

**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 AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada
May 27, 2010
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 Washoe County Health District 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 the May 27, 2010 (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the April 22, 2010 Meeting (action)	APPROVED

6. Recognitions

YEARS-OF SERVICE
LAURIE GRIFFEY – 5 YEARS
PATSY BUXTON – 10 YEARS

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. No Cases This Month
2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

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

1. No Cases This Month

C. Budget Amendments / Interlocal Agreements

1. Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles (DMV) for the DMV Excess Reserve Grant Program (IO 10685) to Extend the Contract Period Through June 30, 2011 (action)
2. Ratification of Agreement Between the Washoe County Health District and Carson Valley Medical Center in the amount of \$5,286.49 to Transfer Medical Surge Capacity Equipment to Carson Valley Medical Center (action)
3. Ratification of Agreement Between the Washoe County Health District and Northern Nevada Medical Center in the Amount of \$3,767.24; Ratification of Agreement Between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56, to Transfer Medical Surge Capacity Equipment to Northern Nevada Medical Center (action)
4. Ratification of Agreement Between the Washoe County Health District and Saint Mary's Regional Medical Center in the Amount of \$10,098.02; Ratification of Agreement Between the Washoe County Health District and Saint Mary's Regional Medical Center in the Amount of \$7,885.14, to Transfer Medical Surge Capacity Equipment to Saint Mary's Regional Medical Center (action)
5. Ratification of Agreement Between the Washoe County Health District and Incline Village Community Hospital in the Amount of \$395.06; Ratification of Agreement Between the Washoe County Health District and Incline Village Community Hospital in the Amount of \$6,142.89, to Transfer Medical Surge Capacity Equipment to Incline Village Community Hospital (action)

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

- | | |
|---|--|
| <p>6. Ratification of Agreement Between the Washoe County Health District and Renown Regional Medical Center in the Amount of \$15,840.56; Ratification of Agreement Between the Washoe County Health District and Renown Regional Medical Center in the Amount of \$10,014.80, to Transfer Medical Surge Capacity Equipment to Renown Regional Medical Center (action)</p> | <p>APPROVED</p> |
| <p>7. Approval of Grant Program Contract Between Washoe County and the Washoe County Health District to Award Local Emergency Planning Committee (LEPC)) Grant Funding for the Hazardous Materials Program in the Amount of \$12,950 for the Period Upon Approval Through June 30, 2011 (action)</p> | <p>APPROVED</p> |
| <p>8. Approval of FY10 Budget Amendments Totaling an Increase of \$15,000 in Both Revenue and Expense in Support of the National Association of County and City Health Officials (NACCHO) ACHIEVE Program Grant Budget (IO10846) (action)</p> | <p>APPROVED</p> |
| <p>8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
A. No Cases This Month</p> | |
| <p>9. Regional Emergency Medical Services Authority
A. Review and Acceptance of the Operations and Financial Report for April 2010 (action)
B. Update of REMSA's Community Activities Since April 2010</p> | <p>ACCEPTED
PRESENTED</p> |
| <p>10. Presentation and Possible Approval of the Washoe County District Health Department's Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA) for July 1, 2008 Through June 30, 2009 (action)</p> | <p>ACCEPTED</p> |
| <p>11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for April 2010 (action)</p> | <p>ACCEPTED</p> |
| <p>12. Update – Fiscal Year 2011 Budget</p> | <p>PRESENTED</p> |
| <p>13. Public Hearing - Washoe County, Nevada, 2008 Periodic Emissions Inventory
A. Recommendation to Accept and Adopt the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃) (action)</p> | <p>ACCEPTED AND ADOPTED</p> |
| <p>14. Discussion of the Nevada State Health Division <i>Wyman Teen Outreach Program (TOP™)</i> Partner Provider Request to Submit Application to Become a Provider Partner, Considering the District Board of Health Checklist for New Programs and Initiatives (action)</p> | <p>APPROVED TO PROCEED</p> |
| <p>15. Annual Review, Discussion and Possible Recommendation(s) for Amendment(s) to the Interlocal Agreement Pursuant to Section 7 (Term of Agreement), Subsection C CONTINUED</p> | <p>CONTINUED</p> |
| <p>16. Formation of a District Board of Health Ambulance Service Study Committee and Appointments of Board Members to the Committee (action)</p> | <p>DR. HUMPHYRES, MR. MATT SMITH
AND JULIA RATTI APPOINTED</p> |
| <p>17. Discussion and Possible Selection of District Board of Health Member to Attend the National Association of Local Boards of Health (NALBOH) 2010 Conference in Omaha, Nebraska, August 5 - 7, 2010; and Approval of Expenditures of Travel Funds for Said Member (action)</p> | <p>DISCUSSED</p> |
| <p>18. Presentation – “<i>Join Together Program</i>” for the Community Prescription Roundup (CPxR) Regarding the Proper Disposal of Out-dated Over-the-Counter and Prescription Drugs</p> | <p>PRESENTED</p> |

