, Anderson, Leslie & Smith</p>	<p>Assembly Final Passage 4/9 Amend Do Pass</p>	<p>Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827)</p>	<p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	
<p><u>AB213</u> 1st Reprint</p>	<p>Anderson, Conklin, Horne, Kihuen & Parnell (primaries) et al.</p>	<p>Assembly Health and Human Services 4/8 Amend Do Pass Exemption effective</p>	<p>Requires the establishment of the Cancer Drug Donation Program. (BDR 40-39)</p>	<p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia)

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<p><u>AB219</u></p>	<p>Hardy & Horsford</p>	<p>Assembly Final Passage 3/23</p>	<p>Enacts provisions governing certain blood tests for children. (BDR 40-682)</p>	<p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill mandates reporting of blood lead levels tests of children to local health authorities and then urges health authorities to investigate high level cases. At a minimum, the impact on the Health District would be to receive and document data from laboratories.</p> <p>Lead monitoring and education is a core function of Public Health Nurses (PHN). In the past, the Health District assigned one PHN to respond to lead concerns. Though this program is no longer in place, receipt of a high blood level case would necessitate investigation by a PHN; not responding to such a report would be irresponsible. In general, monitoring lead levels in children is good public health practice; however, no funding is currently available to support this function at the Health District.</p> <p><u>Fiscal impact:</u> There is fiscal impact to the Health District as calculated in staff time for documenting laboratory results, conducting investigations, and providing other activities related to community-wide lead monitoring and/or education.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: Yes (M.A. Brown)
<p><u>AB229</u></p>	<p>Assembly: Oceguera, et al Senate: Parks</p>	<p>Assembly Government Affairs 4/3 Amend Do Pass Eligible for Exemption</p>	<p>Enacts provisions governing fire-safe cigarettes. (BDR 42-568)</p>	<p><u>Evaluation:</u> This bill requires cigarettes sold in Nevada to meet specific fire safety standards. It also establishes systems for testing and enforcement of these standards. This bill was modeled after requirements that were first adopted in 2004 in New York State. There is no definitive data that fire-safe cigarettes impact cigarette consumption.</p> <p>Therefore, there would be no impact on the</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon)

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<p><u>AB255</u></p>	<p>Leslie</p>	<p>Assembly Taxation 4/7 Rerefer Exemption effective</p>	<p>Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812)</p>	<p>Health District as a result of this bill; however, this bill is a priority of Safe Kids Washoe County for its potential to prevent fire-related injury. Health District staff serve in a leadership capacity on this Coalition. <u>Fiscal Impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill increases the cigarette excise tax to \$1.00 per pack (from the current \$0.80 per pack) or 90 mills per cigarette. It then earmarks the additional revenue from this increase to pay for presumptive eligibility for Medicaid coverage of prenatal care, with the balance to State Medicaid.</p> <p>There would be no impact on the Health District as a result of this bill, as written; however, this bill strongly supports the Health District goal of chronic disease prevention. Research shows that increases in cigarette excise tax produce real, predictable improvements in smoking rates, smoking-related health care costs, and state revenue. The increase proposed in this bill would produce:</p> <ul style="list-style-type: none"> • A 17.4% decrease in youth smoking; • 16,400 fewer adults smoking; and • \$598.6 million in long-term health savings from adult and youth smoking declines over the next five years <p>It would also generate an estimated \$75.7 million in additional state revenue in the first year. However, to maximize these positive health benefits, a comprehensive statewide tobacco prevention and control program must also be maintained.</p> <p><u>Amendment:</u> (As proposed by sponsor) Sec. 2. 2 (b)(2) Six mills per cigarette to the State Treasurer for deposit to the credit of Health Division of the Department of Health and Human Services and to the district boards of</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: <u>written, verbal</u>) • Support: As Is • Ordinance: No • Policy: No • Fiscal Impact: Yes (with amendment only) <p>(J. Stoll-Hadaya)</p>
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		<p>health District <i>health in counties whose population is 50,000 or more to pay for tobacco prevention and control programs.</i></p>			<p>Fiscal impact: There is no fiscal impact to the Health District from this bill as currently written. However, should the bill pass with the proposed amendment, it would result in revenue to the Health District for tobacco prevention and control activities.</p>	<p>Evaluation: This bill prohibits the sale or distribution of cigarette lighters that are made to resemble cartoon characters, toys, guns, watches, etc. or that have flashing lights or other entertainment features.</p> <p>There would be no impact on the Health District as a result of this bill.</p>	<p>Fiscal impact: There is no fiscal impact to the Health District.</p>	<p>Evaluation: This bill requires that elementary schools provide at least 30 minutes of physical activity during each school day. It also grants the use of school buildings and grounds outside of school hours to organizations providing physical activity at no cost (similar to AB145). Both policy changes are to increase levels of physical activity among children as a means of preventing overweight/obesity.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention.</p>	<p>Fiscal impact: There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) 	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia) 	<p>Fiscal impact: There is no fiscal impact to the Health District.</p>	<p>Evaluation: This bill revises the type of infraction, amount of fine, and distribution of fines related to noncompliance with the alcohol beverage awareness program for alcohol-</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only
<p><u>AB266</u></p>	<p>Oceguera</p>	<p>Assembly Final Passage 4/13</p>	<p>Prohibits the sale of novelty lighters. (BDR 52-569)</p>											
<p><u>AB285</u> 1st Reprint</p>	<p>Christensen Atkinson, Wiener & Carlton (primaries)</p>	<p>Assembly Education 3/30 Amend Do Pass</p>	<p>Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853)</p>											
<p>*<u>AB432</u></p>	<p>Smith and Oceguera</p>	<p>Assembly Taxation 4/9 Amend Do Pass</p>	<p>Revises provisions governing alcoholic beverage awareness programs. (BDR 32-526)</p>											

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		Notice of eligibility for exemption		<p>serving establishments.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: No (N. Alberti)
<u>AB479</u>	Government Affairs	Committee on Taxation 4/7 Rerefer Exemption effective	Revises the rate of taxation on moist snuff. (BDR 32-837)	<p><u>Evaluation:</u> This bill proposes to change the rate of taxation on smokeless tobacco products from 30% of wholesale price to \$0.75 per ounce. Research shows that applying a weight-based tax on smokeless tobacco results in lower cost to the consumer and, therefore, increased sales, as tobacco manufacturers reduce the weight of their product. While this change may benefit tobacco manufacturers and distributors, it will result in increased consumption of tobacco by Nevadans.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal, <u>written</u>) • Oppose • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)
<u>SB7 1st Reprint</u>	Wiener	Senate Health and Education 3/18 Amend Do Pass Exemption effective	Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23)	<p><u>Evaluation:</u> This bill expands voting membership of the Advisory Council on the State Program for Fitness and Wellness.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (E. Dixon)
<u>SB17 1st Reprint</u>	Wiener	Senate Commerce and Labor 4/3 Amend Do Pass Exemption effective	Revises provisions governing health care records. (BDR 54-607)	<p><u>Evaluation:</u> This bill aligns Nevada Revised Statute with HIPAA requirements by mandating retention of medical records for 7 years (up from 5). It also requires that providers notify patients in writing prior to destroying records.</p> <p>There would be an impact on the Health District as a result of this bill due to the patient notification requirement.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : Yes (P. Carlson)
<u>SB48</u>	Senate	Senate Final	Repeals certain requirements	<p><u>Evaluation:</u> This bill aligns Nevada Revised</p>	<ul style="list-style-type: none"> • Priority: Low

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	Taxation	Passage 3/25	regarding the delivery of cigarettes sold to consumers. (BDR 32-270)	<p>Statute with federal laws governing delivery of cigarettes.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon)
<u>SB72</u>	Cegavske	Senate Commerce and Labor 3/23 Amend Do Pass	Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)	<p><u>Evaluation:</u> This bill would allow registered pharmacists to perform a blood glucose screening test in a pharmacy setting, using an FDA-approved testing device. The outcome <i>could</i> be increased access to diabetes screening, which facilitates early intervention and lifestyle modification. However, there appears to be little definitive evidence to support screening alone as an effective diabetes intervention.</p> <p>There would be no direct impact on the Health District as a result of this bill. In addition, this bill was submitted by request from a member of the Nevada Diabetes Council, on which Health District staff serve in a leadership capacity.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)
<u>SB159</u> 1 st Reprint	Cegavske, Raggio, Nolan, Lee, Copening, Anderson, Gansert, Cobb, Settelmeyer & Christensen (primaries) et al.	Senate Final Passage 4/8 Amend Do Pass	Requires the establishment of the Cancer Drug Donation Program. (BDR 40-14)	<p><u>Evaluation:</u> This bill requires the State Board of Pharmacy to establish a program in which private citizens can donate unused cancer treatment medications for re-distribution to other cancer patients in need. The bill outlines basic criteria for storage, distribution, and dispensing of the donated medications and provides civil liability immunity for those who donate.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention. In addition, this bill is a priority of the Nevada Cancer Council, on which Health District staff serve in a leadership capacity.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)

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				<p><u>Fiscal Impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill establishes a Chronic Obstructive Pulmonary Disease (COPD) Program at the state health division, based on available funding. However, this bill does not provide funding to the program.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon)
<u>SB220</u>	Health and Education	Senate Final Passage 4/8	Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program. (BDR 40-1135)	<p>The Vaccines for Children (VFC) federal entitlement program provides vaccines at no charge to children 0-18 years of age if the child is uninsured, underinsured (insurance does not cover immunizations), has Medicaid, or is Native American or an Alaskan Indian.</p> <p>Amendment: This bill would need to be amended to identify the specific population it will serve and calculate the associated fiscal impact.</p> <p><u>Evaluation:</u> Sec. 1 of the bill mandates clinicians to provide for syphilis testing in the first trimester of pregnancy (in addition to the third trimester currently required by law). This testing schedule adheres to Centers for Disease Control and Prevention (CDC) guidelines for preventing congenital syphilis transmission.</p> <p>Sec. 2 of the bill exempts HIV tests from state licensing regulations that exceed federal requirements. The intent of this portion of the bill is to increase availability of Rapid HIV Tests for use by community-based organizations. Rapid HIV Tests are CLIA-waived tests, and their use at the community level is a CDC recommendation.</p>	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Oppose, Unless Amended • Ordinance: No • Policy: No • Fiscal Impact: Yes (M.A. Brown, S. Kutz)
<u>*SB233</u>	Woodhouse, Breeder, Wiener, Parks & Horsford (primaries) et al	Senate Health and Education 4/3 Amend and Rerefer	Provides for the free immunization of certain children against certain diseases within limits of available money. (BDR 40-105)	<p>Amendment: This bill would need to be amended to identify the specific population it will serve and calculate the associated fiscal impact.</p> <p><u>Evaluation:</u> Sec. 1 of the bill mandates clinicians to provide for syphilis testing in the first trimester of pregnancy (in addition to the third trimester currently required by law). This testing schedule adheres to Centers for Disease Control and Prevention (CDC) guidelines for preventing congenital syphilis transmission.</p> <p>Sec. 2 of the bill exempts HIV tests from state licensing regulations that exceed federal requirements. The intent of this portion of the bill is to increase availability of Rapid HIV Tests for use by community-based organizations. Rapid HIV Tests are CLIA-waived tests, and their use at the community level is a CDC recommendation.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal) • Support As Is & As Amended (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)
<u>SB304</u> 1 st Reprint	Parks Copening Horsford Pierce Leslie (primaries) et al	Senate Final Passage 4/15 Amend Do Pass	Revises provisions relating to tests for certain communicable diseases. (BDR 40-844)	<p><u>Evaluation:</u> Sec. 1 of the bill mandates clinicians to provide for syphilis testing in the first trimester of pregnancy (in addition to the third trimester currently required by law). This testing schedule adheres to Centers for Disease Control and Prevention (CDC) guidelines for preventing congenital syphilis transmission.</p> <p>Sec. 2 of the bill exempts HIV tests from state licensing regulations that exceed federal requirements. The intent of this portion of the bill is to increase availability of Rapid HIV Tests for use by community-based organizations. Rapid HIV Tests are CLIA-waived tests, and their use at the community level is a CDC recommendation.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal) • Support As Is & As Amended (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)

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<p><u>SB305</u></p>	<p>Parks Copening Horsford Pierce Leslie (primaries) et al</p>	<p>Senate Health and Education 3/31 Amend Do Pass</p>	<p>Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845)</p>	<p>There would be no direct impact on the Health District as a result of Sec. 1 as current CDC STD testing and treatment guidelines are already in place. Sec. 2 would allow the Health District to more readily provide Rapid HIV Tests.</p> <p>Overall, this bill supports the Health District goal of HIV and STD prevention. In addition, this bill was submitted by request from the State AIDS Task Force, on which the District Health Officer and other staff serve.</p> <p>Amendment: All entities providing a waived test for the detection of the human Immunodeficiency virus must adhere to the Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988; and to NRS 441A.150 and NAC 441.230 – 441A.253.</p> <p>Fiscal impact: There is no fiscal impact to the Health District.</p>	<p>Priority: High Needs Attention Testify: Yes (J. Stoll-Hadayia) (Type: verbal) Support As Is & As Amended (amendment proposed to sponsor) Ordinance: No Policy: No Fiscal Impact: Yes (J. Stoll-Hadayia)</p>
<p>SB305</p>	<p>Senate Health and Education 3/31 Amend Do Pass</p>	<p>Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845)</p>	<p>Evaluation: This bill authorizes a health care provider to issue a prescription for the treatment of the sexual partner of a person who has been diagnosed with an STD without examining the partner, and does so by allowing the provider to exclude the name of the partner from the prescription if the prescription specifies this purpose. This practice is commonly referred to as Expedited Partner Therapy (EPT) or Partner-Delivered Therapy (PDT) and is a proven method for preventing repeat STD infections between partners. Research shows that EPT reduces STD re-infection rates in a community by 50-70%. It is currently recommended for use with <i>Chlamydia</i> and <i>gonorrhea</i> by the Centers for Disease Control and Prevention.</p> <p>This bill would allow the Health District to utilize an additional proven strategy in the prevention</p>	<p>This bill would allow the Health District to utilize an additional proven strategy in the prevention</p>	

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			<p>of STD infections by allowing partners to be empirically treated (i.e., without testing and examination). In CY07, the Health District tested and treated 405 <i>Chlamydia</i> and <i>gonorrhea</i> contacts. With the average cost of an STD encounter at \$60, EPT could save up to \$24,300 in annual cost if contact testing and treatment were no longer required.</p> <p>In addition, this bill was submitted by request from the State AIDS Task Force, on which the District Health Officer and other staff serve.</p> <p>Amendment: Sec 1, line 4, after "a provider of health care" add or a public health staff under the authority of a district health officer; Sec. 1, line 5, after "who diagnoses a patient with a sexually transmitted disease" add that is approved by the Board of Health for expedited partner therapy may dispense a medication.</p> <p><i>Provision of expedited partner therapy shall be noted on the morbidity report form to the health authority per NRS 441A.150 and NAC 441.230 – 441A.253. The Health Division shall develop written protocols for expedited partner therapy to be approved by the Board of Health and to which providers of this service must adhere. This protocol shall not supersede adopted ethical or practice guidelines for providers of health care.</i></p> <p><i>Fiscal impact:</i> There could be a positive fiscal impact to the Health District, as empirical treatment of <i>Chlamydia</i> and <i>gonorrhea</i> contacts could save \$60 per case annually.</p> <p><i>Evaluation:</i> This bill proposes to restructure the distribution of the tobacco prevention and control allocation of the Fund for a Healthy Nevada (FHN) so that it flows directly to the Nevada State Health Division (NSHD) and to</p>		<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal, written)
<p><u>SB340</u></p>	<p>Health and Education</p>	<p>Senate Health & Education 4/6 Amend Do Pass</p>	<p>Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133)</p>		

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<ul style="list-style-type: none"> • Support, As Amended (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: Yes (J. Stoll-Hadaya) 	<p>the local health departments (LHDs) in each county of at least 100,000 population. This restructuring represents best practice for the administration of tobacco prevention and control programming at the local level and is supported by public health stakeholders.</p> <p>There would be a beneficial impact to the Health District as a result of this bill. New monies would flow directly to the Health District for the purpose of regional planning and implementation of tobacco prevention and control activities for Washoe County.</p> <p><u>Amendment:</u> (f) Allocate, by contract or grant, for expenditure not more than 15 percent of available revenues to the Health Division for allocation for programs that have been proven are consistent with guidance from the Centers for Disease Control and Prevention on evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. In making allocations pursuant to this paragraph, the Department Division shall allocate the money: (1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county; and (2) To such programs in those counties the Health Division for expenditure for such programs in those counties whose population is less than 100,000; and (3) To such programs that provide statewide evaluation, tobacco cessation, and other services as determined by the Division and district boards of health.</p> <p>Fiscal impact: There would be a positive fiscal impact to the Health District. A population-based formula will be used to determine funding levels.</p>
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SB372 1 st Reprint	Senate Judiciary	Senate Judiciary 4/8 Amend Do Pass	Revises the Nevada Clean Indoor Air Act. (BDR 15-1099)	<p><u>Evaluation:</u> This bill creates additional exemptions to the Nevada Clean Indoor Air Act (the "smoking ban"). Smoking would now be allowed in:</p> <ul style="list-style-type: none"> • Bars that serve food as long as individuals under 21 are restricted; • In a walled-off and separately-ventilated smoking section of an indoor place of employment; and • In tobacco-related conventions in any public meeting place. <p>Furthermore, the bill eliminates the ability for local authorities to enact stricter smoking prohibitions (known as "preemption" or "local control") and delegates enforcement authority to the State Health Officer.</p> <p>The impact on the Health District as a result of this bill would be to remove the enforcement authority of the District unless delegated by the State Health Officer. Overall, the bill would "roll-back" the Nevada Clean Indoor Air Act and expose residents to secondhand smoke.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (M.A. Anderson) (Type: <u>verbal, written</u>) • Oppose • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayaia)
*SB381	Senate Health and Education	Senate Health & Education 4/10 Amend and Referer	Revises provisions governing the immunization of children against certain diseases. (BDR 38-809)	<p>This bill provides first dollar coverage for children 0-17 years old who are covered by insurance. This eliminates any out of pocket expense for families, thereby making it easier for them to immunize their children, and protecting the community from vaccine preventable diseases.</p>	<ul style="list-style-type: none"> • Priority: High • Monitor • Testify: No • Support: As Is • Ordinance: No • Policy: No • Fiscal Impact: No (S. Kutz)
SB383	Senate Health and Education	Senate Health & Education 4/10 Amend Do Pass	Requires certain warnings regarding the use of certain tobacco products. (BDR 40- 1104)	<p><u>Evaluation:</u> This bill requires each retail establishment in which cigarettes are sold or offered for sale to post at the point of sale at least one sign regarding the dangers of smoking tobacco during pregnancy. A person who fails to post the sign is subject to a civil fine.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: Yes (J. Stoll-Hadayaia) (Type: <u>verbal</u>) • Support: As Is

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<p>• Ordinance: No • Policy: No • Fiscal Impact: Yes (J. Stoll-Hadayia)</p>	<p>The bill further names the Health Division as the source of the signage and as the enforcing authority. This role could be delegated to the local health authorities, though this is not specified in the bill language. In addition, this bill was submitted by request from a member of the Nevada Tobacco Prevention Coalition, on which Health District staff serve.</p> <p><u>Fiscal impact:</u> There could be fiscal impact to the Health District as calculated in signage costs and staff time for enforcement if oversight is delegated by the Health Division.</p>	<p>Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia)</p>	
<p>• Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia)</p>	<p>This resolution urges school districts to expand physical education programs during the school day as a means of preventing obesity. It urges the Nevada Department of Education to employ or consult with a physical education coordinator and to distribute the resolution to teachers, parents, and non-governmental agencies.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention.</p>	<p>Urges the promotion of physical fitness in the schools. (BDR R-697)</p>	<p>Weiner & Denis (primaries) et al</p> <p>Enrolled</p>