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| 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 – Child Abuse and Neglect Campaign Activities and Loss of Funding; Recent Immunization Community Activities; Increase in Family Planning Title X Base Funding
C. Director, Environmental Health Services – Illegal Vendors; Upcoming Special Events Season; New State Regulations for Pools & Spas; Pubic Information and Outreach
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 – No Report This Month
F. District Health Officer – No Report This Month | PRESENTED |
| 20. Board Comment – Limited to Announcements or Issues for Future Agendas | COMMENTS PRESENTED |
| 21. Adjournment (action) | ADJOURNED |

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 11130 Building "B", Reno, NV 89520-0027 or by calling 328-2416.

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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 the May 27, 2010 (action)	Dr. Humphreys
	5.	Approval/Additions/Deletions to the Minutes of the April 22, 2010 Meeting (action)	Dr. Humphreys

6. Recognitions Dr. Humphreys
- A. Introduction of New Employee
 - 1. Peggy Quinlan – EHS
 - B. Years-of-Service
 - 1. Laurie Griffey – AHS – 5 Years
 - 2. Patsy Buxton – AHS – 10 Years
 - 3. Lilia Sandoval – WIC – 15 Years
 - C. Resolution Presented to the Health District by the Board of Washoe County Commissioners in Recognition of the Outstanding Efforts of the Staff of the Health District During the H1N1 Outbreak and Their Commitment to Public Health and Protecting the Lives of Washoe County Residents and Visitors
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. No Cases This Month
 - 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. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements
 - 1. Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles (DMV) for the DMV Excess Reserve Grant Program (IO 10685) to Extend the Contract Period Through June 30, 2011 **(action)**
 - 2. Ratification of Agreement Between the Washoe County Health District and Carson Valley Medical Center in the amount of \$5,286.49 to Transfer Medical Surge Capacity Equipment to Carson Valley Medical Center **(action)**
 - 3. Ratification of Agreement Between the Washoe County Health District and Northern Nevada Medical Center in the Amount of \$3,767.24; Ratification of Agreement Between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56, to Transfer Medical Surge Capacity Equipment to Northern Nevada Medical Center **(action)**
 - 4. Ratification of Agreement Between the Washoe County Health District and Saint Mary's Regional Medical Center in the Amount of \$10,098.02; Ratification of Agreement Between the Washoe County Health District and Saint Mary's Regional Medical Center in the Amount of \$7,885.14, to Transfer Medical Surge Capacity Equipment to Saint Mary's Regional Medical Center **(action)**
 - 5. Ratification of Agreement Between the Washoe County Health District and Incline Village Community Hospital in the Amount of \$395.06; Ratification of Agreement Between the Washoe County Health District and Incline Village Community Hospital in the Amount of \$6,142.89, to Transfer Medical Surge Capacity Equipment to Incline Village Community Hospital **(action)**

6. Ratification of Agreement Between the Washoe County Health District and Renown Regional Medical Center in the Amount of \$15,840.56; Ratification of Agreement Between the Washoe County Health District and Renown Regional Medical Center in the Amount of \$10,014.80, to Transfer Medical Surge Capacity Equipment to Renown Regional Medical Center **(action)**
 7. Approval of Grant Program Contract Between Washoe County and the Washoe County Health District to Award Local Emergency Planning Committee (LEPC) Grant Funding for the Hazardous Materials Program in the Amount of \$12,950 for the Period Upon Approval Through June 30, 2011 **(action)**
 8. Approval of FY10 Budget Amendments Totaling an Increase of \$15,000 in Both Revenue and Expense in Support of the National Association of County and City Health Officials (NACCHO) ACHIEVE Program Grant Budget (IO10846) **(action)**
-
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 April 2010 **(action)**
 - B. Update of REMSA's Community Activities Since April 2010
 Mr. Smith

 10. Presentation and Possible Approval of the Washoe County District Health Department's Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA) for July 1, 2008 Through June 30, 2009 **(action)**
 Ms. Coulombe