Environmental Health Services Division

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
<p>*AB249 1st Reprint</p>	<p>Hardy, Home, Cegavske</p>	<p>Assembly Final Passage 4/13</p>	<p>Revises provisions governing the abatement of certain nuisances. (BDR 40-1043)</p>	<p><u>Evaluation:</u> This bill is based on an initiative by the illegal Dumping Task Force, which is supported by Keep Truckee Meadows Beautiful. The text for the proposed amendment was developed by this Task Force, in coordination with the Health District and Sheriff.</p> <p>The bill takes several actions in regards to public nuisances, including abatement orders and citation authority. The direct impact to the Health District is in the proposed changes to NRS 444 (Sec. 5) that would enable the Health District to establish a solid waste management authority in the future (when the budget picture</p>	<p>• Priority: High • Track • Testify: Yes (B. Sack) (Type: written, verbal) • Support, As Is • Ordinance: Yes • Policy: Yes • Fiscal Impact: No (B. Sack)</p>

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				<p>improves). The Health District does not seek such authority immediately, but it does desire the same latitude as Clark County to establish such an authority in the future.</p> <p><u>Amendment:</u> The County supports the bill without amendments; however, one amendment would be of benefit. Sec. 2 of the bill amends NRS 244, paragraph 3, which defines public nuisance. Sec. 3 allows a County to adopt a nuisance ordinance, and paragraph 5 (b) defines public nuisance. The difference between Secs. 2 and 3 is that the definition within Sec. 3 includes "an ordinance adopted pursuant 2 of this act." This term should also be included within the Sec. 2 definition. This additional text enables an enforcement official to cite to either NRS or County Code, and have the Court use either regulation as the basis for a public nuisance violation. Without this text (as it appears in Sec. 2), the enforcement official would have to cite to NRS, which only the Sheriff is able to do (code enforcement officers, building inspectors, health inspectors cannot currently cite to this section of NRS). The additional text should be added to the definition of public nuisance within Sec. 2.</p>	<p>Pending (M. Anderson, B. Sack)</p>
<p><u>AB332</u></p>	<p>Dondero-Loop, Buckley, Marando, Smith, & Conklin (primaries) et al</p>	<p>Assembly Final Passage 4/13</p>	<p>Revises provisions governing immunity from liability for donating, receiving or distributing certain grocery products or food. (BDR 3-1017)</p>	<p>There are no discernable adverse impacts to the Health District's current interpretation and application of the statute referenced in this bill. As intended, the proposed revisions would simply add clarifying language to the statute.</p> <p>A letter stating this position was sent to the bill sponsor, per her request for bill evaluation.</p> <p>Requires NDEP to conduct a study of the amount of computer recycling going on in Nevada. There is no impact to WCHD.</p>	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Comment Only • Ordinance: No • Policy: Yes • Fiscal Impact : No
<p><u>*AB426</u> 1st Reprint</p>	<p>Peirce and Parks (primaries), etc al.</p>	<p>Assembly Natural Resources, Agriculture, and Mining 4/6 Amend Do Pass</p>	<p>Requires the Division of Environmental Protection of the State Department of Conservation and Natural Resources to conduct a study concerning programs for reusing and recycling</p>		

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		Exemption effective.	computers and other electronics. (BDRS-466)		(B. Sack)
<u>*SB21</u> Amend No. 167	Committee on Health and Education (on behalf of the Attorney General)	Senate Health and Education 3/31 Amend Do Pass	Revises provisions governing the sale or offer for sale of certain food, drugs and other commodities after the date of expiration for those products has passed. (BDR 51-260)	Makes it illegal to sell outdated baby food, drugs, or infant formula with an expired sell date. There is no impact to WCHD.	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: Yes • Fiscal Impact : No (B. Sack)
<u>SB60</u>	Committee on Health and Education on behalf of Nye County	Senate Health and Education 3/23 Amend Do Pass	Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542)	This bill authorizes NDEP and the Health Authority to work together on requiring assessments and cleanup of locations contaminated by clandestine labs where methamphetamine or terrorist related weapons have been manufactured. The Health District has been trying to have the State adopt regulations for several years on this issue; therefore, we support the bill.	<ul style="list-style-type: none"> • Priority: High • Monitor • Testify: Yes (B. Sack) (Type: verbal) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: <u>Unknown</u> (B. Sack)
<u>*SB137</u>	Breeden, Parks, Copening, Woodhouses, egerblom (primaries), et al	Senate Natural Resources 4/9 Amend Do Pass	Provides for the placement of recycling containers in certain locations. (BDR 40-741)	This bill requires recycling to be made available to residents of apartments. There will be a space issue at many locations. The Health District would like recycling made available to residents of apartments and other multifamily dwellings.	<ul style="list-style-type: none"> • Priority: High • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (B. Sack)
<u>*SB186</u>	Copenig, Parks, Pierce, Segerblom (primaries), et al	Senate Natural Resources 4/9 Amend Do Pass	Provides for the issuance of permits for the operation of motor vehicle tire recycling centers. (BDR 40-739)	This bill impacts Clark County only at this time. If passed, it would require the Health District to make some minor regulatory changes if a tire recycling facility were to locate here.	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (B. Sack)
<u>*SB231</u>	Cegavske	Senate Final Passage 4/13	Makes various changes concerning food establishments connected with a child care facility. (BDR 40-	Passage of this bill will not change how the Health District regulates food in these facilities. It provides some change regarding kindergartens in child care facilities. This does	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only

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		975)	not change the regulatory process for the Health District.	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : No 	
<u>SB311</u>	Mathews, Lee, Horstford, Anderson & Smith 4/6 Agenda	Senate Health and Education Committee 4/8 Do Pass Exemption effective	Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924)	This bill would require fluoridation of public drinking water supplies in Washoe County. Official position pending direction from the District Board of Health.	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : No
<u>*SB397</u>	Committee on Commerce and Labor	Senate Committee on Commerce and Labor 4/10 Amend Do Pass	Establishes provisions relating to the use of certain plastic bags (BDR 52-1143)	This bill would tax plastic bags to pay for a fund to clean up Nevada for two years and then ban them altogether. It would also require us to inspect every retailer in Washoe County for compliance every year. Fiscal Impact: If enacted as written this bill would require us to inspect approximately 31,000 retail businesses, which would require 15-20 new staff. This would cost a minimum of \$2,000,000 a year with no new funding in the bill. Funding would have to come from existing local dollars.	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (B. Sack) • (Type: verbal) • Comment Only • Ordinance: Yes • Policy: Yes • Fiscal Impact: Yes • (B. Sack)

SENATE BILL NO. 311—SENATORS MATHEWS, LEE,
HORSFORD; AND TOWNSEND

MARCH 16, 2009

JOINT SPONSORS: ASSEMBLYMEN ANDERSON AND SMITH

Referred to Committee on Natural Resources

SUMMARY—Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

EXPLANATION — Matter in *bolded italics* is new; matter between brackets ~~(omitted material)~~ is material to be omitted.

AN ACT relating to water; requiring the State Board of Health to adopt regulations requiring the fluoridation of water provided by certain public water systems and water authorities in certain counties; providing exceptions; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

1 Existing law requires the State Board of Health to adopt regulations requiring
2 the fluoridation of all water delivered for human consumption in a county whose
3 population is 400,000 or more (currently Clark County) by a public water system
4 that serves a population of 100,000 or more or by a water authority. (NRS
5 445A.055) **Section 2** of this bill requires the Board to revise those regulations to
6 make them applicable in any county whose population is 100,000 or more
7 (currently Clark and Washoe Counties). **Section 2** also requires the Board, under
8 certain circumstances, to make a temporary exception to the minimum permissible
9 concentration of fluoride to be maintained in a public water system or water
10 authority in a county whose population is 100,000 or more but less than 400,000
11 (currently Washoe County). **Section 3** of this bill, which becomes effective on
12 October 1, 2013, removes certain exceptions to the requirement that all water
13 delivered for human consumption in a county whose population is 100,000 or more
14 but less than 400,000 (currently Washoe County) by a public water system that
15 serves a population of 100,000 or more or by a water authority be fluoridated.



* S B 3 1 1 *

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** NRS 445A.050 is hereby amended to read as
2 follows:

3 445A.050 The provisions of NRS 445A.025 to 445A.050,
4 inclusive, do not apply to:

5 1. A public water system that serves a population of 100,000 or
6 more in a county whose population is ~~{400,000}~~ 100,000 or more.

7 2. A water authority, as defined ~~{pursuant to}~~ in NRS
8 377B.040, and any political subdivision that receives all or a part of
9 its water supply from such a water authority in a county whose
10 population is ~~{400,000}~~ 100,000 or more.

11 3. Purveyors of bottled water ~~{who}~~ that label their containers
12 to inform the purchaser that the naturally occurring fluoride
13 concentration of the water has been adjusted to recommended
14 levels.

15 4. A supplier of water ~~{who}~~ that supplies water to less than
16 500 users.

17 **Sec. 2.** NRS 445A.055 is hereby amended to read as follows:

18 445A.055 1. The State Board of Health shall adopt
19 regulations requiring the fluoridation of all water delivered for
20 human consumption in a county whose population is ~~{400,000}~~
21 100,000 or more by a:

22 (a) Public water system that serves a population of 100,000 or
23 more; or

24 (b) Water authority.

25 2. The regulations must include, without limitation:

26 (a) The minimum and maximum permissible concentrations of
27 fluoride to be maintained by such a public water system or a water
28 authority, except that:

29 (1) The minimum permissible concentration of fluoride must
30 not be less than 0.7 parts per million; and

31 (2) The maximum permissible concentration of fluoride must
32 not exceed 1.2 parts per million;

33 (b) The requirements and procedures for maintaining proper
34 concentrations of fluoride, including any necessary equipment,
35 testing, recordkeeping and reporting;

36 (c) Requirements for the addition of fluoride to the water if the
37 natural concentration of ~~{fluorides}~~ fluoride is lower than the
38 minimum permissible concentration established pursuant to
39 paragraph (a); and

40 (d) Criteria pursuant to which the State Board of Health may
41 exempt a public water system or water authority from the



1 requirement of fluoridation upon the request of the public water
2 system or water authority.

3 3. The State Board of Health shall not require the fluoridation
4 of:

5 (a) The wells of a public water system or water authority if:

6 (1) The groundwater production of the public water system
7 or water authority is less than 15 percent of the total average annual
8 water production of the system or authority for the years in which
9 drought conditions are not prevalent; and

10 (2) The wells are part of a combined regional and local
11 system for the distribution of water that is served by a fluoridated
12 source.

13 (b) A public water system or water authority:

14 (1) During an emergency or period of routine maintenance, if
15 the wells of the system or authority are exempt from fluoridation
16 pursuant to paragraph (a) and the supplier of water determines that it
17 is necessary to change the production of the system or authority
18 from surface water to groundwater because of an emergency or for
19 purposes of routine maintenance; or

20 (2) If the natural water supply of the system or authority
21 contains fluoride in a concentration that is at least equal to the
22 minimum permissible concentration established pursuant to
23 paragraph (a) of subsection 2.

24 4. The State Board of Health may make an exception to the
25 minimum permissible concentration of fluoride to be maintained in
26 a public water system or water authority based on:

27 (a) The climate of the regulated area;

28 (b) The amount of processed water purchased by the residents of
29 the regulated area; and

30 (c) Any other factor that influences the amount of public water
31 that is consumed by the residents of the regulated area.

32 5. *The State Board of Health shall make an exception to the*
33 *minimum permissible concentration of fluoride to be maintained*
34 *in a public water system or water authority in a county whose*
35 *population is 100,000 or more but less than 400,000, pursuant to a*
36 *request submitted by a public water authority or water system*
37 *because the demand for water by residents of the regulated area*
38 *requires it to change the production of the system or authority*
39 *temporarily to include unfluoridated groundwater. An exception*
40 *made pursuant to this section must not exceed the period from*
41 *May 1 to October 31 of the year for which the exception is*
42 *requested.*

43 6. The Health Division of the Department of Health and
44 Human Services shall make reasonable efforts to secure any
45 available sources of financial support, including, without limitation,



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1 grants from the Federal Government, for the enforcement of the
2 standards established pursuant to this section and any related capital
3 improvements.

4 ~~6.~~ 7. A public water system or water authority may submit to
5 the Health Division a claim for payment of the initial costs of the
6 public water system or water authority to begin complying with the
7 provisions of this section regardless of whether the public water
8 system or water authority is required to comply with those
9 provisions. The Administrator of the Health Division may approve
10 such claims to the extent of legislative appropriations and any other
11 money available for that purpose. Approved claims must be paid as
12 other claims against the State are paid. The ongoing operational
13 expenses of a public water system or water authority in complying
14 with the provisions of this section are not compensable pursuant to
15 this subsection.

16 ~~7.~~ 8. As used in this section:

17 (a) "Supplier of water" has the meaning ascribed to it in
18 NRS 445A.845.

19 (b) "Water authority" has the meaning ascribed to it in
20 NRS 377B.040.

21 **Sec. 3.** NRS 445A.055 is hereby amended to read as follows:

22 445A.055 1. The State Board of Health shall adopt
23 regulations requiring the fluoridation of all water delivered for
24 human consumption in a county whose population is 100,000 or
25 more by a:

26 (a) Public water system that serves a population of 100,000 or
27 more; or

28 (b) Water authority.

29 2. The regulations must include, without limitation:

30 (a) The minimum and maximum permissible concentrations of
31 fluoride to be maintained by such a public water system or a water
32 authority, except that:

33 (1) The minimum permissible concentration of fluoride must
34 not be less than 0.7 parts per million; and

35 (2) The maximum permissible concentration of fluoride must
36 not exceed 1.2 parts per million;

37 (b) The requirements and procedures for maintaining proper
38 concentrations of fluoride, including any necessary equipment,
39 testing, recordkeeping and reporting;

40 (c) Requirements for the addition of fluoride to the water if the
41 natural concentration of fluoride is lower than the minimum
42 permissible concentration established pursuant to paragraph (a); and

43 (d) Criteria pursuant to which the State Board of Health may
44 exempt a public water system or water authority from the



1 requirement of fluoridation upon the request of the public water
2 system or water authority.

3 3. ~~{The}~~ *In a county whose population is 400,000 or more, the*
4 *State Board of Health shall not require the fluoridation of:*

5 (a) The wells of a public water system or water authority if:

6 (1) The groundwater production of the public water system
7 or water authority is less than 15 percent of the total average annual
8 water production of the system or authority for the years in which
9 drought conditions are not prevalent; and

10 (2) The wells are part of a combined regional and local
11 system for the distribution of water that is served by a fluoridated
12 source.

13 (b) A public water system or water authority:

14 (1) During an emergency or period of routine maintenance, if
15 the wells of the system or authority are exempt from fluoridation
16 pursuant to paragraph (a) and the supplier of water determines that it
17 is necessary to change the production of the system or authority
18 from surface water to groundwater because of an emergency or for
19 purposes of routine maintenance; or

20 (2) If the natural water supply of the system or authority
21 contains fluoride in a concentration that is at least equal to the
22 minimum permissible concentration established pursuant to
23 paragraph (a) of subsection 2.

24 4. *In a county whose population is 100,000 or more but less*
25 *than 400,000, the State Board of Health shall not require the*
26 *fluoridation of a public water system or water authority:*

27 (a) *During an emergency; or*

28 (b) *If the natural water supply of the system or authority*
29 *contains fluoride in a concentration that is at least equal to the*
30 *minimum permissible concentration established pursuant to*
31 *paragraph (a) of subsection 2.*

32 5. The State Board of Health may make an exception to the
33 minimum permissible concentration of fluoride to be maintained in
34 a public water system or water authority based on:

35 (a) The climate of the regulated area;

36 (b) The amount of processed water purchased by the residents of
37 the regulated area; and

38 (c) Any other factor that influences the amount of public water
39 that is consumed by the residents of the regulated area.

40 ~~{5-}~~ 6. The State Board of Health shall make an exception to
41 the minimum permissible concentration of fluoride to be maintained
42 in a public water system or water authority in a county whose
43 population is 100,000 or more but less than 400,000, pursuant to a
44 request submitted by a public water authority or water system
45 because the demand for water by residents of the regulated area



1 requires it to change the production of the system or authority
2 temporarily to include unfluoridated groundwater. An exception
3 made pursuant to this section must not exceed the period from
4 May 1 to October 31 of the year for which the exception is
5 requested.

6 ~~{6-}~~ 7. The Health Division of the Department of Health and
7 Human Services shall make reasonable efforts to secure any
8 available sources of financial support, including, without limitation,
9 grants from the Federal Government, for the enforcement of the
10 standards established pursuant to this section and any related capital
11 improvements.

12 ~~{7-}~~ 8. A public water system or water authority may submit to
13 the Health Division a claim for payment of the initial costs of the
14 public water system or water authority to begin complying with the
15 provisions of this section regardless of whether the public water
16 system or water authority is required to comply with those
17 provisions. The Administrator of the Health Division may approve
18 such claims to the extent of legislative appropriations and any other
19 money available for that purpose. Approved claims must be paid as
20 other claims against the State are paid. The ongoing operational
21 expenses of a public water system or water authority in complying
22 with the provisions of this section are not compensable pursuant to
23 this subsection.

24 ~~{8-}~~ 9. As used in this section:

25 (a) "Supplier of water" has the meaning ascribed to it in
26 NRS 445A.845.

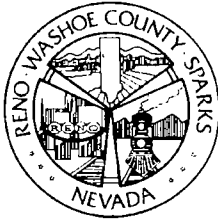
27 (b) "Water authority" has the meaning ascribed to it in
28 NRS 377B.040.

29 **Sec. 4.** 1. This section and sections 1 and 2 of this act
30 become effective upon passage and approval for the purpose of
31 adopting regulations and on October 1, 2011, for all other purposes.

32 2. Section 2 of this act expires by limitation on September 30,
33 2013.

34 3. Section 3 of this act becomes effective on October 1, 2013.





Washoe County Health District

March 17, 2009

TO: District Board of Health Members
FROM: M. A. Anderson, District Health Officer
RE: **National Public Health Week**

The week of April 6 through 12, 2009 has been designated as National Public Health Week by the American Public Health Association. The theme for this year is "Building the Foundation for a Healthy America."

In recognition of this occasion, I submit to you on behalf of the Washoe County Health District the attached proclamation declaring the week of April 6 through 12, 2009 as Public Health Week in Washoe County and request your endorsement.

To focus community attention on Public Health Week, I intend to submit to the *Reno Gazette-Journal* a guest editorial which highlights some of our recent accomplishments.

Thank you for your support in recognizing National Public Health Week.

Respectfully,

M. A. Anderson, MD, MPH
District Health Officer

Washoe County



Health District

Proclamation

WHEREAS, the priorities of the Washoe County Health District include working toward a healthy community where citizens will make healthy lifestyle choices that minimize chronic disease and increase quality and years of healthy life; experience a low rate of communicable diseases; be assured of optimal air quality; be confident in the Health District's ability to identify, manage and educate our citizens about a variety of public health emergencies to minimize their potential impact on our community; and be assured that all mandates are met and required services delivered; and

WHEREAS, local public health professionals have contributed to significant progress in improving the health of our community by leading initiatives like protecting our air quality by decreasing carbon monoxide pollution; improving public health preparedness through streamlining our ability to immunize or medicate large numbers of people in a short time period; and making a positive impact on indoor air quality in public places by implementing the Nevada Clean Indoor Air Act; and

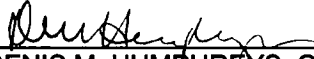
WHEREAS, the Washoe County Health District staff recognizes the value of enhancing collaborations with community groups, stakeholders and constituents; and

WHEREAS, we continue to strive for factual, honest and timely communication with those who need public health information; and

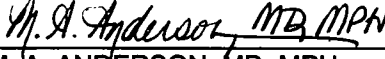
WHEREAS, in our effort to protect and enhance the quality of life for our citizens and visitors to our community, the Washoe County Health District pursues the goal of effectively directing the agency's resources toward those areas of greatest risk and need; and

WHEREAS, in an effort to raise awareness of the services and resources offered by the Washoe County Health District;

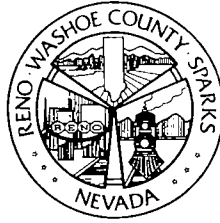
NOW, THEREFORE, in conjunction with National Public Health Week 2009 and its theme of "Building the Foundation for a Healthy America," the Washoe County District Board of Health does hereby proclaim the week of April 6 through 12, 2009 as Public Health Week in Washoe County, Nevada.