 11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for April 2010 **(action)**
 Ms. Coulombe

 12. Update – Fiscal Year 2011 Budget
 Ms. Coulombe

 13. Public Hearing - Washoe County, Nevada, 2008 Periodic Emissions Inventory
 - A. Recommendation to Accept and Adopt the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃) **(action)**
 Ms. Ling-Barnes

 14. Discussion of the Nevada State Health Division *Wyman Teen Outreach Program (TOP™)* Partner Provider Request to Submit Application to Become a Provider Partner, Considering the District Board of Health Checklist for New Programs and Initiatives **(action)**
 Ms. Brown

 15. Annual Review, Discussion and Possible Recommendation(s) for Amendment(s) to the Interlocal Agreement Pursuant to Section 7 (Term of Agreement), Subsection C **CONTINUED**
 Ms. Admirand

 16. Formation of a District Board of Health Ambulance Service Study Committee and Appointments of Board Members to the Committee **(action)**
 Dr. Humphreys

 17. Discussion and Possible Selection of District Board of Health Member to Attend the National Association of Local Boards of Health (NALBOH) 2010 Conference in Omaha, Nebraska, August 5 - 7, 2010; and Approval of Expenditures of Travel Funds for Said Member **(action)**
 Dr. Humphreys

 18. Presentation – "*Join Together Program*" for the Community Prescription Roundup (CPxR) Regarding the Proper Disposal of Out-dated Over-the-Counter and Prescription Drugs
 Mr. Quint, Join Together, No NV

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| 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 – Child Abuse and Neglect Campaign
Activities and Loss of Funding; Recent Immunization Community Activities; Increase in Family
Planning Title X Base Funding
C. Director, Environmental Health Services – Illegal Vendors; Upcoming Special Events
Season; New State Regulations for Pools & Spas; Public Information and Outreach
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 – No Report This Month
F. District Health Officer – No Report This Month | Dr. Todd
Ms. Brown
Mr. Sack
Mr. Goodrich
Ms. Coulombe
Ms. Coulombe |
| 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

May 27, 2010

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

May 27, 2010

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A. Accept and Adopt – Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources – Submission – US Environmental Protection Agency (EPA) – Amendment – Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO), Particulate Matter (PM ₁₀ and PM _{2.5}) and Ozone (O ₃)	13 – 16
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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

May 27, 2010

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
May 27, 2010

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

ABSENT: George Furman, MD

STAFF: Eileen Coulombe, Acting District Health Officer; Bob Sack, Director, Environmental Health; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Bev Bayan, WIC Program Manager; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Specialist Supervisor; Yann Ling-Barnes, Environmental Engineer; Tracie Douglas, Public Information Officer; Curtis Splan, Department Computer Application Specialist; Laurie Griffey, Office Support Specialist; Peg Caldwell, Registered Nurse I; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Mr. Matt Smith, Vice Chairman, District Board of Health.

ROLL CALL

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

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA – MAY 27, 2010

Chairman Humphreys advised that during item 6. Recognitions Peggy Quinlan, Environmental Health Services and Lilia Sandoval , WIC Program will not be in attendance; that the Resolution

from the Board of County Commissioners will be read by Commissioner Jung; that item 11. Review and Acceptance of the Monthly Public Health Fund, should read "April" and not March 2010.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that the agenda for the District Board of Health May 27, 2010 meeting be approved as noted.
Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – APRIL 22, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the April 22, 2010 meeting.

Ms. Jung advised that there is a typographical error on page 9, the last paragraph, the last word of the fifth line, should be "...on..."; and on page 19 the first line in the third paragraph should read "...NPR today.....available on NPR.org;....."

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the minutes of the District Board of Health April 22, 2010 meeting be approved, as corrected.
Motion carried unanimously.

RECOGNITIONS

Chairman Humphreys and Ms. Eileen Coulombe, Acting District Health Officer, presented Certificates of Recognition to Ms. Laurie Griffey for 5 Years-of-Service; and Ms. Patsy Buxton for 10 Years-of-Service.

Ms. Jung

Advised that the following Resolution was adopted April 27, 2010, by the Board of County Commissioners. Read in full into the record the Resolution presented to the Health District by the Board of Washoe County Commissioners in Recognition of the Outstanding Efforts of the Staff of the Health District During the H1N1 Outbreak and Their Commitment to Public Health and Protecting the Lives of Washoe County Residents and Visitors.