DENIS M. HUMPHREYS, OD, Chairman
Washoe County District Board of Health



M. A. ANDERSON, MD, MPH
District Health Officer



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 3/26/09

DATE: March 13, 2009
TO: District Board of Health
FROM: Phillip Ulibarri, Washoe County District Health Department
 Development Officer: (775) 328-2448
THROUGH: Mary A. Anderson, MD, MPH
 District Health Officer
SUBJECT: **Proclaim April 2009 Child Abuse Prevention Month and adopt the attached Proclamation.**

SUMMARY

Proclaim April 2009 as Child Abuse Prevention Month and adopt the attached Proclamation. Child abuse and neglect is a community concern that can be addressed through vigilance and reporting. This is particularly meaningful to Washoe County, which has directed four statewide Child Abuse Prevention Campaigns since 2001.

PREVIOUS ACTION

The Board has proclaimed April Child Abuse Prevention Month in several previous years.

BACKGROUND

The Washoe County Health District has conducted local and statewide child abuse prevention public information campaigns through grant funding since 2001. Proclamations from city, county and state agencies and offices are an important part of raising public awareness about April being National Child Abuse Prevention Month and about the physical, mental and financial impact child abuse has on children, families and our communities.

FISCAL IMPACT

There is no fiscal impact associated with adopting the Proclamation.

RECOMMENDATION

It is recommended that the District Board of Health proclaim April 2009 as Child Abuse Prevention Month and adopt the attached Proclamation.

POSSIBLE MOTION

Move to Proclaim April 2009 as Child Abuse Prevention Month and adopt the attached Proclamation.

PROCLAMATION

WHEREAS, preventing child abuse and neglect is a community problem that depends on involvement among people throughout the community; and

WHEREAS, child maltreatment occurs when people find themselves in stressful situations, without community resources, and don't know how to cope; and

WHEREAS, the majority of child abuse cases stem from situations and conditions that are preventable in an engaged and supportive community; and

WHEREAS, child abuse and neglect can be reduced by making sure each family has the support they need to raise their children in a healthy environment; and

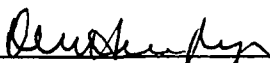
WHEREAS, child abuse and neglect not only directly harm children, but also increase the likelihood of criminal behavior, substance abuse, health problems such as heart disease and obesity, and risky behavior such as smoking; and

WHEREAS, all citizens should become involved in supporting families in raising their children in a safe, nurturing environment; and

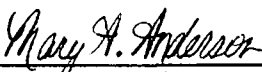
WHEREAS, effective child abuse prevention programs succeed because of partnerships created among social service agencies, schools, faith communities, civic organizations, law enforcement agencies, and the business community; now, therefore be it

PROCLAIMED, By the WASHOE COUNTY DISTRICT BOARD OF HEALTH that April 2009, be recognized as Child Abuse Prevention Month in Washoe County and the Board calls upon all citizens, community agencies, faith groups, medical facilities, and businesses to increase their participation in our efforts to support families, thereby preventing child abuse and strengthening the communities in which we live.

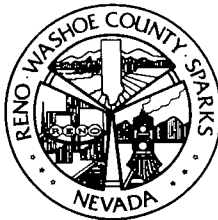
ADOPTED this 23 day of April, 2009



Denis M. Humphreys, O.D., Chairman
Washoe County District Board of Health



Mary A. Anderson
District Health Officer



DISTRICT HEALTH DEPARTMENT

March 17, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *MA*
Division Director, Community and Clinical Health Services (CCHS)

SUBJECT: CCHS Nursing Personnel Report

The following information is provided in response to questions from Board of Health Vice-Chairman Matt Smith regarding CCHS Nursing Personnel.

- 1. Please determine the nurse classifications needed in the immunization clinic, the family planning clinic, and home visiting?*

Classifications of nurses needed within each clinic depends on the scope of care provided and clinic structure. All classifications of nurses can be utilized in all programs as long as the staffing plan addresses scope of care needed, scope of practice of the clinician, preparation and competency of the individual nurses and assurance of appropriate delegation of care to licensed and non licensed personnel.

The Nurse Practice Act defines the scope of practice for nurses educated and licensed at various levels of preparation. Registered Nurses (RNs) with either an Associates Degree or a Bachelor of Science Degree can provide care in all clinical areas. Advanced Practice Nurses (APNs) have a Master's Degree and work according to written protocols and can prescribe treatments and medications with appropriate physician supervision such as the clinic structure in Family Planning. Licensed Practical Nurses (LPNs) must work under the direction of an RN or APN.

Additionally the Class Specifications for Public Health Nurses (PHNs) require a Bachelor's Degree as community health is generally not a required element of an Associate Degree program. Current staffing plans are noted below with opportunities for changes in skill mix as nursing personnel separate from the organization.

IMMUNIZATION CLINIC

Current:

PHN II 5.28 FTE

LPN .5 FTE

Opportunity:

Increase LPNs if available (classification being phased out of health care system, community pool very limited)

Replace PHN II with PHN I

Explore and expand use of non licensed personnel

FAMILY PLANNING CLINIC

Current:

APN 2.55 FTE

LPN .5 FTE

Opportunity:

Explore different models of care utilizing RNs and non licensed personnel. APNs required to direct RNs and other staff using protocols.

HOME VISITING

Current:

PHN II 4.6 FTE

Opportunity:

Explore utilization of non licensed personnel to be supervised by RNs. RNs will require a BSN or equivalent experience to work in community setting. LPNs (if available) would have to be directed by an RN.

2. *How many per diem nurses do we have? And where have they been working?*

There are seven per diem nurses employed in CCHS. All per diems are assigned to the Immunization Program. "Per Diem" nurses are considered Intermittent (Non-Permanent) Employees who can not have a fixed schedule. Per diem nurses are restricted in the amount of hours they can work and it is the per diem nurse that determines his/her availability to work. Currently no per diem nurses are working due to budget reductions.

3. *Can we layoff full-time nurses and keep per diem nurses? Do they receive benefits?*

In the agreement between Washoe County and The Washoe County Nurses Association:

Article 20 Reduction in Force-Lay Offs

Page 18

#2 Within the department and in the class specified, all non-permanent employees of the department shall be laid off before any permanent employees and in the following order: Temporary, provisional and probationary.

Page 19

#3 A per diem nurse cannot be used when a nurse has been laid off until:

- (a) The laid off employee has been reemployed as called under section 10,11,12, or

- (b) The laid off employee has been offered a position with equivalent hours or
- (c) Both parties come to an agreement on the number of hours worked or
- (d) The laid off employee is afforded the opportunity to work any per diem hours available and
- (e) The position offered is within a classification as set forth in Article 2.

Intermittent Hourly Employees (Per Diem Nurses) are not eligible for benefits.

4. *How many part-time nurses do we have? If we went to 1 full-time nurse to replace 2 part-time nurses, would we save on benefits? Do any of them receive premium pay?*

There are currently three part time APNs and five part time PHN IIs. If the number of hours between two part time employees equaled a full time position, one nurse could be eliminated. If two part time nurses were replaced with one full time nurse, the cost of one employee's benefits would be saved. Benefit costs vary depending on salary and benefits selected by the individual employee. An estimate of benefit costs for PHNs (35% of salary) would be \$19,656 - \$26,208.

A PHN I nurse progresses to PHN II following two years of service. All nurses are currently PHN IIs and receive premium pay. Premium pay was established as part of a comprehensive salary review and adjustment utilizing the Washoe County Classification and Compensation Guide in 2002/2003. Washoe County uses the point factor scoring comparison methodology developed by the HayGroup.

5. *Of all nurses at WCHD what is their classifications and is there any receiving premium pay? What is a nurse at Renown Medical Center make compared to the Health District nurses? As per classification warrants.*

Public Health Programs	FTEs Per Clinic by Classification				FY08/09 Total All Nursing Clinic Staff
	APN	PHN II	LPN	DIS	
170600 Home Visiting		4.60			4.60
171400 TBPCP		4.00			4.00
173500 Immunizations		5.28	.5		5.78
171300 Sexual Health*		1.90		4.0	5.90
173000 Family Planning	2.55		.5		3.05
170800 Chronic Disease		0.60			0.60
Total	2.55	16.38	1.00	4.0	23.93

All PHN IIs and Disease Intervention Specialists (DISs) receive premium pay.

Renown Human Resources (HR) when contacted reported that the salary range for an RN Staff Nurse New Graduate is \$27-\$36/hour.

Washoe County HR follows the Washoe County Job Classification and Compensation Policy and maintains the compensation structure in accordance with the survey results of comparable organizations conducted by the HayGroup.

Current Salary Ranges Per Class Specification	
LPN	\$21.24-\$27.61
RN (Per Diem)	\$22.61-\$29.43
PHN I	\$24.19-\$31.43
PHN II	\$28.38-\$36.89
DIS	\$28.38-\$36.89
APN	\$32.13-\$41.74

6. Are we paying for tasks done as classification warrants or are we paying for over classified nurses in the clinics. Please break down for each clinic.

Lower paid nurses and non licensed personnel could be used to provide care in all clinics. Various staffing models could be explored to determine additional efficiencies. The process is similar to efforts undertaken in Family Planning when Patient Care Teams were created. Scope of care required, ability to delegate tasks and salary costs would have to be analyzed to determine the most productive and cost effective staffing model. See Question #1.

7. How many actual home visits does home visiting do a day or their average? Actual home visits!!!

Public Health Home Visiting		
	January 2009	February 2009
Average Weekly Home Visits	41.90	41.43
Average Weekly Home Visits per Nursing FTE	10.4	11.18

- Established Goal: 12-15 Home Visits per Nursing FTE per week
- Current cases over represents Level 3 high-risk home visits.

As presented at the January 22, 2009 Board of Health Meeting, below are the proposed case loads for the Home Visiting Program.

Home Visitation Case Projections and Acuity Levels				
Intensity	Percentage	Cases	Encounters	Description
Level 1: Consultation	10%	60	120	Phone consultation and/or 1-2 visits
Level 2: Intermediate	50%	300	1200	Short term, 2-6 visits for specific health concern (e.g. high risk pregnancy)
Level 3: High Risk	40%	240	2160	Long term, 6-12 visits for intensive services
Total	100%	600	3480	

Attachments: Public Health Home Visiting Nursing Logs
A Day in the Life of a Public Health Visiting Nurse at WCHD

Time In/Out	Total minutes	# of Encounters	Activity	Comments
8:00 – 8:45	45 mins		Check e-mails and respond. Obtain educational materials & incentives for Healthy Moms Healthy Baby new client home visit. Telephone call to client to confirm appointment.	
8:45 – 10:45	2 hrs	1	Travel to and from Health Dept. with interpreter for Home Visit with new Spanish client. Completion of comprehensive health history including physical, mental, and behavioral health issues.	15 year old Spanish speaking mother living with uncle's family. Father of baby uninvolved, returned to Mexico. Her father unknown and her mother in Mexico caring for ill parent.
10:45 – 12:00	75 mins	1	Travel & home visit with Spanish speaking client 24 weeks gestation, 2 nd visit. Blood pressure within normal limits, no edema.	Client with 24 lb weight gain, pre-pregnancy BMI 31.4. Teaching regarding risk of gestational diabetes and extensive diet history/review.
1:00 – 1:20	20 mins	1	Case conference by telephone call to pregnancy center regarding concerns about above client. Discussion regarding pre-natal plan of care. Chart reviewed.	Pregnancy Center RN states client last seen 3 weeks ago. Weight gain at the time +15 lbs. Has appointment in 1 week, will order glucose tolerance & consult with dietician.
1:20 – 2:00	40 mins		Charting related to AM home visits.	
2:00 – 2:20	20 mins	2	Returned telephone call to Planned Parenthood regarding client with 2 month old – 1 st baby.	Mom missed planned parenthood appointment (6 week check) due to lack of transportation & snow storm. Referred to resources for post-partum check up and birth control methods, will drop by with condoms. Responded to questions regarding feeding and sleep habit of baby including bed sharing. Has been Medicaid approved, no follow up for 2 months well child check or immunizations as unable to find pediatrician. Resources provided.

2:20 – 3:00	40 mins		Charting, write and enter superbills	
3:00 – 5:00	2 hrs	2	<p>1st home visit to client reportedly 15 weeks gestation verbalizes fetal movement x 1 month. (Revised gestation 26 weeks.) 1st prenatal visit in 3 weeks. Completion of comprehensive health history, including physical mental and behavioral health issues.</p>	<p>14 year old mother had sex one time, father of baby moved out of town (also 14), attends Middle School. Her mother is single, has 3 other children and just lost her job. Telephone call to pregnancy center regarding an earlier prenatal visit; nothing is available however ok for client to appear at clinic in case there is a no-show. Client will miss school and is already a marginal student. Pre-pregnancy BMI is 18.3, current weight gain is 9 lbs.</p>

Time In/Out	Total minutes	# of Encounters	Activity	Comments
0800-1200	4 hours (160 minutes)	NA	Sexually Transmitted Disease Clinic	STD counseling, testing, diagnosis and treatment.
1300-1330	30		Charting	
1330-1350	20		Home visit preparation	Gathered appropriate forms, patient education materials and resources. Reviewed notes from last home visit.
1350-1400	10	1	Telephone call to 31 week gestation antepartum client with recent history of cramping and possible preterm labor.	Ensured medical follow-up and assessed current status. Reviewed signs & symptoms preterm labor, importance of following physical limitation recommendations and medical follow up as needed. Schedule home visit for 3/10/09.
1400-1515	75	2	Home Visit to high risk 31 year old Healthy Moms Healthy Baby client and husband with mental health problems.	1) Client with history of drug use, bipolar diagnosis and suicide attempt. Client with mild wheezing upon arrival. Vital signs and respiratory assessment done. Client couldn't find albuterol inhaler. Telephone call to Pregnancy Center. Arrangements made for husband to pick up prescription and resources given (Care Chest) to assist with payment. Client also has elevated blood pressure and protein in urine. Currently under medical monitoring for pre-eclampsia. Discussed importance of emergency care as needed for respiratory distress. Lungs clear at end of visit (client had taken long acting inhaler 1/2 hour before PHN arrived). 2) Husband donated plasma today to buy groceries but didn't have extra money for

1515-1630	75	3	Home Visit to 14 year old pregnant client, 16 month old with history failure to thrive, and mother of pregnant client for assistance with resources	<p>medications. Not feeling well—encouraged to eat. Discussed community resources and encouraged follow-up at VA Medical Center for mental health evaluation and treatment. Advised of signs and symptoms of prenatal complications and when to seek medical care for wife (including asthma care—when to go to ER vs. HAWC).</p> <p>1) 14 year old with expected delivery date 3/22/09. Antepartum assessment, teaching including symptoms labor, when to go to hospital, etc.</p> <p>2) 16 month old—24 hour diet recall, weight check, brief developmental assessment—needs referral to NEIS and medical follow-up.</p> <p>3) Mom—12 people living in the home, 2 adults working part time. Reviewed food resources, baby clothes/supplies, importance of school attendance, etc.</p>
1630-1700	30	1	Returned telephone calls, checked emails, completed daily mileage form.	<p>Received Telephone Call from 1400-1515 client—picked up asthma rescue inhaler—feeling much better.</p>

Time In/Out	Total minutes	# of Encounters	Activity	Comments
8:00 – 9:00	1 hr		Check e-mails and telephone calls Obtain information for 3 home visits scheduled for today	
9:15-10:15	1 hr	2	High risk home visit, 4 week old male infant. Weight check. Education on breast feeding including frequency/possible supplementing with formula. Mom smokes. Baby only gained 3 oz in 7 days (poor). Client has WIC appointment tomorrow.	43 year old female, 3 rd child, Mom has brain damage due to drug overdose 3 years ago. Maternal grandmother has adopted other 2 children. Father of baby diagnosed as paranoid schizophrenic. 1 st baby delivered at NV Mental Health Institute, Child Protective Services (CPS) involved.
10:30 – 11:00	30 mins	2	Telephone call to WIC regarding above case. Spoke extensively about poor weight gain of infant (dropped from 25% at birth to 5% at 4 weeks). Want mom to supplement every other feeding with 2 oz Similac. WIC will evaluate tomorrow and give formula – also will do weight checks every 2 weeks.	Telephone call to WIC. Parental capacity test completed because of impulsivity.
11:00 – 11:30	30 mins	2	Telephone call to CPS Social Worker regarding same case. Discussed information on poor weight gain. Baby has 1 st well child exam at UNR Family Medical Center.	Telephone call to CPS Social Worker Mom knows not to leave baby alone with father because he becomes anxious & also very impulsive. They did leave baby in car for about 30 minutes at casino while waiting for food. Were not cited by police.
11:45 - 12:45	1 hr		Charting on CPS high-risk case.	
2:00 – 3:15	1 hr 15 mins	2	Healthy Moms Healthy Baby Home Visit #3, 16 year old, 36 weeks gestation, Blood pressure high, no other symptoms. Called pregnancy center – client's next appointment is 5 days away. Weight gain total 24 lbs, BMI 22, increase 4 lbs for month. Discussed increased blood pressure of client with	Client has Medicaid, attending Cyesis, no labor pains, no swelling, no headaches.

3:30-4:30	1 hr	1	<p>Pregnancy Center. Client can be seen tomorrow, if client comes in AM and waits. Mom will bring her in AM.</p> <p>Healthy Moms Healthy Baby home visit #2, 15 year old mother, 20 weeks gestation currently no problems. Blood pressure within normal limits, weight gain 6 lbs for month total 16 lbs for pregnancy, BMI 21.</p>		<p>15 year old living with 16 year old father of baby and his family because parents tried 3 times to force client to have abortion. Child Protective Services (CPS) became involved. Client states her parents are handling the pregnancy better now but prefers to live with boyfriend. Both attend High School. Father of baby attends all home visits and takes client to prenatal exams. They appear mature for their ages, ask appropriate questions – will put baby in daycare at school next fall.</p>
4:30 – 5:00	30 mins		Dropped off scale and charts, completed charting.		

Time In/Out	Total minutes	# of Encounters	Activity	Comments
0800 0900	60		Daily/mileage/superbills for previous day. Prepare charts for today's visits: gather handouts, sign out incentives. Phone calls to confirm Home Visits. Phone calls to schedule Home Visits. Chart previous day's visits.	
0900 1000	60	1	Interpreter visit: Travel to and from home visit with Healthy Moms Healthy Baby client in second trimester of pregnancy for continued teaching and assistance with resources.	Before pregnancy BMI > 34, increases risk for pregnancy complications, including gestational diabetes. Primary focus for teaching has been on nutrition and recognizing pregnancy complications.
1000 1205	125	2	Interpreter visit: Travel to and back from Sun Valley for Healthy Moms Healthy Baby home visit with first time mom and new baby. Completion of comprehensive health history of both, including social issues, and mini-physical/neuro assessment of infant.	Social issues identified. Grandmother insistent on controlling certain aspects of care, which are incongruent with instructions client has received. Counseled client on importance of asserting her role as "mom" while respecting family and cultural dynamics.
1305 1330	25		Check e-mails, return phone calls, schedule new clients unable to reach in a.m. Chart.	
1330 1540	130	2	Home visit to new Child Protective Services (CPS) referral. Premature baby, mom had c-section/hysterectomy. Completion of comprehensive health history for both, with physical of infant and assessment of maternal mental and behavioral issues.	Mom with mental health diagnosis. Previous 3 children have been removed for failure to protect. CPS concerned regarding feeding and safety. Poor visitation in hospital - ? bonding. Home visit was interrupted twice by Social Services and related to client's behaviors.
1540 1550	10		Case Conference with Social Worker on above client.	
1550 1630	40		Charting	
1630 1700	30	1	Travel and brief home visit to high-risk antepartum client to deliver a stroller obtained from a resource. Client has no transportation and no means to get to provider.	Client has been gaining weight related to decreased activity. In order to get out and walk needed a stroller for 15 month old nephew that client provides care. Resources for transportation provided.



DISTRICT HEALTH DEPARTMENT

March 17, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *MA*
Division Director, Community and Clinical Health Services (CCHS)

SUBJECT: Family Planning Title X 10% Match Requirement Analysis

The following information regarding a required 10% funding match associated with the Title X Family Planning Program was provided by Regional Grant Consultant, CDR Nancy Mautone-Smith, M.S.W., L.C.S.W., from the Code of Federal Regulations (42 CFR Part 59.7):

(b) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.