As the Board of the County Commission elected representative, she appreciated being the Board of Health member during that time, as she was provided excellent information, which she presented to the Commission, including correcting misinformation. Initially she had concerns

regarding the Health District's ability to "meet the challenge"; that she should have "never doubted the Health District's ability; that the Health District performed a Herculean job, which was recognized by the Board of County Commissioners, the State and throughout the nation"

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness

Thanked Commissioner Jung for the Resolution, stating "he is pleased to accept the Resolution on behalf of the Health District; that Staff "from every single Division participated in the success of the H1N1 clinics, as did the efforts of the volunteers from the Sheriff's Community Emergency Response Team (CERT) and the District's Medical Reserve Corps (MRC), which made the response possible." Demand for the H1N1 has decreased significantly; therefore, beginning next week the H1N1 will be provided by "appointment only" as are all other immunizations. "On behalf of all those who worked so hard thank you."

Chairman Humphreys commended the efforts of Staff and the volunteers in addressing "the public health scare, the exercises, clinics and team effort of all involved to achieve such a positive result."

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENT

The Board was advised Staff recommends **approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles (DMV) for the DMV Excess Reserve Grant Program (IO 10685) to extend the contract period through June 30, 2011.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and the Carson Valley Medical Center in the amount of \$5,286.49 to transfer medical surge capacity equipment to Carson Valley Medical Center.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$3,767.24; and ratification of the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56, to transfer medical surge capacity equipment to Northern Nevada Medical Center.**

The Board was advised Staff recommends **ratification of the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$10,098.02;**

and **ratification** of the **Agreement** between the **Washoe County Health District** and **Saint Mary's Regional Medical Center**, in the amount of **\$7,885.14**, to **transfer medical surge capacity equipment to Saint Mary's Regional Medical Center**.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Incline Village Community Hospital** in the amount of **\$395.06**; and **ratification** of the **Agreement** between the **Washoe County Health District** and **Incline Village Community Hospital** in the amount of **\$6,142.89** to **transfer medical surge capacity equipment to Incline Village Community Hospital**.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Renown Regional Medical Center** in the amount of **\$15,840.56**; and **ratification** of the **Agreement** between the **Washoe County Health District** and **Renown Regional Medical Center** in the amount of **\$10,014.80** to **transfer medical surge capacity equipment to Renown Regional Medical Center**.

The Board was advised that Staff recommends **approval** of the **Grant Program Contract** between **Washoe County** and the **Washoe County Health District** to award **Local Emergency Planning Committee (LEPC) Grant Funding** for the **Hazardous Materials Program** in the amount of **\$12,950** for the period upon approval through June 30, 2011.

The Board was advised that Staff recommends **approval** of the **FY 10 Budget Amendments totaling an increase of \$15,000** in both revenue and expense in support of the **National Association of County and City Officials (NACCHO) ACHIEVE Program Grant budget (IO 10846)**.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that Amendment #1 to the Interlocal Contract; the Agreements with Carson Valley Medical Center; Northern Nevada Medical Center; Saint Mary's Regional Medical Center; Incline Village Community Hospital; Renown Medical Center; the LEPC Grant Program Contract; and the FY 10 Budget Amendments in support of the NACCHO ACHIEVE Program Grant Budget (IO 10846).
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – April 2010

Mr. Jim Gubbels, Vice President of REMSA

The Board members were provided with a copy of the April 2010 Operations and Financial Report; that the emergency response time for life-threatening calls in April was 94% and 97% for non-life threatening calls. The monthly average bill for air ambulance service for April was \$5,836, with a year-to-date average of \$6,512. The monthly average bill for ground ambulance service for April was \$894, with a year-to-date average of \$934.

Dr. Khan

Questioned the number of ground transports for April as compared to the number of transports for the past few years as to whether the numbers are increasing, decreasing or remaining status quo.

In response to Dr. Khan

Mr. Gubbels advised that ground transports have decreased approximately "5% overall for the month of April"; that it is typical to "have these swings and then [transports] will begin to increase in June and July because of tourism traffic." "There were more sick people transported in April 2009."

Dr. Khan

"With the economic down-turn more and more people are not covered by insurance and are; therefore, not accessing care until they are more seriously ill"; that she was questioning if that trend "was reflected in a month-to-month or year-to-year comparison" by REMSA "where people that need transport, who weren't getting care in a timely manner because of lack of access."