(c) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

The original intent of Title X was that a grantee's funding match would not exceed 10%. However, over the years the lack of financial support for the Title X program resulted in failure to keep pace with rising costs. Therefore projects began to exceed the 10% match. Title X grant applications and reports require that only 10% of the budget match be reported even when a project is supported by more funding. The question regarding whether a match is required is answered in section C of the CFR listed above.

The information received from the Title X Regional Office was provided to Leslie Admirand, Deputy District Attorney, for analysis and interpretation.

2008 Rotary Family Flu Shot Day

ABOH 4/23/09
Item #18

**Operational Full-Scale Exercise:
Point of Dispensing (POD)**



Daniel P. Mackie, MPH
Mass Illness Response Coordinator
Public Health Preparedness (PHP)

April 23, 2009
1:30 PM to 4:30 PM
Board of Health Debrief

DISTRICT HEALTH



DEPARTMENT



Public Health
Prevent. Promote. Protect.

The POD Mission in Washoe

A) What we need to do:

1. Vaccinate 100% of our population
2. That is 420,000 or more people
3. We have 48 hours to do this

B) What we need to accomplish this:

4. 22 POD 'lanes'
5. Staffed by ~5,000 people
6. 80% of staff would require no medical background or training



Public Health
Washoe County, Nevada

Rotary and the 'Golden Window'



1. Competing interests

- Public surges to the first flu clinics in early October

2. Rotary's existing event:

- Outgrew the Senior Center
- Non-reproducible flow plan
- Only focuses vaccine on a single group
- Lacked a 'cocoon' concept for the elderly

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The Numbers for This Event



1. Staffed by 227 volunteers
2. Staff from 42 different organizations
3. 80% of staff were volunteers
4. Staff performed over 60 different functions
5. Staff served for over 6 hours
6. Safely vaccinated 2,511 people
7. Vaccinated these people in 3.5 hours
8. In-kind donation of ~\$96,700



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Unprecedented Public Health Event for Nevada



This event was inter-jurisdictional:

- CCHHS, FaR, and WCHD all conducted operational full-scale POD events simultaneously:
 - SNHD held their POD two days prior
- Each of these PODs reported to their Operations Center and each of these then reported to the NSHD's DOC:
 - SNHD reported on 10/25/08 as well



Department-wide Event for WEHD



This event was inter-divisional:

- 80% of divisions within the WEHD contributed staff to serve as part of this event
- PHP and CCHS/IZ co-directed this event
 - Lynnise Shore, RN
 - Dan Mackie, MPH



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What it Looked Like



→ Line outside the
main entrance



Forms Station ←

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Public Health
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What it Looked Like



→ Education Station



Vaccination Station ←



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Media Exposure

Local media covered this event:

- Television (KRNV Channel 4)

Observed by:

- Nevada State Health Division



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Incident Command System (ICS)

ICS was used throughout the event:

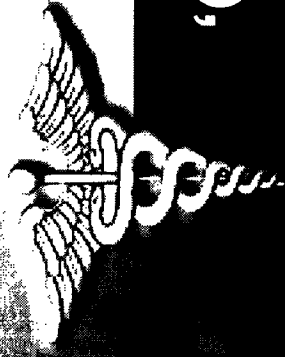
- Command, Finance, Logistics, Operations, Planning

Homeland Security Exercise and Evaluation Program (HSEEP)

- Pre-exercise conferences
- AAR/IP compliance



Strategic Vision for POD Events



‘Cookie Cutter’ School sites:

- Multiple sets of identical floor plans
 - Middle Schools
 - High Schools

Test new site(s) each year:

- POD site(s) for fall of 2009?
- Drive through?

Expand pool of Volunteer Partners

- Spread the impact

DISTRICT HEALTH

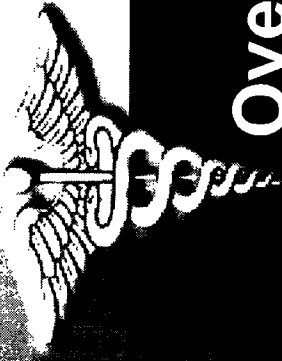


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POD Client Survey Responses



Overall, how was your visit today at the POD?

- 1) 78% 2) 16% 3) 4.5% 4) .8% 5) .3%
- 1) 52% 2) 27% 3) 13% 4) 5% 5) 3%

How do you feel about the length of time it took you to get your vaccination today?

- 1) 64% 2) 19% 3) 10% 4) 3% 5) 3%
- 1) 39% 2) 21% 3) 17% 4) 11% 5) 12%



POD Staff Survey Responses



Overall, how would you rate your experience with this volunteer opportunity?

1) 63% 2) 30% 3) 6% 4) .6% 5) 0%

Did you serve at the 2007 POD event at Reed HS?

Yes = 32%

No = 68%

Would you volunteer again to work at a POD?

Yes = 99%

No = 1%

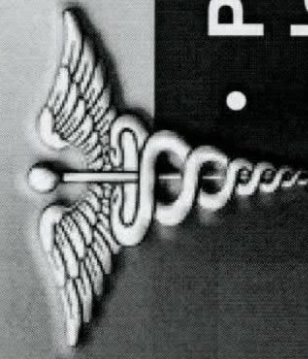
Would you recommend working at a POD to a friend or family member?

Yes = 98%

No = 2%



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Protect. Promote. Prevent.



Comparison to the '07 POD

- People per Hour (PPH) Rate (for two lanes):
 - 2007 = 532
 - 2008 = 623 (15% increase)
- Education Station average throughout time:
 - 2007 = 11:54 minutes
 - 2008 = 4:41 minutes (61.8% reduction)





Comparison to the '07 POD

- **Medical Screening Station average throughout time for one person:**
 - 2007 = :25 seconds
 - 2008 = :31 seconds (20% increase)
- **Vaccination Station average throughput time for one person :**
 - 2007 = 1:09 minutes
 - 2008 = :58 seconds (16% decrease)

Results

- How long did it take to get through the entire POD process for a client?
 - Overall: 51 minutes
- What was the wait time outside the building?
 - 41 minutes



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Strengths

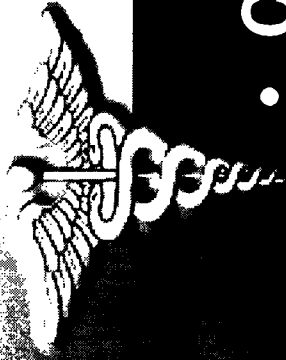
- Use of 'lessons learned' from the 2007 event
- Tracking of the three key numbers for line and vaccine dose count:
 - Flags
 - Numbered VARs
 - Hourly counts
- ICS Strike Teams
- Interoperable and redundant comms.
- Broader coordination (e.g. CERT, WCSO, etc.)
- AM Radio beacon



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Weaknesses

- Challenge the medical re-supply process while POD operations are in progress
- Bolster training of Strike Team leaders and their strike team staff
- Improve pre-event incident command



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Point of Dispensing (POD) Event



Questions?



DISTRICT HEALTH

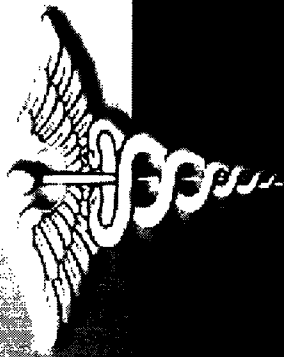


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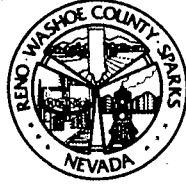


Public Health
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Thank you!



Public Health
Department



DISTRICT HEALTH DEPARTMENT

April 15, 2009

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, March-April 2009

Communicable Disease Program

Salmonella Rissen – Testing of a human specimen submitted to the Nevada State Public Health Laboratory identified a case of *Salmonella* Rissen, a rare serotype of *Salmonella*. *Salmonella* can cause serious and sometimes fatal infections in infants, frail or elderly individuals, and others with weakened immune systems and, rarely, can produce more severe illnesses even in healthy individuals.

The Lab subsequently performed Pulse Field Gel Electrophoresis (PFGE) on the specimen and discovered an exact match to one other case in Carson City. This information was entered into a national database called PulseNet. Subsequently, we learned that there were other cases of this rare serotype occurring in California, Oregon and Washington State. Communicable Disease and Environmental Health staff began having weekly teleconferences to coordinate the investigation with our colleagues in these other states. This provides a good example of how advances in laboratory and database technology are assisting in the identification and investigation of disease outbreaks that previously would have been unapparent.

We learned that of the nine identified Nevada cases (five in Washoe County, two in Carson City and two in rural counties), eight had been exposed at restaurants that carried Lian How ground white pepper. Based on available data, all exposure dates were before March 31, 2009.

WCHD environmentalists conducted a massive program of field visits and phone calls to high-risk food establishments to ensure that the ground white pepper and other potentially contaminated products that had been processed, packaged, and/or distributed by California-based Union International Food Company were no longer available for consumption. This was done in conjunction with a voluntary recall of these items. We also distributed a press release requesting the media's help in notifying consumers.

Between March 31 and April 7, a total of 640 food establishments were contacted by WCHD staff. Of those, 255 (nearly 40 percent) carried recalled products. The distribution of recalled products was much higher than we expected. All these products were pulled and discarded or sent back to the company.

As of today, there are nine Nevada cases. We continue to work with our colleagues in other states to identify additional cases.

Seasonal Influenza - For the week ending April 11 (week 14) four of six participating sentinel healthcare providers in Washoe County saw nine patients presenting with an influenza-like-illness (ILI) out of 2,448 total patients. This yields a total ILI percentage of 0.4%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (13) was 1.6%. The national baseline is 2.4%. The flu season this year has been mild in comparison to recent years. The national ILI data did not reach the baseline level until week 04. Thus far the ILI percentage in Washoe County has not reached the national baseline at all and likely peaked at 2.0% during weeks 08 and 09 (weeks ending 02/28/09 and 03/07/09).

The ratio of deaths with pneumonia or influenza to all deaths (P & I) is temporarily suspended due to staffing shortages in the vital statistics office. The national P & I for week 13 was 7.4% which is below the epidemic threshold of 7.8% set by CDC.

There have been 394 influenza positive lab results reported to Washoe County so far this season. Of these most (229) were type A. There were 127 type B and 38 un-typed reports.

Gastroenteritis Outbreak at Sparks Middle School – The February report included information regarding an outbreak of gastroenteritis at Sparks Middle School. Based on the symptoms, clinical presentation, and negative findings for bacteria, this appeared to be consistent with norovirus. However, laboratory studies of specimens obtained from some of the case patients did not yield evidence of norovirus. Therefore samples have been forwarded to the Centers for Disease Control and Prevention for further testing. Reports from CDC have not yet been received by the Nevada State Health Laboratory.

The Public Information Officer worked with the Epi Team and school district representatives to craft communication for parents of Sparks Middle School students regarding this outbreak.

Public Health Preparedness (PHP) Program Training and Education Sponsored by PHP

- The PHP Program sponsored National Incident Management System (NIMS) compliant ICS 300 and ICS 400 training tailored specifically for public, tribal and private health system professionals and those from affiliated agencies. Each class had a total enrollment of 33 participants from 17 different organizations within Nevada and California. The purpose of these courses, provided by Fadi Essmaeel, MD, CEM, was to train participants in the application of Incident Command System (ICS) to complex incidents as they expand from type 3 into type 4 and 5 incidents and included developing Incident Action Plans and working in Unified Command Structure.
- The Mass Illness Coordinator and the Health Educator II met with the Emergency Manager for Saint Mary's Hospital to provide an educational critique of the Saint Mary's power outage after action report/improvement plan (AAR/IP) and additional training on the use of Homeland Security Exercise and Evaluation Program (HSEEP) required AAR/IP components. Their Emergency Manager has been invited to attend our upcoming HSEEP exercise planning meetings as an observer with the goal of increasing her understanding of HSEEP requirements, exercise planning and AAR/IP writing.
- The Health Educator II presented the "Disaster Management" module of the Environmental Health Training in Emergency Response to EHS staff. This training was the result of continuing collaboration between the Health Educator II, Teresa Long, EHS Specialist and Jeanne Rucker, EHS Supervisor with the goal of ensuring EHS staff members are trained on their roles during a public health emergency.

Training and Education Attended by PHP Staff

- The Health Educator II completed the week-long Incident Command System (ICS) Train the Trainer course at the Emergency Management Institute in Emmitsburg, Maryland. This course brought together 28 participants from forestry, fire, law enforcement, emergency management, military, schools, transportation and development, EMS, Medicaid and health, and public health to train as nationally recognized ICS instructors and to share best practices. The WCHD HE II was selected by the course instructors to represent the class at an invitation-only EMI Superintendent's breakfast to give feedback on the class and EMI directly to the Superintendent.

Completion of this training by the HE II has increased the County's ability to provide federally compliant ICS training to emergency responders at a reduced cost and at dates/times more convenient for them. The wealth of knowledge gained from best practices and national networking with highly qualified, experienced classmates has enhanced WCHD's ability to respond during a public health emergency.

- The PHP Health Educator II completed the Washoe County "Essentials of Train the Trainer" certificate program.
- The PIO attended the following:
 - Successful Joint Information Center/Joint Information System Management
 - Communication Promises, Pitfalls and Potential During an Influenza Pandemic

Drills and Exercises

The PHP Program conducted an "It's Early Morning" Health Alert Network (HAN) drill as part of its 2009 Training Plan. This drill was unannounced, took place after hours, and used a high priority notification to contact pre-identified department staff to fill the eight core Incident Command System (ICS) functional roles within the WCHD Department Operations Center. These pre-identified staff members were required to confirm receipt of HAN alert within 60 minutes of alert initiation. Staff also was required to update their emergency contact information in the HAN. Nineteen staff participated in this drill with a 68 percent confirmation response rate.

Medical Reserve Corps

The Washoe County MRC currently has 83 members. The unit is working towards full compliance with National Incident Management guidelines by offering Incident Command System training. Five members recently completed ICS 300 and 400, making them eligible to be placed in high-level incident command positions.

The MRC Coordinator hosted an information booth at the Reno-Sparks Newcomers Club Community Connections Fair. Information on personal and family preparedness was distributed, and the event provided an excellent opportunity to recruit new MRC volunteers.

MRC recruitment ads are currently being aired on La Tricolor, a local Hispanic radio station. Response to the ads has been very good, and three new volunteers have registered with our unit as Spanish language interpreters. In addition to recruitment, the ads also are serving to increase the level of awareness about the MRC within the Hispanic community. This familiarity will be critical should a local public health emergency occur.

The MRC Coordinator is a member of the Statewide Mass Fatality Task Force and attended the first workgroup meeting, which included representatives from many state and local emergency response and preparedness agencies and other partners. This goal of the group is to develop a statewide mass fatality plan.

The MRC Coordinator attended the 2009 Integrated Medical, Public Health, Preparedness, and Response Training Summit in Dallas, Texas. The Summit included members of many public health, preparedness and emergency response agencies. Topics included mass fatality planning, volunteer management, disaster medicine, and prevention and treatment of infectious diseases in mass casualty events. The MRC Coordinator received a scholarship from NACCHO to attend the summit.

Media Opportunities

Interviews were completed in response to media inquiries on the following communicable disease and public health preparedness topics (the numbers in parentheses indicate the number of interviews completed for that topic if more than one):

- Increase in Washoe County syphilis cases
- Flu prevention
- Local flu status
- Status of Sparks Middle School outbreak/was it norovirus? (3)
- *Salmonella* Rissen/White powdered pepper recall (5)
- National Infant Immunization Week

In addition, press releases were distributed and/or pitches made on the following topics:

- *Salmonella* Rissen/Ground white pepper recall
- National Public Health Week
- National/Nevada Infant Immunization Week
- New District Board of Health chair and members
- “Winner” for Rotary Family Flu Shot Day/POD exercise



DISTRICT HEALTH DEPARTMENT

March 17, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *MA*
Division Director, Community and Clinical Health Services

SUBJECT: Report for March 2009 District Board of Health Meeting

GET HEALTHY WASHOE

The mission of the Chronic Disease Prevention Program (CDPP) is to prevent chronic diseases by improving the modifiable risk factors of poor nutrition, physical inactivity, and tobacco use and exposure. Each year, the CDPP launches a general population campaign to promote these messages and to drive residents to the District Health Department's (DHD's) chronic disease prevention website, www.gethealthywashoe.com. For 2009 the Chronic Disease team was able to maximize minimal local dollars with grant funding and a significant amount of "added value" media. This resulted in a quad-media campaign effort of:

- Radio advertisements (KOZZ, KKUB, KRNO, and KKOH)
- Traffic sponsorships (Reno Radio Reps stations)
- Internet banner advertisements (www.rgj.com)
- Print advertisements (Reno Gazette-Journal)
- Television "art card" advertisements (Charter Communications networks)

As a result of these placements, the campaign will reach 80 percent of Washoe County residents age 18-64 at least 8 times with chronic disease prevention messages. In addition, visits to the www.gethealthywashoe.com are expected to rise.

As in prior years, the 2009 campaign was coordinated under the DHD's chronic disease prevention brand, *Get Healthy Washoe*, with the following tagline:

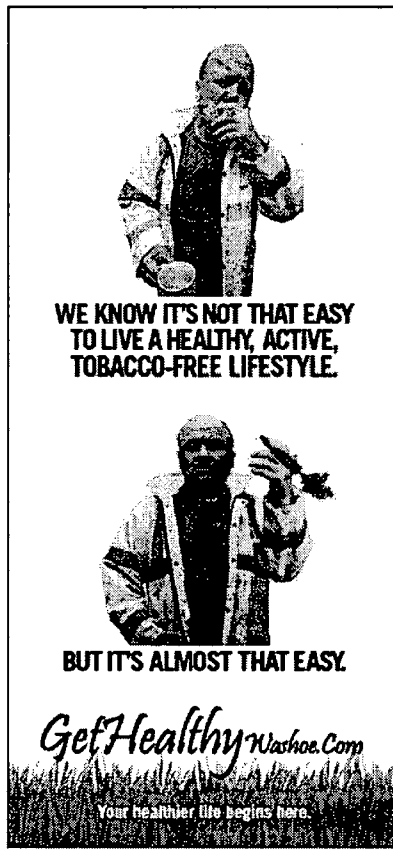
*We know it's not that easy to live a healthy, active, tobacco-free lifestyle...
but it's almost that easy!
Visit Get Healthy Washoe dot com...Your healthier life begins here.*

In addition, all campaign components maintained a consistent “look and feel,” and some examples are provided below. [Note: the radio advertisement is embedded within this document: [TP90052A-GetHealthy1.mp3](#)].

- Internet banner advertisement



- Print advertisement



OFFSITE HIV/STD TESTING

The Sexual Health Program (SHP) coordinates an annual off-site testing initiative to ensure that populations at highest risk for HIV/STD infection are tested, diagnosed, and treated in a timely manner. Program staff analyze epidemiological, positivity reporting, and surveillance data on a regular basis to determine Washoe County populations at risk. Staff also monitor national and regional risk-taking and HIV/STD positivity trends as well as federal recommendations for targeted testing activities. Through this process, staff have identified four populations for targeted off-site testing efforts in 2009:

- Men Having Sex with Men (MSM)
- Young adults
- Individuals of low socio-economic status (SES), and
- Communities of color.

In order to reach these populations, the following locations will comprise the SHP's 2009 offsite HIV/STD testing calendar, which was officially launched in February:

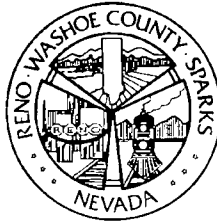
- Washoe County Jail (weekly)
- Nevada Hispanic Services/SAMHSA (weekly)
- Community Resource Center (monthly)
- Lucky Motel (monthly)
- Boys & Girls Club Satellite Office at Hug High School (monthly)
- Adult Mental Health Outpatient Clinic (bi-monthly)
- Steve's Gym (quarterly)
- Washoe High School (on a pre-determined schedule)
- Special Events (as needed)

Additional lower-risk testing sites are being staffed by members of the Northern Nevada Outreach Team (NNOT), including UNR, TMCC, Reno/Sparks Indian Colony, and special events such as National Women and Girls HIV/AIDS Awareness Day.

The SHP's offsite testing initiative is a prime example of efforts undertaken by staff to maximize resources in order to reach the highest-risk populations in Washoe County. Bringing testing to high-risk groups "where they are" reduces barriers to testing and treatment and can prevent secondary transmission. In addition, contacts to positive cases are often found within high-risk social groups and venues; therefore, off-site testing provides an additional mechanism for surveillance staff to trace contacts to positive cases.

**ROBERT WOOD JOHNSON FOUNDTION HEALTHY KIDS, HEALTHY COMMUNITY
(CALL FOR PROPOSALS)**

The Robert Wood Johnson Foundation (RWJF) did not invite Washoe County Health District to proceed to the selection process for our Healthy Kids, Healthy Community Project grant. The RWJF received 540 project submissions from across the country. Although the project was not selected for funding, the Chronic Disease Team found the experience valuable and plans to incorporate the Chronic Disease Policy and environmental change efforts into current program activities.



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: March 18, 2009
TO: District Board of Health Members
FROM: Robert Sack, Division Director of E.H.S.
SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 20.C.

FOOD PROGRAM – ILLEGAL VENDORS

Illegal food vendors continue to be a public health issue within the Truckee Meadows. As the weather becomes nicer, the number of vendors seems to explode throughout our public parks and other facilities. During the past few years, EHS staff has worked together with both Reno and Sparks Police and Code Enforcement Agencies to carry out enforcement. Most of the illegal sales are after hours and on weekends. Periodically we will work evening and/or weekends to address locations where we have had complaints. An area of persistent activity is Wells Avenue. We have both legal and illegal vendors working the area. We continue to work with other city and county agencies to address the problem. Staff resources available from all agencies involved is a problem. This will continue to be a problem for the next few years.

VECTOR-BORNE DISEASES PREVENTION PROGRAM

Vector staff is now in full swing preparing all equipment for the mosquito abatement season. During the month of April, staff will continue developing treatment maps and the schedule is in place for helicopter applications to begin in May.

Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sn

State and Local Mosquito Control Policies Necessary for the Development and Sustainability of Robust Mosquito Control Programs



Introduction

The ability of municipalities and states to develop and sustain effective mosquito control programs largely depends upon funding and local and state policies that support sustained mosquito control activities. Policymakers and public health leaders need to know how their decisions impact mosquito control activities and programs, particularly with regard to enforcement authority, funding authority, and pesticide use.

The National Association of County and City Health Officials (NACCHO) has prepared this issue brief to help state and local leaders and policymakers understand the value of robust mosquito control programs and encourage them to support the development and continuation of such programs. This issue brief includes information about current mosquito control activities, enforcement policies, and funding policies.

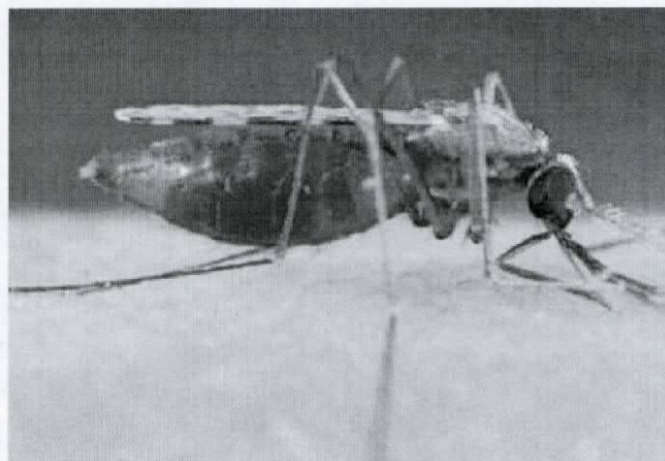
Mosquito Control Programs in the U.S.

In recent years, the introduction of West Nile virus (WNV) in the U.S. has garnered media attention and increased awareness of the need to strengthen vector control programs and the policies that support them. From 1999 through 2005, the Centers for Disease Control and Prevention (CDC) confirmed 19,655 cases of human illness caused by WNV in the U.S., including 782 deaths.¹ The increasing prevalence of WNV has prompted municipalities and states to take a more comprehensive approach to addressing vector-borne diseases by enacting more extensive mosquito control policies and programs.

Many localities have worked to institute mosquito control programs through local health departments (LHDs) or by forming vector control districts or mosquito abatement districts. As noted in *Public Health Confronts the Mosquito*, developed by the Association of State and Territorial Health Officials in partnership with NACCHO and CDC, many options are available for structuring mosquito control programs in the U.S., including the following:

- Independent mosquito control districts;
- County/city/parish health departments;
- Decentralized and non-specialized agencies, such as public works;
- Private companies, such as mosquito control contractors and pest control operators; and
- Federal agencies.

Mosquito control and prevention is a fundamental environmental health service. Support from local taxpayers and voters can determine whether a city or county administration institutes a formal mosquito control program.² To gain local support, LHDs and mosquito control districts should educate the public and community stakeholders on the importance of developing policies and fee structures that support sustainable mosquito control or Integrated Pest Management (IPM) programs. Local and state health departments play a critical role in protecting the public from mosquito-borne illness by providing information through their outreach programs and performing medical and environmental surveillance to identify possible outbreaks. They also support the mosquito control programs that carry out prevention activities such as public education and vector population management.³



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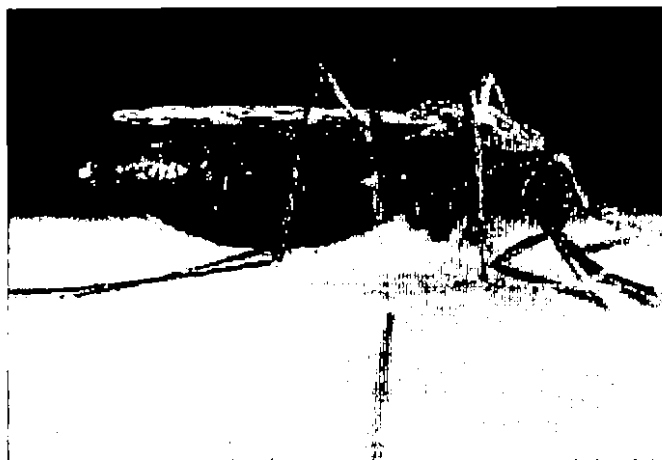
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Policies that Support Local Mosquito Control Programs

Mosquito control policies dictate LHDs' enforcement authority and the sustainability of mosquito control programs.

Policies that focus on implementation of IPM and those that specifically address mosquito control are of great importance. The ability of LHDs and mosquito districts to carry out these services is often predicated on existing state or local policies, which allow ongoing surveillance, source reduction, educational activities, and the use of chemicals (e.g., larvicides, adulticides).

Enforcement Authority

As mentioned in *Public Health Confronts the Mosquito*, the establishment of legal authority for mosquito control programs is essential in helping LHDs and mosquito districts address evolving issues related to the following:

- Nuisance complaints;
- Use of chemicals (e.g., insecticides, larvicides, adulticides);
- Ability to perform surveillance activities;
- Conducting public education;
- Source-reduction activities; and
- Support costs to implement and sustain the program (e.g., personnel, equipment).

Many communities that historically have not had to address mosquito problems are finding themselves adopting policies to increase their capacity to deal with both the growing nuisance and diseases caused by mosquito problems. Given the potential threat to environmental quality, wildlife, and the public's health—especially vulnerable populations and species—policies should ensure proper training and supervision of applicators as well as appropriate record-keeping. Some states require chemicals to carry the statement "For application only by public health officials and trained personnel of mosquito abatement districts." This requirement is enforceable, although the terms may not be appropriate for all states. For example, Texas policy (TX S.B. 759) enacted in 2003 requires training of pesticide applicators employed by a political subdivision conducting larval mosquito control on property owned or controlled by the political subdivision using biological pesticides.⁴

In Maricopa County, AZ, it became critical to supply the LHD with the authority to address a growing mosquito problem after WNV infected 355 people in a 2004 outbreak that resulted from

mosquito breeding in manmade structures, such as residential swimming pools, and the use of irrigation flooding for lawns. Armed with the enforcement authority under Chapter 111, Regulation 2, of the Maricopa County Health Code, the LHD is authorized to "treat areas where ponding cannot be prevented within 24 to 48 hours to kill the developing mosquitoes before the biting adults emerge." The LHD is also authorized to spray pesticide at night with fogging trucks in neighborhoods within the county jurisdiction.

Maricopa County's health code is the foundation of vector control activities. The Maricopa County Health Code closely mimics state statutes regarding breeding and harborage of vector organisms and the measures that may be taken to ensure property owners make efforts to keep their property free of vector breeding or harborage. For example, Maricopa County's efforts were supported by Arizona Department of Health Services Administrative Order (A.R.S. § 36-136(G)2005-01) supporting emergency measures for WNV, which gave local public health officers the authority to recommend to a private property owner measures to abate mosquito breeding on the property. This policy also gave the local health official the authority to implement the recommended mosquito abatement measures without prior consent from the property owner when standing water is creating a public health nuisance due to mosquito breeding at abandoned, uninhabited, or unoccupied property.⁵ Additionally, many city ordinances and neighborhood blight policies that are in effect directly or indirectly mitigate vector organisms.

"State, municipal, and vector control agencies must have their regulations and commitments aligned as a prerequisite for code enforcement to play a part in long-term mitigation against vector borne disease."

Kirk Dymbrowski

Maricopa Health Department

Funding Authority

Mosquito prevention and control is one of many competing financial priorities. Local governments face financial difficulties in educating the public about eradicating WNV. However, many local communities have been successful in generating financial support for mosquito control programs.

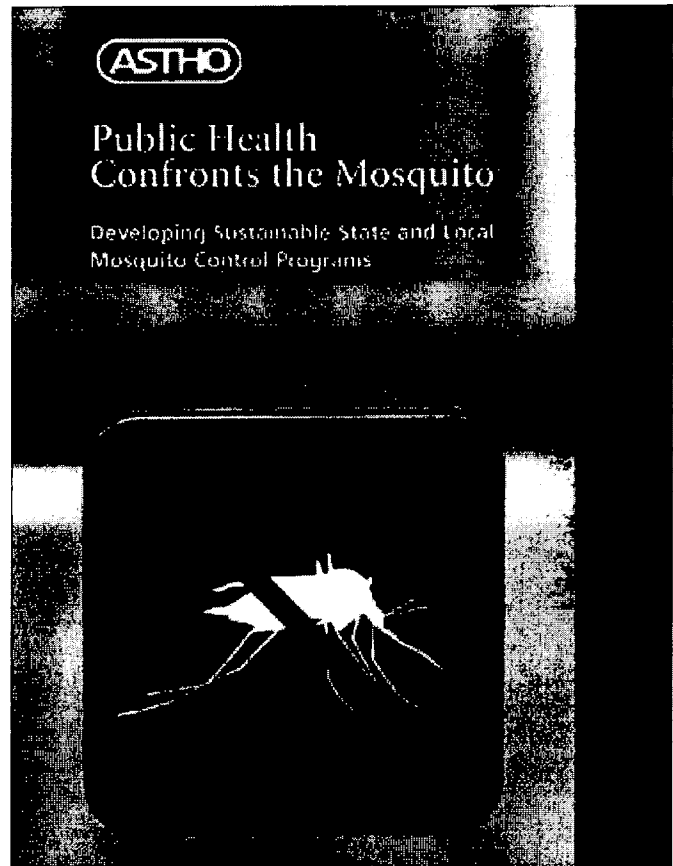
Many local policies include provisions for changing fee structures and implementing local taxes to support ongoing vector control work. For example, due to rapid spread of WNV throughout Texas in 2002, the Tarrant County Public Health Department (TCPHD) and other government officials recognized that surveillance data and actions by local governments were needed in order to address appropriately WNV concerns in the community. Some local governments responded by taking actions to control mosquitoes, while others educated residents on how to avoid being bitten and reduce residential mosquito breeding sites. As a result of the efforts among key community stakeholders, the TCPHD was able to accomplish the following:

- Designate a vector control staff person;
- Purchase and supply all local governments with mosquito monitoring equipment;
- Train all participating local governments in the innovative technology TCPHD developed to test mosquitoes; and
- Develop a WNV response guide for all participants.

While the initial program was funded through a grant from CDC and Texas Department of Health, the Tarrant County Board of Supervisors enacted local policies to maintain staffing through the use of general funds. As the program continues to grow, some fees may be required, such as paying for activities located outside of Tarrant County. Also, TCPHD's mosquito control activities were supported through complimentary state level policies (TX S.B. 185) enacted in 2003 that supported surveillance, testing, education, and enforcement activities related to standing water as a nuisance and a breeding ground for mosquitoes.

Conclusion

Tom Dunlop of NACCHO's Environmental Health Advisory Committee advises, "Sustaining a mosquito program may be the most difficult when the disease goes into remission or hibernation. An overall reduction in quality of life driven by mosquito problems is a revolving issue. Emphasis must be on pro-action and not just reaction. This topic fostered lengthy debate in the past and will do so in the future, especially for departments with limited resources." The recent WNV outbreaks indicate that well-structured programs, enforcement, authority, and funding support need to be in place to sustain mosquito control efforts.



However broad the approach (district or regional), local, state, or federal policies are an important part of creating sustainable and comprehensive mosquito control programs.

Helpful Resources

Key recommendations and strategies for planning and implementing a mosquito control program are available in *Public Health Confronts the Mosquito*. This guidance document also includes links to helpful tools and resources.

Please visit www.naccho.org to learn more about innovative and sustainable mosquito control programs.

Acknowledgments

NACCHO staff who contributed to this report include Subha Chandar, MPH, Grace Ibanga, MPH, Valerie Rogers, MPH, Nausheen Saeed, MPH, and Jonathan Schwartz, PhD, MA.

[ISSUE BRIEF]

October 2008



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- ² Antonelli, A., Murray, T., and Daniels, C. (June 2004). *Pest management for prevention and control of mosquitoes with special attention to West Nile Virus.* (PLS-121). Washington State University Extension: WSU-Puyallup.
- ³ www.epa.gov/pesticides/health/mosquitoes/mosquitojoint.htm#role
- ⁴ www.capitol.state.tx.us/tlo/legislation/bill_status.htm
- ⁵ www.azdhs.gov/phs/oids/westnile/ or www.maricopa.gov/envsvc/water/vector.asp

FOR MORE INFORMATION, PLEASE CONTACT:

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

www.naccho.org



NACCHO is the national organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: April 23, 2009
To: District Board of Health
From: Andrew Goodrich, Director, Air Quality Management 
Re: Monthly Report for Air Quality Management
Agenda Item: 19.D.

The enclosed Air Quality Management Division Report is for the month of March 2009 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 19.D.

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Director's Report

March 2009

A historic event

At next month's meeting the District Board of Health will review and hopefully adopt the State Implementation Plan (SIP) for PM10 – Request for Redesignation. If accepted and ultimately approved by the US Environmental Protection Agency (EPA), this document will be the final step in a long process resulting in Washoe County and the Truckee Meadows officially meeting all air quality standards. A feat that has not been accomplished since air quality measurements and associated programs began in Northern Nevada.

Does this mean were finished with our work? Not even close...

First, as part of all our SIP submissions we are required to commit to keeping the area in attainment of the standards. In other words, we are required to continue monitoring, compliance assurance (inspections), permitting, and planning activities.

Second, recent scientific research has proven detrimental health effects occur below the current EPA air quality standards. The courts have responded and directed EPA to review those standards and develop new, more stringent, standards adequate to protect public health. Unfortunately, I believe this action will result in our attainment status being short lived and significant new work ahead of us.

And finally, our responsibilities as an air quality agency are quickly evolving as new scientific data on air emissions and the environment are being discovered. Air quality agencies around the nation are gearing up for a major role in the assessment and control of Greenhouse Gas (GHG) emissions. Just last month, the EPA proposed a mandated reporting rule for the largest sources of greenhouse gases. These reports will be collected and managed through state and local air districts. The AQMD has already begun its work on assembling a GHG emission inventory for those emissions in Washoe County. I see this as just the start of our work in a very busy future.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR MARCH

Air Quality Index Range		# OF DAYS MARCH 2009	# OF DAYS MARCH 2008
GOOD	0 to 50	30	31
MODERATE	51 to 100	1	0
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	MARCH 2009	Highest for 2009	MARCH 2008	Highest for 2008
CARBON MONOXIDE (CO)	18	37	18	32
OZONE 8 hour (O3)	51	49	42	140
PARTICULATES (PM _{2.5})	37	48	28	211
PARTICULATES (PM ₁₀)	37	94	49	167

For the month of March, there were no exceedances of Carbon Monoxide, Particulate Matter, or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of March was fifty-one (51) for Ozone. There were thirty (30) days in the month of March where the Air Quality was in the good range, and one (1) day the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network upgrade activities continued throughout the month with no major issues.

Installation of the radiation monitor was completed on the roof of 9th Street's Building C. Additionally, site manifold upgrades were completed, meteorological towers are being raised to the requisite 10 meter level and 3 new federal reference method particulate matter samplers funded by EPA were installed (replacing outdated equipment) on the roof of the Reno 3 site. PM_{course} (PM₁₀ – PM_{2.5}) is now being monitored and reported for the first time.

Duane Sikorski, Air Quality Supervisor

Planning Activity

Preparation on the 24-hour PM₁₀ Redesignation Request and Maintenance Plan (Plan) was completed with EPA comments addressed. The final document came before your Board for adoption in March. The lack of a quorum, however, continued the item requiring that the document go back out for another 30-day public comment period with the item now scheduled to come before your Board in May.

Additionally, staff is in the early stages researching the development of a county-wide green-house gas emissions inventory and will be developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2009		2008	
	MARCH	YTD	MARCH	ANNUAL TOTAL
Renewal of Existing Air Permits	92	293	98	1302
New Authorities to Construct	8	28	5	81
Dust Control Permits	12 (179 acres)	24 (266 acres)	13 (151 acres)	195 (3012 acres)
Wood Stove Certificates	15	40	18	170
WS Dealers Affidavit of Sale	20 (12 replacements)	47 (29 replacements)	6 (4 replacements)	250 (145 replacements)
WS Notice of Exemptions	310 (16 replacements)	884 (38 replacements)	290 (4 replacements)	3729 (139 replacements)
Asbestos Assessments	70	165	68	856
Asbestos Removal Notifications	26	54	31	322

Compliance/Inspection Activity

Staff reviewed forty-three (43) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-two (42) stationary source renewal inspections in March. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting/Enforcement
Activity

The demolition of Gottschalks is almost complete. The project has gone smoothly with no dust problems noted. In addition, asbestos abatement has begun on the old Zanzibar motel across from the Peppermill, and that job should be completed by mid April.

Staff will be meeting with officials from the Department of Water Resources and TMWA on April 6th to discuss the perchloroethylene (PERC) issue. "PERC" is the solvent used in dry cleaning operations that has been detected in local groundwater wells supplying drinking water to the public. PERC has also been identified as an "air toxic" by the U.S. Environmental Protection Agency. The purpose of the meeting is to have a preliminary discussion on whether or not PERC should be ultimately phased out over time and replaced with alternative "green" technologies. The District Board of Health will be updated on this issue as further information becomes available.

Noel Bonderson, Air Quality Supervisor

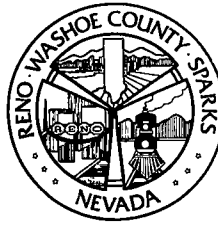
Enforcement Activity

COMPLAINTS	2009*		2008		
	March	YTD	March	YTD	Annual Total
Asbestos	0	3	1	8	21
Burning/Smoke	1	3	1	1	12
Dust	4	24	27	47	229
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	0	0	0	4	12
Odor	2	5	1	4	31
Painting (spray painting)	0	0	1	4	8
Permit Violation	1	2	3	6	20
TOTAL	8	37	34	74	334
DEC'S	March	YTD	March	YTD	Annual Total
Warnings	0	3	4	9	16
Citations	1	1	7	9	27
TOTAL	0	4	11	18	43

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There was one (1) Notice of Violation (NOV) issued in March 2009. There no NOV Warnings issued. There was one (1) NOV Citation issued for NESHAP – Asbestos Removal.



DISTRICT HEALTH DEPARTMENT

March 17, 2009

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for March 2009 Administrative Health Services Division

WIC Program Update:

WIC stands for the Supplemental Nutrition Program for Women, Infants and Children and serves over 7000 low income at risk new mothers and children under the age of 5 every month.