In response to Dr. Khan

Mr. Gubbels stated that REMSA has not experienced that trend yet; that currently the decrease "is probably more related to tourism than it is related to health-care benefits at this time."

In response to Ms. Ratti

Regarding the allowable average for ground transport, Mr. Gubbels advised that when the monthly allowable average bill for transport has exceeded the "allowed amount for the year", the REMSA Governing Board will approve an adjustment "to the base and mileage rate." REMSA is closely monitoring the month of May; that REMSA has lowered the base and mileage rate; therefore, the average will be reduced; that through these efforts it is anticipated the allowable average rate of \$922 will be achieved. Should the average allowable be exceeded the amount of overage (i.e., \$1, \$2, \$3, etc.), will be subtracted from next year's allowable average bill. Regarding "averaging high and then adjusting", Mr. Gubbels stated "the majority of the amount is influenced by the mileage; that as more transports are further and further out it increases the average bill; that the average bill is then adjusted through the mileage rate."

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the REMSA Operations and Financial Report for the month of April 2010 be accepted as presented. Motion carried unanimously.

B. Update – REMSA's Community Activities Since April 2010

Mr. Gubbels

Mr. Smith apologizes for not being present; however, Dr. Paciorek a physician from Poland is at REMSA for today and tomorrow to review the system; that Dr. Paciorek was here five (5) years ago with a group of foreign physicians sponsored by UNR, for the purpose of touring the University and the medical community. Dr. Paciorek will be studying the operational and Systems Status Management components of REMSA to establish those aspects of the system in his country.

PRESENTATION – APPROVAL – WASHOE COUNTY DISTRICT HEALTH DEPARTMENT'S FRANCHISE COMPLIANCE REPORT – REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY (REMSA) – JULY 1, 2008 THROUGH JUNE 30, 2009

Ms. Coulombe

Introduced Ms. Peg Caldwell, Registered Nurse, advising that Ms. Caldwell is to be commended for her efforts in monitoring and reviewing all of the data necessary to prepare the annual Compliance Report for the Regional Emergency Medical Services Authority (REMSA). The Board members have been provided with a copy of the Health District's annual Franchise Compliance Report for the period of July 1, 2008 through June 30, 2009.

Last month the Board discussed the Health District's and the District Board's "oversight responsibilities" of the REMSA system; that Staff recommends the District Board of Health determine REMSA to be in compliance with 31 of the 31 performance requirements for Fiscal Year 2008/2009, based upon Staff's in-depth analysis and commitment to the oversight role of the District Board of Health.

There are thirty-one (31) Sections within the Franchise Agreement; that Staff has delineated in italics the excerpt, which is pertinent to each Section of the Franchise, to provide the context of compliance. REMSA was in compliance with the requirements stipulated in Section 28. *REMSA's Annual Compliance Report and DHD Monitoring of REMSA*, which requires the District Health Officer to report on REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year; however, the Health District did not present the report by the March meeting; therefore, the Health District was not in compliance. With the approval for funding of the Emergency Medical Services Coordinator position, it is anticipated the Health District will be in compliance with the ninety (90) day reporting requirement.

Ms. Ratti

She would question the finding of compliance for Section 2. *Board Meetings*, as the requirement is for a monthly meeting and the REMSA Governing Board held six (6) meetings during the year; therefore, REMSA was not in compliance with this Section. She is aware it is not always possible to obtain a quorum and perhaps it is not necessary for the REMSA Governing Board to meet "once each calendar month as the standard"; however, the standard of the Franchise is once a month; therefore, she would question if Staff has the flexibility to determine "the spirit/the concept is being met." She has no objection to the REMSA Governing Board not meeting every month; that if it is too difficult to comply with the "once a month" standard rather than indicate compliance with the standard it may be more appropriate to adjust the standard; that she would question Staff's determination of compliance when the REMSA Governing Board conducted six (6) meetings.

In response to Ms. Ratti

Ms. Coulombe advised that the monthly meetings were scheduled and then canceled due to the lack of quorum as noted; that in reviewing the compliance "the intention was to meet"; that (perhaps) the report should have indicated "substantially in compliance."

Ms. Ratti

As Staff and the Board are aware, she has concerns regarding the District Board of Health "providing governance and oversight through this Agreement; therefore, if the [District Board] sets a standard, then that's the standard", and she would question if historically Staff "has had flexibility in interrupting that standard."

In response to Ms. Ratti

Ms. Coulombe advised that "this may be an issue for the Ambulance Service Study Committee (item 16.), to provide direction to Staff."