Examples of at risk conditions include:

- Premature birth
- Low birth weight
- Failure to thrive
- Developmental delays
- Foster children
- Victims of abuse and neglect
- Homelessness
- Congenital birth defects
- Inborn errors of metabolism
- Anemia
- Elevated blood lead levels
- Diabetes
- Hypertension
- Cancer
- Malnutrition

WIC provides:

- Referrals to other health and social services
- Professional nutritional counseling and education
- Monthly nutritious foods

WIC foods contain high levels of nutrients such as:

- Iron
- Calcium
- Vitamin C
- Vitamin A
- Vitamin D
- Protein
- Folic Acid
- Zinc

Examples of food WIC provides monthly are:

Monthly WIC Foods				
Infants	Children		Women	
0-12 Months	1-5 years	Special Dietary Needs	Pregnant/Postpartum	Breastfeeding
Infant Formula (0-31 cans)	Milk (0-24 qts)	Special Medical Formulas (8-35 cans)	Milk (0-28 qts)	Milk (0-28 qts)
	Cheese (0-4 lbs)		Cheese (0-4 lbs)	Cheese (1-5 lbs)
Infant Cereal (0-12 oz)	Iron Fortified Cereal (36 oz)	Iron Fortified Cereal (36 oz)	Iron Fortified Cereal (36 oz)	Iron Fortified Cereal (36 oz)
Fruit Juice (0-96 oz)	Fruit Juice (128-288 oz)	Fruit Juice (128-144 oz)	Fruit Juice (184-192 oz)	Fruit Juice (322-336 oz)
	Eggs (24)		Eggs (24)	Eggs (24)
	Beans (0-1 lb)		Beans (0-1 lb)	Beans (1 lb)
	Peanut Butter (0-36oz)		Peanut Butter (0-36oz)	Peanut Butter (18-36oz)
				Tuna (26 oz)
				Carrots (2 lb)

District Board of Health
March 17, 2009
Page Three

Demand for WIC services has increased dramatically this year. WIC appointments are now 1 month out versus the usual 0-14 days. WIC continues to make appointments, however clients are allowed to walk in at any time and wait until they can be seen to help those most in need. Recently two people literally walked across town to the WIC clinic to receive services. They had no food at all and no transportation. Unfortunately, this is not unusual in today's economic environment.

WIC injects \$4.2 million dollars annually into the local economy of federal funds through monthly WIC food purchases to vendors in addition to the \$1.2 million in grant funds District Health receives to operate WIC.

This month WIC participated in a national pilot project to improve the efficacy and efficiency of delivering education and counseling. The State of Nevada is being evaluated and the external reviewers came to the District Health WIC Program to assess our delivery of client driven services to make recommendations for improvements. This is a routine part of WIC's history of external audits in addition to annual management and financial reviews to improve service delivery and to weigh benefits and costs of program services.


Administrative Health Services Officer



DBOH AGENDA ITEM NO. 19.F.

April 16, 2009

TO: **DISTRICT HEALTH DEPARTMENT**
Members, District Board of Health

FROM: Mary A. Anderson, MD, MPH, FACPM

SUBJECT: District Health Officer's Report

Testimony on Senate Bill 372

On April 3, 2009, I—along with our partners in public health—provided oral and written testimony to the Senate Judiciary Committee in strong opposition to SB 372, the legislation that would “roll-back” the provisions of the Nevada Clean Indoor Air Act (NCIAA). Though I received compliments on the strength of the testimony, the credit is due to the efforts of our tobacco control and public information experts who have devoted their passionate energies to preventing the passage of this legislation. In spite of the opposition of public health experts, the Nevada Tobacco Prevention Coalition, and members of the public who voted to prevent second-hand smoke from affecting their health, the Senate Judiciary Committee voted 6 to 1 in favor of this “anti-health” legislation. More updates on this topic will follow.

Budget Presentation

The presentation of our budget to the Board of County Commissioners is scheduled for Monday, April 20, 2009 at 10:40 am. The overview slide from the presentation which shows the “rolled up” budget numbers is attached as a reference for the targets you have endorsed for FY10 (Enclosure 1).

State and Local Health Authorities Meeting

The April meeting of the State and Local Health Authorities will occur on April 17, 2009. As this report precedes that meeting, please consider this as a placeholder for an oral report on the major issues.

Nevada Public Health Association 2009 Annual Conference

The annual meeting of the Nevada Public Health Association will occur in Reno this year. The dates are Monday, September 21 through Tuesday, September 22. An announcement card is included in your packet.

Delegate to the Nevada State Medical Association (NSMA) Annual Meeting

I will be representing the Washoe County Medical Society as a delegate to the NSMA annual meeting which will occur in Phoenix, AZ at the end of this month (April 30 – May 3). You may have read that the choice of the out-of-state location has created controversy in these times of economic challenge, but the site was selected because of the tendency for physicians to attend to their practice responsibilities and miss important sessions when the meeting is held in their home town. Furthermore, the selected site

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offered a non-smoking, family-centered environment which could not be found at an affordable rate in Nevada.

"Notes from Washington" from NACCHO

The National Association of County and City Health Officials provided a summary from the omnibus bill signed by President Obama that illustrates the major appropriations which affect public health programs (Enclosure 2). Please note that some funding (\$7.5M) has been included for the first time for the Centers for Disease Control to address the effects of climate change on public health.

Health and Health Care in Washoe County, Nevada

The attached technical report (Enclosure 3) summarizes the county-level data on health and health care for our county. I have supplied a copy to each of you because I believe the wealth of data it contains can be useful to you as a commissioner, councilman, business person, or healthcare provider.



Mary A. Anderson, MD, MPH, FACPM
District Health Officer

DBOH AGENDA ITEM # 19.F

FY10 Budget

Opening Fund Balance	\$	1,140,915
General Fund Transfer	\$	8,795,500*
Revenues - Operations	\$	9,394,116
Expenditures	\$	<u>(19,023,916)</u>
Ending Fund Balance	\$	306,615

* Reflects 88% funding level from FY09 & meets BCC target



Washoe County Health District

Notes from Washington

By Eli Briggs
Senior Government Affairs Specialist, NACCHO

Congress Passes FY09 Omnibus Appropriations

On March 11, President Obama signed an omnibus appropriations bill providing funding for government agencies through September. The following chart details funding for public health programs.

Selected Public Health Programs (all CDC except as noted)	FINAL FY08	FY09 Omnibus (+/- change from FY08)
Terrorism - Upgrading State and Local Capacity	746 M	746 M
Local/State Public Health Preparedness Cooperative Agreement	700 M	700 M
Preventive Health Block Grant	97.3 M	102 M (+4.7 M)
Section 317 Immunization Program	466 M	496 M (+30 M)
Chronic Disease Prevention	834 M	881 M (+47.9 M)
Healthy Communities	25 M	22.8 M* (-2.2 M)
Maternal/Child Health Block Grant (HRSA)	659 M	662 M (+2.9 M)
Environmental Health & Injury Prevention	289 M	331 M (+42 M)
Environmental Public Health Tracking	23.8 M	31.1 M (+7.3 M)
Climate Change	—	7.5 M

* \$4 million for community-based grant program focusing on poor nutrition and physical inactivity

Most public health programs received level funding, the same as or close to the FY08 level. NACCHO advocated with other public health partners for inclusion of funding for climate change at the Centers for Disease Control and Prevention (CDC). This is the first time climate change has been included as a line-item appropriation at the CDC. NACCHO continues to advocate for increased funding for programs that benefit local health departments, especially in light of recent job losses and budget cuts. See below for further information about FY10 appropriations.

NACCHO Testifies on FY10 HHS Appropriations

On March 18, NACCHO Executive Director Robert M. Pestronk testified before the House Appropriations Subcommittee on Labor, Health and Human Services and Education on FY10 appropriations for public health programs. Pestronk argued that federal funding is critical to the continued strength of local health departments (LHDs), as states and localities continue to be impacted by the economic downturn.

According to NACCHO's testimony, "The nation's current recession further diminishes the ability of local health departments to measure population-wide illness and death, organize efforts to prevent disease and prolong quality of life, and

to serve the public through organized programs not offered elsewhere. Repeated rounds of budget cuts and layoffs in LHDs continue to erode capacity. Reductions in local and state tax bases further undermine these sources of support. A NACCHO survey found that, in 2008, at least 7,000 LHD jobs were lost in 46 states across the country. Far more are expected this year, and many LHDs are currently reporting budget cuts in the 20 to 40 percent range."

NACCHO's written testimony is available at www.naccho.org/press/testimony/.

NACCHO advocates for the following programs:

Chronic Disease Prevention

- Preventive Health and Health Services Block Grant
- Healthy Communities
- Racial and Ethnic Approaches to Community Health
- Title V Maternal and Child Health Block Grant

Emergency Preparedness

- Public Health Emergency Preparedness Cooperative Agreement
- Advanced Practice Centers
- Medical Reserve Corps

Public Health Workforce

- Public Health Workforce Programs
- Environmental Health
- Environmental Public Health Tracking
- Climate Change

Health Information Technology Programs for Public Health

- CDC National Center for Public Health Informatics
- Office of the National Coordinator for Health Information Technology

Continued on page 11

Notes from Washington cont.

The appropriations process has begun, with committees in both the House of Representatives and the Senate starting deliberations soon. President Obama released an outline of the FY10 budget on Feb. 26. This outline does not include detailed numbers but indicates what the priorities will be for the Obama Administration. A detailed budget is expected to be released in April.

A brief description of highlights for Health and Human Services is available at www.whitehouse.gov/omb/budget/. The budget outline indicates that the president's budget will include more than \$600 billion in a reserve fund set aside for healthcare reform. The outline also includes the following priorities: nurse home visitation for low-income mothers, Medicaid increases, food safety at the Food and Drug Administration, HIV/AIDS prevention and treatment, and health information technology.

NACCHO will keep members posted on future developments as the appropriations process moves forward.

Public Health Advocates Nominated for Food and Drug Administration

On March 14, President Obama nominated Dr. Margaret Hamburg to head the Food and Drug Administration and Dr. Joshua Sharfstein as principal deputy commissioner. Dr. Hamburg's appointment requires Senate confirmation.

Dr. Hamburg has served as a vice president of the Nuclear Threat Initiative and an assistant secretary in the Department of Health and Human Services. She has also served as New York health commissioner. Dr. Sharfstein is currently Baltimore's commissioner of health.

NACCHO congratulates both Dr. Hamburg and Dr. Sharfstein on being nominated to these important posts and looks forward to working with these public health practitioners who have first-hand experience at the local level.

President Obama also announced that he intends to create a Food Safety Working Group to make recommendations about upgrading U.S. food safety laws for the 21st century; fostering coordination throughout government; and ensuring that food safety laws are enforced.

Update on Public Health Funding

Economic stimulus funds are beginning to flow out from the federal government. The Obama Administration has not made any decisions about exactly how the public health funding from the American Recovery and Reinvestment Act will be allocated. NACCHO will continue to keep members apprised of future developments.

DBOH 4/23/09
Item #19.F.

Nevada Office of Rural Health
Center for Education and Health Services Outreach
University of Nevada School of Medicine

**Health and Health Care in
Washoe County, Nevada**

**John Packham, PhD
Tabor Griswold, MS**

N

**CEHSO Technical Report
March 2009**

Health and Health Care in Washoe County, Nevada – March 2009

The following technical report contains the most current county-level data on health and health care in Washoe County, Nevada. It also provides comparative, aggregated information for the entire state. This report consists of five sections: (1) demographic trends, (2) social and economic conditions, (3) health insurance coverage and population health, (4) labor market and health care workforce, and (5) health care resources and economics.

All data contained in this report was extracted from the *Nevada Rural and Frontier Health Data Book – 2009 Edition*. The appendices to the data book provide a complete description of the data sources and limitations for used for each indicator presented in this report.

The Center for Education and Health Services Outreach (CEHSO) at the University of Nevada School of Medicine is home to a number of education and outreach programs serving communities and medically underserved populations across Nevada. For more information about CEHSO programs, research and policy analysis and the 2009 Edition of the *Nevada Rural and Frontier Health Data Book*, please visit www.medicine.nevada.edu/cehso/index.html.

For more information about this technical report, please contact:

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Health and Health Care in Washoe County, Nevada
March 2009

DEMOGRAPHIC TRENDS	Washoe County	Urban Counties	Nevada
Estimated Population – 2008	423,833	2,449,149	2,738,733
Percent of State Population – 2008	15.5	89.4	100.0
Area in Square Miles	6,342	14,395	109,826
Percent of State Land Mass	5.8	13.1	100.0
Estimated Population – 2007	418,061	2,430,103	2,718,336
Population per Square Mile – 2007	65.9	168.8	24.8
Housing Units – 2007	177,549	988,552	1,102,379
Housing Unit per Square Mile – 2007	28.0	68.7	10.0
Population Change – 1990 to 2008 (number)	169,166	1,412,590	1,536,910
Population Change – 1990 to 2008 (percent)	66.4	136.3	127.9
Population Change – 2000 to 2008 (number)	33,641	681,441	740,476
Population Change – 2000 to 2008 (percent)	23.4	38.5	37.1
Projected Population Change – 2008 to 2018 (number)	84,400	653,737	714,119
Projected Population Change – 2008 to 2018 (percent)	19.8	26.2	25.6
Estimated Population Aged 18 & Under – 2007	110,607	648,269	713,808
Estimated Population Aged 19 to 64 – 2007	264,075	1,512,334	1,694,269
Estimated Population Aged 65 & Over – 2007	43,379	269,500	310,259
Population 18 & Under as a Percent of Total Population – 2007	26.5	26.7	26.3
Population 19 to 64 as a Percent of Total Population – 2007	63.2	62.2	62.3
Population 65 & Over as a Percent of Total Population – 2007	10.4	11.1	11.4
Median Age – 1990	33.6	N/A	33.3
Median Age – 2007	34.7	N/A	34.7
Population Change, 18 & Under – 2000 to 2007 (number)	19,675	648,269	170,825
Population Change, 18 & Under – 2000 to 2007 (percent)	21.6	34.9	31.5
Projected Population Change, 18 & Under – 2008 to 2018 (number)	27,222	258,382	265,775
Projected Population Change, 18 & Under – 2008 to 2018 (percent)	24.1	37.7	35.4
Population Change, 19 to 64 – 2000 to 2007 (number)	51,063	461,451	461,451

DEMOGRAPHIC TRENDS	Washoe County	Urban Counties	Nevada
Population Change, 19 to 64 – 2000 to 2007 (percent)	24.0	37.4	37.4
Projected Population Change, 19 to 64 – 2008 to 2018 (number)	37,410	246,311	279,443
Projected Population Change, 19 to 64 – 2008 to 2018 (percent)	13.9	16.1	16.3
Population Change, 65 & Over – 1990 to 2007 (number)	17,239	159,641	182,628
Population Change, 65 & Over – 1990 to 2007 (percent)	65.9	145.3	143.1
Population Change, 65 & Over – 2000 to 2007 (number)	7,837	76,592	87,803
Population Change, 65 & Over – 2000 to 2007 (percent)	22.0	39.7	39.5
Projected Population Change, 65 & Over – 2008 to 2018 (number)	19,768	149,044	168,961
Projected Population Change, 65 & Over – 2008 to 2018 (percent)	44.0	52.9	52.1
Estimated Hispanic Population – 2007	90,338	635,692	670,381
Hispanic Population as a Percent of Total Population – 2007	27.4	26.4	545,962
Hispanic Population Change – 1990 to 2007 (number)	67,379	526,719	545,962
Hispanic Population Change – 1990 to 2007 (percent)	293.5	483.3	438.8
Hispanic Population Change – 2000 to 2007 (number)	33,177	263,742	270,574
Hispanic Population Change – 2000 to 2007 (percent)	58.0	70.9	67.7
Projected Hispanic Population Change – 2008 to 2018 (number)	53,584	433,552	441,522
Projected Hispanic Population Change – 2008 to 2018 (percent)	56.3	63.8	61.7
Native Population, Born in Nevada – 2000 (number)	90,351	365,430	425,626
Native Population, Born in Nevada – 2000 (percent)	26.6	20.7	21.3
Native Population, Born in Another US State – 2000 (number)	197,889	1,077,275	1,229,860
Native Population, Born in Another US State – 2000 (percent)	58.3	60.9	61.5
Native Population, Born Outside of the US – 2000 (number)	3,253	24,054	26,178
Native Population, Born Outside of the US – 2000 (percent)	1.0	1.4	1.3
Foreign Born Population, Naturalized Citizens – 2000 (number)	18,007	110,099	116,786
Foreign Born Population, Naturalized Citizens – 2000 (percent)	5.3	6.2	5.8
Foreign Born Population, Not Naturalized Citizens – 2000 (number)	29,986	190,850	199,807
Foreign Born Population, Not Naturalized Citizens – 2000 (percent)	8.8	10.8	10.0
Prison Population – 2008	98	9,178	12,880
Prison Population as a Percent of State Prison Population – 2008	0.8	71.3	71.3
Prison Population as a Percent of Total Population – 2008	0.0	0.4	0.5

SOCIAL AND ECONOMIC CONDITIONS	Washoe County	Urban Counties	Nevada
Personal Income – 2006 (Thousands of Dollars)	17,685,503	88,003,416	97,188,684
Per Capita Personal Income – 2006 (Dollars)	44,418	41,392	36,714
Per Capita Personal Income as a Percent of US Per Cap Personal Inc – 2006	121.0	112.7	106.2
Annual Percentage Change in Personal Income – 1969 to 2006	9.7	10.4	7.4
Annual Percentage Change in Personal Income – 2005 to 2006	7.0	6.8	6.7
Percent of Personal Income from Net Earnings – 2006	59.4	66.7	66.3
Percent of Personal Income from Transfer Payments – 2006	9.2	10.0	10.3
Median Family Income – 2008 (Dollars)	69,500	65,500	64,500
Median Family Income as a Percent of State Average – 2008	107.8	101.6	100.0
Change, Median Family Income – 2000 to 2008 (Dollars)	12,313	10,917	13,511
Change, Median Family Income – 2000 to 2008 (Percent)	21.5	20.0	26.5
Median Household Income – 2007 (Dollars)	54,524	N/A	54,996
Median Household Income as a Percent of State Average – 2007	99.1	N/A	100.0
Change, Median Household Income – 2000 to 2007 (Dollars)	5,093	N/A	10,298
Change, Median Household Income – 2000 to 2007 (Percent)	10.3	N/A	23.0
Population in Poverty – 2007	40,774	241,126	267,829
Percent of Population in Poverty – 2007	8.6	9.9	9.9
Change in the Number of Population in Poverty – 2000 to 2007	11,620	68,130	73,044
Change in the Percent of Population in Poverty – 2000 to 2007	- 0.2	0.1	0.1
Children Aged 5 to 17 in Poverty – 2007	7,401	56,428	62,021
Children 5 to 17 in Poverty as a Percent of Children 5 to 17 – 2007	10.9	13.6	13.7
Children Aged 18 & Under in Poverty – 2007	12,191	87,780	96,510
Children 18 & Under in Poverty as a Percent of Children 18 & Under – 2007	12.6	15.9	14.9
Enrollment in Public Elementary Schools (Grades K to 6) – 2007	35,404	211,938	235,743
Change, Enrollment in Public Elem Schools (K-6) – 2002 to 2007 (number)	6,233	50,921	54,950
Change, Enrollment in Public Elem Schools (K-6) – 2002 to 2007 (percent)	21.4	31.6	30.4
Enrollment in Public Secondary Schools (Grades 7 to 12) – 2007	29,626	171,363	192,822
Change, Enrollment in Public Secondary Sch (7-12) – 2002 to 2007 (number)	3,116	33,664	34,597
Change, Enrollment in Public Secondary Sch (7-12) – 2002 to 2007 (percent)	11.8	24.4	21.9

SOCIAL AND ECONOMIC CONDITIONS	Washoe County	Urban Counties	Nevada
Enrollment in Public Schools (K-12) – 2007	65,030	383,201	428,565
Enrollment in Public Schools (K-12) as a Percent of Total Population – 2007	15.6	15.8	15.8
Public Expenditures per Pupil on Education – 2006 (Dollars)	6,970	6,961	7,135
Students Qualifying for Free/Reduced Lunch (FRL) – 2006	22,074	156,259	171,695
Students Qualifying for FRL as a Percent of Total Student Population – 2006	34.7	41.1	39.7
High School Graduation Rate – 2006	77.9	74.8	67.4
High School Graduation Rate, White Students – 2006	84.8	81.6	76.1
High School Graduation Rate, Hispanic Students – 2006	57.9	58.6	53.7
Percent of Population Aged 25 & Over with a High School Diploma – 2000	83.9	N/A	80.7
Percent of Population Aged 25 & Over with a Bachelors Degree – 2000	23.7	N/A	18.2

HEALTH INSURANCE COVERAGE AND POPULATION HEALTH	Washoe County	Urban Counties	Nevada
Estimated Uninsured Population – 2008	71,944	433,195	479,298
Uninsured Population as a Percent of Total Population – 2008	17.0	17.0	17.5
Average Uninsured Population as a Percent of Total Pop – 2000 to 2008	17.3	17.9	17.7
Uninsured, Age 0 to 18 – 2008	18,777	117,706	128,666
Uninsured, Age 19 to 64 – 2008	52,163	309,016	342,339
Uninsured, Age 65 & Over – 2008	1,004	6,473	7,293
Uninsured, Age 0-18 as a Percent of 0-18 Population – 2008	4.4	4.6	4.7
Uninsured, Age 19-64 as a Percent of 19-64 Population – 2008	12.3	12.1	12.5
Uninsured, Age 65+ as a Percent of 65+ Population – 2008	0.2	0.3	0.3
Uninsured, Below 100% of Federal Poverty Level (FPL) – 2008	17,173	106,939	117,956
Uninsured, Between 100 & 200% of FPL – 2008	19,969	123,732	135,639
Uninsured, Above 200% of FPL – 2008	51,975	222,508	245,042
Uninsured, Below 100% of FPL, Percent of Total Population – 2008	4.2	4.4	4.3
Uninsured, Between 100 & 200% FPL, Percent of Total Population – 2008	4.7	5.1	5.0
Uninsured, Above 200% of FPL, Percent of Total Population – 2008	12.3	9.1	8.2

HEALTH INSURANCE COVERAGE AND POPULATION HEALTH	Washoe County	Urban Counties	Nevada
Medicare Enrollment – 2007	52,021	271,837	316,606
Medicare Enrollment as a Percent of Total Population – 2007	13.1	12.1	12.6
Change, Medicare Enrollment – 2000 to 2007 (Number)	11,967	63,006	76,997
Change, Medicare Enrollment – 2000 to 2007 (Percent)	29.9	30.2	32.1
Medicare Part D Enrollment (All Types of Prescription Drug Plans) – 2008	42,493	233,084	269,846
Medicaid Enrollment – 2007	34,072	219,535	244,804
Medicaid Enrollment as a Percent of Total Population – 2007	8.2	9.0	9.0
Change, Medicaid Enrollment – 2002 to 2007 (Number)	3,641	40,808	45,318
Change, Medicaid Enrollment – 2002 to 2007 (Percent)	12.0	22.8	22.7
Nevada Checkup (SCHIP) Enrollment – 2007	6,347	37,229	41,234
Nevada Checkup Enrollment, as a Percent of Population Age 0 to 18 – 2007	5.7	5.7	5.8
Change, Nevada Checkup Enrollment – 2002 to 2007 (Number)	1,108	11,878	11,285
Change, Nevada Checkup Enrollment – 2002 to 2007 (Percent)	21.1	46.9	37.7
Native American Population Eligible for Tribal Health Services – 2007	5,460	8,735	17,634
Commercial Health Maintenance Organization (HMO) Enrollment – 2007	53,168	391,725	404,807
Change, Commercial HMO Enrollment – 2002 to 2007 (Number)	14.2	60,909	68,809
Change, Commercial HMO Enrollment – 2002 to 2007 (Percent)	- 14,414	18.4	20.5
Commercial HMO Market Penetration – 2007	- 21.3	18.1	16.8
Medicare HMO Enrollment – 2007	10,216	83,615	88,870
Change, Medicare HMO Enrollment – 2002 to 2007 (Number)	23.6	4,815	5,614
Change, Medicare HMO Enrollment – 2002 to 2007 (Percent)	- 489	6.1	6.7
Medicare HMO Market Penetration – 2007	- 4.6	31.0	28.6
Population Reporting Fair or Poor Health – 2006 (Percent)	14.2	N/A	18.5
Population Reporting 1+ Depressive Disorder in Past Year – 2006 (Percent)	10.2	N/A	9.9
Population Vaccinated for Flu in Past Year – 2006 (Percent)	29.0	N/A	26.7
Population Age 65+ Vaccinated for Flu in Past Year – 2006 (Percent)	63.0	N/A	57.7
Self-Reported Binge Drinking – 2006 (Percent)	18.1	N/A	15.5
Self-Reported Current Smokers – 2006 (Percent)	18.7	N/A	22.2
Teen Birth Rate, Age 15 to 17 – 2005 (Births per 1000 Females 15-17)	22.6	N/A	26.4
Teen Birth Rate, Age 18 to 19 – 2005 (Births per 1000 Females 18-19)	70.4	N/A	74.8

HEALTH INSURANCE COVERAGE AND POPULATION HEALTH	Washoe County	Urban Counties	Nevada
Teen Birth Rate, Age 15 to 19 – 2005 (Births per 1000 Females 15-19)	41.6	N/A	45.8
Change, Teen Birth Rate, Age 15 to 19 – 2001 to 2005 (Number)	- 35.5	N/A	- 29.3
Change, Teen Birth Rate, Age 15 to 19 – 2001 to 2005 (Percent)	- 46.0	N/A	- 10.8
Number of Disabled Children (All Types) – 2007	8,562	42,103	48,186
Infant Mortality Rate – 2005 (Deaths per 1000 Live Births)	4.9	N/A	5.6
Age-Adjusted Mortality Rate – 2005 (Deaths per 100,000 Population)	903.0	N/A	864.7
Change, Age-Adjusted Mortality – 2000 to 2005 (Number)	15.9	N/A	- 28.8
Change, Age-Adjusted Mortality – 2000 to 2005 (Percent)	- 1.8	N/A	- 3.2

LABOR MARKET AND HEALTH CARE WORKFORCE	Washoe County	Urban Counties	Nevada
Labor Force – 2008	231,840	1,260,690	1,398,640
Employed – 2008	216,069	1,175,728	1,304,265
Unemployed – 2008	15,771	84,962	94,375
Average Unemployment Rate – 2008	6.8	7.0	6.7
Average Unemployment Rate – 2002 to 2008	5.0	5.2	5.3
Licensed Allopathic Physicians (MD) – 2008	1,020	4,137	4,358
Licensed MDs per 100,000 Population – 2008	244.0	170.2	160.3
Change, Licensed MDs – 2002 to 2008 (Number)	141	800	812
Change, Licensed MDs – 2002 to 2008 (Percent)	16.0	24.0	22.9
Licensed Osteopathic Physicians (DO) – 2008	62	428	461
Licensed DOs per 100,000 Population – 2008	14.8	17.6	17.0
Licensed Primary Care Physicians (MD & DO) – 2008	429	1,929	2,074
Licensed Primary Care Physicians (MD & DO) per 100,000 Population – 2008	102.6	79.4	76.3
Licensed Psychiatrists – 2008	52	164	169
Licensed Psychiatrists per 100,000 Population – 2008	124	6.7	6.2
Licensed Psychologists – 2008	119	290	311
Licensed Psychologists per 100,000 Population – 2008	28.5	11.9	11.4

LABOR MARKET AND HEALTH CARE WORKFORCE	Washoe County	Urban Counties	Nevada
Licensed Physician Assistants (PA) – 2008	80	384	431
Licensed PAs per 100,000 Population – 2008	19.6	16.4	16.4
Licensed Registered Nurses (RN) – 2008	3,516	16,162	17,456
Licensed RNs per 100,000 Population – 2008	841.0	665.1	642.2
Change, Licensed RNs – 2002 to 2008 (Number)	774	4,136	4,382
Change, Licensed RNs – 2002 to 2008 (Percent)	28.2	34.4	33.5
Licensed Advanced Practitioners of Nursing (APN) – 2008	162	463	505
Licensed APNs per 100,000 Population – 2008	38.8	19.1	18.6
Licensed Registered Nurse Anesthetists (CRNA) – 2008	5	57	71
Licensed CRNAs per 100,000 Population – 2008	1.2	2.3	2.6
Licensed Practical Nurses (LPN)– 2008	377	2,554	2,792
LPNs per 100,000 Population – 2008	90.2	105.1	102.7
Certified Nursing Assistants (CNA) – 2008	1,240	5,250	6,069
CNAs per 100,000 Population – 2008	296.6	216.0	223.3
Licensed Dentists – 2008	243	1,331	1,433
Licensed Dentists per 100,000 Population – 2008	58.1	54.8	52.7
Change, Licensed Dentists – 2002 to 2008 (Number)	19	319	342
Change, Licensed Dentists – 2002 to 2008 (Percent)	7.8	24.0	23.9
Licensed Registered Dental Hygienists – 2008	245	903	992
Licensed Registered Dental Hygienists per 100,000 Population – 2008	58.6	37.2	36.5
Licensed Pharmacists – 2006	336	1,808	1,933
Licensed Pharmacists per 100,000 Population – 2006	84.7	80.3	76.7
Licensed Pharmaceutical Technicians – 2006	454	2,710	2,930
Licensed Pharmaceutical Technicians per 100,000 Population – 2006	114.4	120.4	116.3
Licensed Emergency Medical Technicians (EMT) First Responders – 2008	140	177	699
Licensed EMT Basics – 2008	566	1,570	2,199
Licensed EMT Intermediates – 2008	370	1,810	2,316
Licensed EMT Advanced/Paramedics – 2008	184	1,181	1,298
Licensed Emergency EMTs & Paramedics (All Types) – 2008	1,260	4,738	6,512
Licensed EMTs & Paramedics (All Types) per 100,000 Population – 2008	308.0	202.4	248.3

LABOR MARKET AND HEALTH CARE WORKFORCE	Washoe County	Urban Counties	Nevada
Licensed RNs with Emergency Medical Services (EMS) Certification – 2008	26	92	128
Licensed EMS RNs per 100,000 Population – 2008	6.2	3.8	4.7
Licensed Medical Laboratory Personnel – 2008	1,517	8,231	9,038
Licensed Medical Laboratory Personnel per 100,000 Population – 2008	362.9	338.7	332.5
Licensed Occupational Therapists (OT) – 2008	94	406	435
Licensed OTs per 100,000 Population – 2008	22.5	16.7	16.0
Licensed Physical Therapists (PT) – 2008	242	1,027	1,110
Licensed PTs per 100,000 Population – 2008	57.9	42.3	40.8
Licensed Occupational Therapy Assistants (OTA) – 2008	16	150	154
Licensed OTAs per 100,000 Population – 2008	3.8	6.2	5.7
Licensed Physical Therapy Assistants (PTA) – 2008	23	209	220
Licensed PTAs per 100,000 Population – 2008	5.5	8.6	8.1
Licensed Respiratory Therapists (RT) – 2008	154	818	892
Licensed RTs per 100,000 Population – 2008	36.8	33.7	32.8
Licensed Speech-Language Pathologists – 2008	174	477	515
Licensed Speech-Language Pathologists per 100,000 Population – 2008	41.6	19.6	18.9
Licensed Optometrists – 2008	67	278	306
Licensed Optometrists per 100,000 Population – 2008	16.0	11.4	11.3
Licensed Dispensing Opticians – 2008	55	214	224
Licensed Dispensing Opticians per 100,000 Population – 2008	13.2	8.8	8.2
Licensed Optician Apprentices – 2008	31	142	154
Licensed Optician Apprentices per 100,000 Population – 2008	7.4	5.8	5.7
Licensed Chiropractors – 2008	115	528	566
Licensed Chiropractors per 100,000 Population – 2008	27.5	21.7	20.8
Licensed Podiatrists – 2008	23	210	220
Licensed Podiatrists per 100,000 Population – 2008	5.5	8.6	8.1
Licensed Social Workers (LSW) – 2008	331	1,103	1,213
Licensed Associates In Social Work (LASW) – 2008	60	189	206
Licensed Clinical Social Workers (LCSW) – 2008	138	473	537
Licensed Independent Social Workers (LISW) – 2008	6	16	17

LABOR MARKET AND HEALTH CARE WORKFORCE	Washoe County	Urban Counties	Nevada
Licensed Social Workers (All Types) – 2008	535	1,781	1,973
Licensed Social Workers (All Types) per 100,000 Population – 2008	128.0	73.7	72.6
Licensed Alcohol, Drug, & Gambling (ADG) Counselors – 2008	326	1,007	1,233
Licensed ADG Counselors per 100,000 Population – 2008	78.0	41.4	45.4

HEALTH CARE RESOURCES AND ECONOMICS	Washoe County	Urban Counties	Nevada
Hospital Employment – 2007 (Number of Jobs)	4,927	20,383	22,031
Hospital Employment Impact, Direct & Indirect – 2007 (Number of Jobs)	8,116	33,767	35,758
Hospital Payroll – 2007 (Dollars)	221,728,724	1,255,919,827	1,341,387,982
Hospital Payroll Impact, Direct & Indirect – 2007 (Dollars)	312,637,501	1,739,821,226	1,845,688,012
Health Sector Employment – 2007 (Number of Jobs)	18,693	87,781	94,070
Health Sector Employment Impact, Direct & Indirect – 2007 (Number of Jobs)	28,974	136,134	144,474
Health Sector Payroll – 2007 (Dollars)	1,166,405,000	5,335,833,000	5,644,259,000
Health Sector Impact, Direct & Indirect – 2007 (Dollars)	1,621,302,950	8,037,288,580	8,414,991,250
Licensed Acute Care Beds – 2009	1,062	4,919	5,200
Licensed Acute Care Beds per 1000 Population – 2009	2.5	2.0	1.9
Licensed Long-Term Care Beds – 2009	949	4,648	5,329
Licensed Long-Term Care Beds per 1000 Population – 2009	2.3	1.9	2.0

University of Nevada
School of Medicine



In This Issue:

- ◆ Seasonal Influenza Update, Washoe County, 2008-09 Influenza Season
- ◆ Reminder: CDC Issues Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses, 2008-09 Influenza Season

SEASONAL INFLUENZA UPDATE, WASHOE COUNTY, 2008-09 INFLUENZA SEASON

Influenza activity in Washoe County has been steadily rising for the past six weeks. It is unknown at this time if activity has peaked for the season. Influenza A (H1) and influenza B strains are circulating in the community. One influenza A (H3) lab-confirmed case was identified; however the case had acquired the infection while traveling in China. For up-to-date Washoe County influenza surveillance data, please see the weekly influenza report at:

<http://www.washoecounty.us/health/cdpp/is.html>.

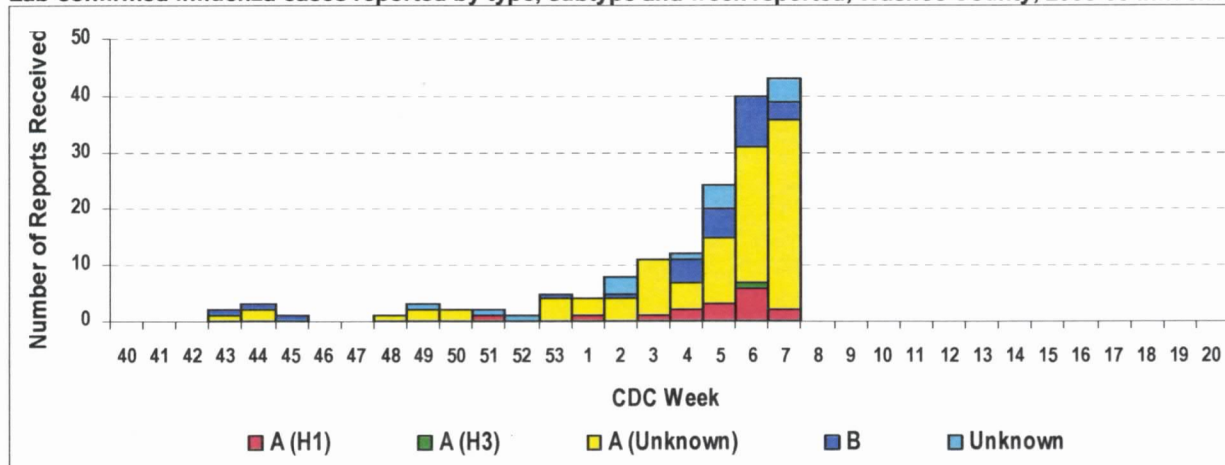
Influenza is a reportable disease as defined in Nevada Administrative Code 441.A. Health care providers must report influenza cases with a positive laboratory test (including rapid tests performed in the office or lab) by faxing reports to (775) 328-3764 or by calling the Communicable Disease Program at (775) 328-2447.

Washoe County health care providers interested in participating in the influenza surveillance program should contact Denise Stokich at (775) 328-6188.

Table 1 Lab-confirmed influenza cases reported by type and subtype, Washoe County, 2008-09 Influenza Season

Influenza A (H1)	Influenza A (H3)	Influenza A Unsubtyped	Influenza B	Influenza Type Unknown	Total
16	1	104	26	15	162

Figure 1 Lab-confirmed influenza cases reported by type, subtype and week reported, Washoe County, 2008-09 Influenza Season



REMINDER: CDC ISSUES INTERIM RECOMMENDATIONS FOR THE USE OF INFLUENZA ANTIVIRAL MEDICATIONS IN THE SETTING OF OSELTAMIVIR RESISTANCE AMONG CIRCULATING INFLUENZA A (H1N1) VIRUSES, 2008-09 INFLUENZA SEASON

Table 2 Interim recommendations for the selection of antiviral treatment using laboratory test results and viral surveillance data, United States, 2008-09 influenza season†

Rapid antigen or other laboratory test	Predominant virus(es) in community	Preferred medication(s)	Alternative (combination antiviral treatment)
Not done or negative, but clinical suspicion for influenza	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Not done or negative, but clinical suspicion for influenza	H3N2 or B	Oseltamivir or Zanamivir	None
Positive A	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A	H3N2 or B	Oseltamivir or Zanamivir	None
Positive B	Any	Oseltamivir or Zanamivir	None
Positive, unknown A or B	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive, unknown A or B	H3N2 or B	Oseltamivir or Zanamivir	None

† Influenza antiviral medications used for treatment are most beneficial when initiated within the first two days of illness. Clinicians should consult the package insert of each antiviral medication for specific dosing information, approved indications and ages, contraindications/warnings/precautions, and adverse effects.

* Amantadine can be substituted for rimantadine but has increased risk of adverse events. Human data are lacking to support the benefits of combination antiviral treatment of influenza; however, these interim recommendations are intended to assist clinicians treating patients who might be infected with oseltamivir-resistant influenza A (H1N1) virus.

Additional information on antiviral medications & considerations for the 2008-09 influenza season are at: <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

Please share this document with all physicians & staff in your facility/office.



In This Issue:

- ◆ Overview of Outbreaks Reported in Washoe County, 2008

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Overview of Outbreaks Reported in Washoe County, 2008

Frequently Used Terminology

In daily practice, healthcare and even public health professionals are often confused by terms such as disease cluster, outbreak, epidemic, and pandemic. Before we overview outbreaks reported in Washoe County in 2008, we will review definitions for these frequently used terms.

CLUSTER Aggregation of relatively uncommon events or diseases in space and/or time in amounts that are believed or perceived to be greater than could be expected by chance, for example, the Fallon leukemia cluster. Presumed disease clusters are often perceived to exist on the basis of anecdotal evidence, and much effort may be expended by epidemiologists and biostatisticians in demonstrating whether a true cluster exists.¹

OUTBREAK An epidemic limited to a localized increase in the incidence of a disease, e.g., in a village, town, or closed institution; upsurge is sometimes used as a euphemism for outbreak,¹ for example, the ongoing *Salmonella* Typhimurium outbreak associated with consumption of certain peanut butter products.

EPIDEMIC The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy¹. An epidemic may not be caused by an infectious agent, for example, the current obesity epidemic.

PANDEMIC An epidemic occurring worldwide, or over a very wide area, crossing international boundaries, and usually affecting a large number of people, for example, an influenza pandemic.

In Nevada law (NAC 441A.130, NRS 441A.120), "Outbreak" means "the occurrence of cases in a

¹ John M. Last. A Dictionary of Epidemiology. Fourth Edition. 2001. Page 31.

community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population." Nevada law requires healthcare providers and other health professionals (e.g., school nurses) to report all suspected outbreaks.

The purpose of this article is to provide an overview of outbreaks reported in Washoe County in 2008 and to make recommendations for healthcare providers in an effort to assist the Health District in early detection and rapid control of outbreaks.

Outbreaks Reported in 2008

Etiology/Disease	Outbreaks Reported # (%)	Illness Reported # (%)
Norovirus	16 (52%)	251 (38.2%)
Influenza	10 (See note)*	See note*
Rotavirus	3 (10%)	130 (19.8%)
Group A Streptococcus	2 (6%)	14 (2.1%)
Salmonella	2 (6%)	19 (2.9%)
Campylobacter	1 (3%)	9 (1.4%)
Scabies	1 (3%)	21 (3.2%)
Scombroid Poisoning	1 (3%)	2 (0.3%)
Pertussis	1 (3%)	2 (0.3%)
Head Lice	1 (3%)	20 (3.0%)
Unknown Viral Infection	3 (10%)	189 (28.8%)
TOTAL	31 (100%)	657 (100%)

* Note: Outbreaks of suspect influenza were reported by schools. Increased illnesses among students were reported and overall absenteeism rates were increased and monitored. Exact number of illness was not tracked, thus not included in the total.

Norovirus

Noroviruses are named after the original strain "Norwalk virus", which caused an outbreak of gastroenteritis in a school in Norwalk, Ohio, in 1968. Currently, there are at least five norovirus genogroups (GI, GII, GIII, GIV, and GV), which in turn are divided into at least 31 genetic clusters. GII is the most commonly seen in our community (verbal communication with Dr. Sergey Morzunov,

Nevada State Health Laboratory, 2/24/09). Sixteen outbreaks involving 251 ill individuals were reported in Washoe County in 2008, which accounted for over 50% of reported outbreaks and 38% of reported ill persons in 2008. Six of these outbreaks were laboratory confirmed, the remainder were suspect norovirus. Reported outbreak settings include child care facilities, extended care facilities, restaurants, and a workplace. Six (6) of 16 (38%) outbreaks may have been food borne; the remaining 10 outbreaks were most likely transmitted person-to-person. Norovirus is highly contagious and as few as 10 viral particles may be sufficient to infect an individual. During outbreaks of norovirus gastroenteritis in child care facilities, extended care facilities, and schools, Washoe County Health District (WCHD) recommends ill individuals stay home for 72 hours after their last symptom (i.e., vomiting or diarrhea). Health care providers should encourage their patients who work in sensitive occupations (food handlers, health care workers, child care providers, child care attendees, etc.) to stay home from work or the facility for 72 hours after their symptoms resolve in the presence of an outbreak. Given the genetic variability of noroviruses, individuals are likely to be repeatedly infected throughout their lifetime. Reverse transcriptase polymerase chain reaction (RT-PCR) can be used to identify the organism. This test is available at commercial laboratories (LabCorp, Quest) and the Nevada State Health Laboratory (NSHL).

Rotavirus

Three rotavirus outbreaks were reported from three child care facilities, which accounted for 10% of reported outbreaks and nearly 20% of reported illness in 2008. Two outbreaks were laboratory confirmed. Laboratory diagnosis can be made by rapid antigen detection of rotavirus in stool specimens. This test is available at all commercial labs. In 2006, the U.S. Food and Drug Administration (FDA) approved a live, oral vaccine (RotaTeq™) for use in children. It is recommended that children are given rotavirus vaccine at the age of 2 months, 4 months, and 6 months. Immunity after infection is incomplete, but repeat infections tend to be less severe than the original infection.

Group A Streptococcus (GAS)

Two outbreaks due to GAS infection were reported. One outbreak of “strep throat” occurred among residents of a health care facility and was laboratory confirmed. The other occurred among staff members of a workplace (Probable streptococcal toxic shock syndrome and GAS skin infection).

Salmonella

Two salmonellosis outbreaks were reported. One outbreak involving nine laboratory confirmed cases was part of a national outbreak of *Salmonella* serotype Saintpaul infections associated with multiple raw produce items (jalapeño peppers, serrano peppers, and tomatoes). The other outbreak was a suspect *Salmonella* infection among customers of a mobile food truck. Results of this investigation indicated inadequate refrigeration temperatures of the implicated food item (salsa). All other food handling practices were acceptable.

Campylobacter

Through WCHD’s traditional surveillance system for communicable diseases, a cluster of nine laboratory confirmed case with campylobacter jejuni infection was identified. These cases had a history of consumption of unpasteurized Mexican cheese purchased from an unapproved source. The source was found and eliminated after a joint investigation with several Nevada state agencies.

Other Outbreaks

A cluster of two cases of **pertussis** in an assisted living facility was detected through the traditional disease surveillance system. A cluster of two cases of **scombroid poisoning** were identified through the food borne illness complaint system. The cases had consumed fresh tuna burger patties. A skilled nursing facility reported an outbreak of **scabies** among 21 residents. A school reported an outbreak of **head lice** among 20 students.

When you SUSPECT a disease outbreak, please report it to the Health District at 775-328-2447 immediately. Your early recognition and timely reporting is a critical step for the Health District to implement prevention and control measures.

In This Issue:

- ◆ World TB Day – March 24: Lessons Learned from Two Recent TB Investigations in Washoe County

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World TB Day – March 24

Lessons Learned from Two Recent TB Investigations in Washoe County



World TB Day is March 24, 2009. This annual event commemorates Dr. Robert Koch's announcement of the discovery of *Mycobacterium Tuberculosis* (M.tb), the bacteria that causes tuberculosis

(TB). At the time of his discovery in 1882, one out of every 7 persons living in the United States and Europe died of tuberculosis.

This ancient scourge remains a leading cause of mortality around the world; claiming over 1.5 millionⁱ lives per year.

Maintenance of public health infrastructure has allowed the United States to steadily decrease the rate of tuberculosis to 4.4 cases per 100,000 population in 2007.ⁱⁱ But in many parts of the world the rate of tuberculosis is more than 100 cases per 100,000 population.ⁱ Because TB knows no boundaries, it is imperative to maintain vigilance. Nearly 60% of the tuberculosis cases in the United States are among persons born in endemic countries.ⁱⁱ

Although Washoe County's rate has been lower than the national rate for the past several years, *this does not mean we can let down our guard.* **Prompt reporting, early initiation of effective treatment for the case, and timely evaluation of the cases' contacts** are critical components to

controlling TB transmission. Two recent large contact investigations in Washoe County illustrate the importance of these components.

CASE HISTORIES

Case A was discovered when friends were concerned about the length of time the person had been ill. They took their friend to a community health agency worker who then referred the case to the TB clinic on a Friday afternoon, prior to a major holiday. The radiologist noted multiple cavitory lesions on the chest X ray and immediately called the TB clinic to ensure the case was isolated. The microbiology department at Nevada State Public Health Lab called TB clinic staff over the weekend to report that the specimen submitted had more acid fast bacilli (AFB) than they had ever seen on a smear.

Case B was initially reported by a coworker. Calls by TB Clinic public health nurses to physicians and diagnostic institutions involved confirmed the report. **Anyone that has knowledge of a TB case (confirmed or suspect) is required to report (NAC 441A.255). Reports can be made by phone (775-328-2447) or fax (775-328-3764).**

Both cases A and B were AFB smear positive. Isolation had been initiated prior to laboratory confirmation based upon suspicion of active TB.

Case A was started on the standard 4 drug regimen by Directly Observed Therapy (DOT) within 24 hours of receipt of the positive AFB report. Case B had been started on the standard 4 drug regimen empirically pending sputa results without DOT. Evaluation by the TB Clinic revealed that the dose and frequency were ineffective. Effective dosing and frequency were initiated with DOT for the remainder of the treatment.

ⁱ World Health Organization (WHO) <http://www.who.int/tb/>

ⁱⁱ CDC. *Reported Tuberculosis in the United States, 2007*. Atlanta, GA:U.S. Department of Health and Human Services, CDC, September 2008.

CONTACT INVESTIGATIONS

The two separate investigations involved educational settings. Each site was complicated by spring and summer breaks which presented challenges in obtaining information to locate potential contacts.

Case A, identified in December 2007, belonged to a large social network that included residence at three different households at varying times during the infectious period; church membership with weekly study groups in addition to Sunday services; evening classes at a local community college, and employment through a builders' union. The investigation was further complicated by many contacts that did not speak English and were fearful of "government" inquiry.

Case B was identified at the beginning of summer break, June 2008, and involved household members and a local middle school. A number of the students were away from home for the summer or had moved.

Sixteen children under the age of 5 were identified as contacts to case A. Children under 5 years of age have a greater risk of progression to active disease within two years after becoming infected. Seven children identified early in the investigation were placed on INH (Isoniazid) window prophylaxis; treatment was discontinued after their 2nd TST was negative. Five children were located later in the investigation 8-10 weeks after exposure ended. Their TST tests were negative and no treatment was indicated. One infected child received 9 months of Isoniazid with directly observed therapy.

A family with 3 children of unknown ages, but believed to be less than 5 years of age, evaded all attempts to contact them for an evaluation

No children less than 5 years of age were identified as contacts to index case B.

Summary of Two Contact Investigations

Characteristics	Case A	Case B
AFB Smear	4+	2+
Culture	<i>M. tuberculosis</i>	<i>M. bovis</i>
Drug Susceptibility	Pan Sensitive	PZA resistant
Chest X Ray	Cavitary	Non-cavitary, Apical & perihilar infiltrates
Disease Site(s)	Pulmonary	Pulmonary and cervical lymph nodes
Infectious Period	May 07 – Dec. 07	Sept. 07-Jun. 08
Contacts – All		
# Identified	184	83
# Evaluated	142	77
# Positive TST	62	4
# LTBI Treatment	39	4
Contacts – <5 years of age		
# Identified	16	0
# Evaluated	13	0
# Positive TST	1	0
# LTBI Treatment	1	0

Contact investigations are labor intensive and involve collaboration between health care providers, agencies, health district professionals and the contacts themselves.

CONCLUSIONS

The large scale TB contact investigations performed in 2008 by the TB Clinic and epidemiology staff illustrate clearly that Washoe County residents are not isolated from the global TB pandemic. Both cases had immigrated to the United States from endemic countries and presented unique challenges for treatment and investigations. The community relies on the expertise of health care providers to continue to recognize and report the signs and symptoms of this very adaptable microorganism that has infected more than 9.2 million people worldwide.

Please call Washoe County Health District's TB Prevention and Control Program at 775-785-4788 for any TB specific questions.

(Source of picture on page 1:
www.parazyt.gower.pl/wolsztyn/preview/pages/p10.htm)

ALCOHOL AND TOBACCO USE IN WASHOE COUNTY

Alcohol and tobacco use in Washoe County impact all aspects of our community, including health, safety, and overall quality of life. Data has shown that the economic downturn may lead to increased alcohol consumption and tobacco use.^{1,2}

DATA & DISCUSSION

Please note: The statistical analysis methods and outcome measurements in the following sections are consistent with those used at the state and federal level to make data comparable.

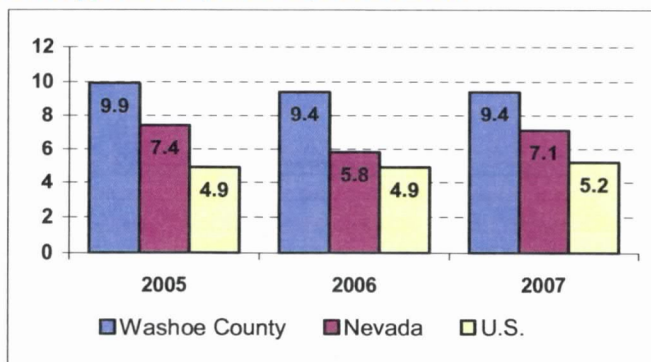
Alcohol Use

Excessive alcohol use increases the risk of developing chronic diseases such as liver cirrhosis, pancreatitis, and various cancers including liver, mouth, throat, larynx, and esophagus. It also increases the risk of high blood pressure and psychological disorders, and is associated with poor nutrition and increased prevalence of smoking.

Heavy Drinking

Heavy drinking for adults is defined as consuming, on average, more than two drinks per day for a male or more than one drink per day for a female. Washoe County has a higher rate of adult heavy drinking when compared with the state and national levels.

Figure 1 – Heavy Drinking (%), Adults, Washoe County, Nevada, and US; 2005-2007

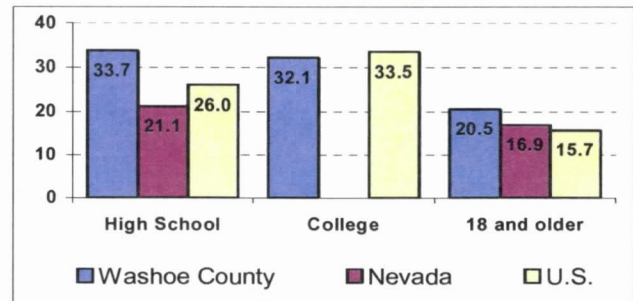


Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Binge Drinking

Binge drinking is defined as consuming five or more drinks on one or more occasions during the previous month. Washoe County's binge drinking rate among adults has consistently remained higher than both the state and national binge drinking rates. Our rates for high school students are also significantly higher than the national average.

Figure 2 – Binge Drinking (%), by Age Group, Washoe County, Nevada, and US; 2007



Data Sources: High School - Youth Risk Behavioral Survey (YRBS), 2007; College - National College Health Assessment, UNR Students 2008, National Data 2007; 18 and older - BRFSS, 2007

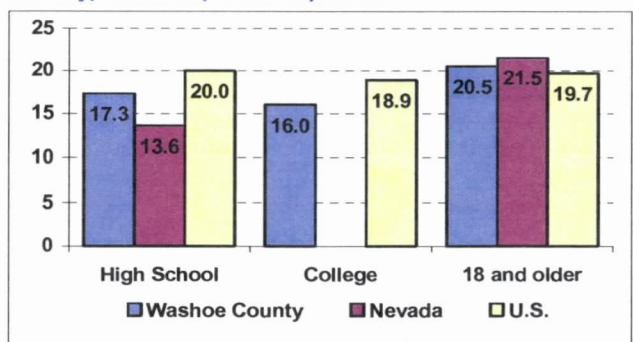
Tobacco Use

Use of and exposure to tobacco smoke is the leading cause of preventable death in the world and is a primary risk factor for most chronic diseases, including heart disease, cancer, chronic lower respiratory disease, and stroke.

Prevalence of Smoking

Smoking prevention and cessation efforts are working in Washoe County as the adult smoking rate has dropped almost 7% (from 27.1% to 20.5%) since 2000. However, a recent national report showed that 7% of smokers had started smoking again due to stress over the economic crisis, even though they had previously quit.²

Figure 3 – Cigarette Smoking (%), Washoe County, Nevada, and US; 2007



Data Sources: High School - Youth Risk Behavioral Survey (YRBS), 2007; College - National College Health Assessment, UNR Students 2008, National Data 2007; 18 and older - BRFSS, 2007

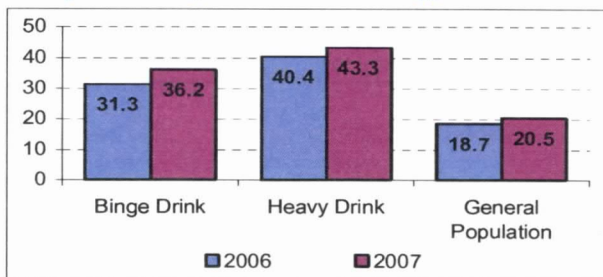
Although Washoe County smoking rates are lower than the U.S., our residents are still dying of tobacco related illnesses. Nevada ranks 3rd in the nation for overall average annual smoking-attributable mortality rates per 100,000 population.³

Please share this document with all physicians & staff in your facility/office.

Co-Occurrence of Alcohol Use and Smoking

It's more than just an observation that people smoke more when they drink, and drink more when they smoke. Washoe County adults who binge drink or drink heavily have a higher smoking rate than compared to the general adult population.

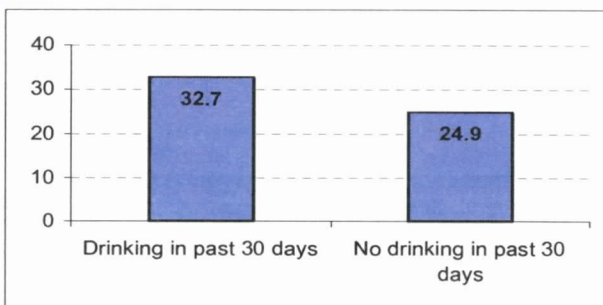
Figure 4 – Smoking Among Binge Drinkers, and Heavy Drinkers, - Washoe County; 2006-2007



Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

High school students that reported drinking in the past 30 days reported higher rates of smoking, compared to students that did not use alcohol.

Figure 5 – Smoking Among Drinking and Non-drinking High School Students, Washoe County; 2007



Data Source: Youth Risk Behavioral Survey (YRBS), 2007.

The combined use of cigarettes and alcohol presents health risks over and above the risks posed by smoking alone, e.g., the risks of cancer of the mouth, throat, or esophagus for the drinking smoker are more than the sum of the risks posed by these drugs individually.⁴

Increases in tobacco and alcohol prices

Increases in the costs of tobacco and alcohol have been shown to reduce consumption.^{5,6} As of April 1st, the federal tax increased on all tobacco products. This increase will encourage smokers to seek resources to assist in cessation. Additionally, state level tax increases are currently being proposed on both tobacco and alcohol products.

RECOMMENDATIONS

Recommendations for health care professionals:

Research has shown that when health professionals provide brief interventions, cessation attempts increase by up to 60%.⁷

- ◆ **Ask** all your patients about alcohol usage, including excessive drinking and binge drinking, and tobacco usage at every encounter.
- ◆ **Advise** patients that avoiding excessive drinking, binge drinking, and tobacco, are some of the best things they can do for their health.
- ◆ **Assess** patients' readiness to change their alcohol and tobacco behaviors.
- ◆ **Assist** patients by discussing specific strategies for behavior change. If necessary, refer to intensive alcohol abuse treatment and tobacco treatment services.
- ◆ **Arrange** for follow up at the next appointment or via telephone.

Local Resources:

- ◆ The **Substance Abuse Help Line, 775.825.HELP** or **1.800.450.9530**, is a free, confidential, 24-hour-a-day, phone line. Callers are provided with referrals to substance abuse treatment resources. For more information on local alcohol prevention and treatment efforts in our community, contact Join Together Northern Nevada at 775.324.7557 or www.jtnn.org.
- ◆ The **Nevada Tobacco Users Helpline, 1.800.QUIT.NOW**, provides free, confidential, telephone based nicotine dependence treatment, in English and Spanish. For more information on local tobacco prevention and cessation efforts, visit www.GetHealthyWashoe.com.

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We would like to thank the Washoe County Chronic Disease Coalition for their assistance in writing this report.

Please share this document with all physicians & staff in your facility/office.



FOOD BANK
OF NORTHERN NEVADA

March 7, 2009

Washoe District Board of Health
PO Box 11130
Reno NV 89520

President & Members, Board of Health:

The Food Bank of Northern Nevada is honored by your unanimous decision to maintain our permanent waiver of permit fees for our Kids Cafe free meal program for children. The waiver was originally granted in October 2000.

We thank you for your acknowledgement of the importance of this meal program for children in low-income neighborhoods in our county. By maintaining the permanent exemption of annual fees, you allow us to provide almost 2000 free meals to hungry children every year.

As always, we will continue to operate this meal program in compliance with the Board's Regulations Governing Food Service Establishments.

We are extremely grateful for your action, which helps us get closer to our goal of ending hunger in our region through direct services, advocacy, outreach and education.

Sincerely,

Cherie Jamason
President & CEO

Susan Hanigan Eckes
Director, Child Nutrition
Programs

Copy to: Eileen Coulombe, Administrative Health Services Officer
M.A. Anderson, MD, MPH, District Health Officer
Robert Sack, Division Director, Environmental Health Services