As to the "flexibility given to Staff to interpret compliance", Ms. Coulombe stated that there is a working group which reviews the compliance of the various Sections; that "she does not have a specific answer such as 26 of the 31 are black and white of being strictly in compliance; that she would have to review that." There is a "standards check-list for reviewing the Sections for compliance"; however, she did not bring that with the Report.

Ms. Ratti

"If the standard is not appropriate (i.e., a monthly meeting), then the standard should be reviewed"; that the question is "is the [District Board holding REMSA to the right standards through the Franchise Agreement." "As she reads it REMSA wouldn't be in compliance of the Franchise Agreement" for conducting the monthly meeting of the Governing Board; that there is the issue of what occurs when REMSA isn't in compliance with the Franchise Agreement.

She would request clarification on the competitive bid process and the periodic competitive bid requirement "of no more than seven (7) years" and "what the difference is or how does that process work for Section 3. *Acknowledgement of REMSA's Past Bid Process* and 5. *Periodic Competitive Bid Requirement No Later Than Seven Years.*"

In response to Ms. Ratti

Ms. Coulombe advised that REMSA has had a market study performed, which has recently been completed, within the required seven (7) year time allotment; that the study will be presented to the REMSA Governing Board for acceptance and then presented to the District Board of Health. Section 5. was read into the record; that the market study has been completed for 2010 and

another one will be necessary in 2017. Section 3. requires either a competitive bid process or the market study; that Section 5. acknowledges that the market study was conducted.

Ms. Ratti

In reference to Section 6. *All Transfers Between Facilities Must Be at the Advanced Life Support Level*; as a member of the Sparks City Council, she would question "the impact to the local service levels, as Sparks has reduced staffing to three firefighters to an engine" and she is aware a firefighter will occasionally accompany the patient in the ambulance; "that she would like to know how often firefighters are accompanying patients in REMSA ambulances to assist cardiac patients, as that would have an impact at the City level."

In response to Ms. Ratti

Mr. Gubbels advised that Section 6. mandates that "all transports are at the Advanced Life Support (ALS) level, which requires "a minimum of a paramedic on each transport; that this includes transfers from nursing homes to a hospital; that REMSA achieves this standard with its own resources; that every unit has a minimum of one (1) paramedic and one (1) Intermediate Emergency Medical Technician (EMT)." Some calls may have two (2) Paramedics on the unit, as one (1) is completing his/her temporary authorization and the Senior Paramedic is supervising the new Paramedic. Regarding an incidence in which a firefighter may accompany the patient during transport, that "if there is a cardiac arrest call in which CPR (cardio-pulmonary resuscitation) is being administered from the scene to the hospital most of the time a firefighter will assist in that effort to the hospital"; however, "it is not a requirement."

Ms. Ratti

Requested clarification of Section 8. *Response Requirement of Eight (8) Minutes 90% of the Time for Life Threatening Calls in the City of Reno and Sparks, and Within Established Time Limits for Specific Areas of the County*. Staff has reviewed the response time zones and concurred REMSA is in compliance with the eight (8) minute response times and the response times for the other time zones; however, the Board members "don't see that information in the Reports"; that she would request information specific to compliance in the other time zones.

In response to Ms. Ratti

Ms. Coulombe advised that Staff reviews calls from within all time zones to ensure REMSA is in compliance with the requirements for all the eight (8), fifteen (15), and twenty (20) minute time

zones. The Franchise Agreement addresses what is reported to the District Board of Health; that Ms. Caldwell reviews the calls to ensure that REMSA is in compliance with the response times in all zones; that when the response times are "not met there is a penalty assessed; that this is a component of the oversight provided by the Health District." Regarding the report on the eight (8) minute response zones, Ms. Coulombe read into the record Section 9 of the Franchise Agreement; that the Health District's oversight as stipulated in the Franchise Agreement addresses "Priority 1 calls, which are those that are life-threatening; that regardless of the time zone the ambulance responds lights and siren."

In response to Ms. Ratti

Regarding the time zone compliance, Mr. Gubbels stated when he presents the percentage for compliance for the month "that percentage includes all Priority 1 transports in the 8-minute zone, all the Priority 1 transports in the 15-minute zone, all the Priority 1 transports in the 20-minute zone and all the Priority 1 transports in the best efforts zones; that this is measured on the overall compliance for all of the zones totally."

Regarding the exemptions "being included" in the average, Ms. Coulombe advised that exemptions are included in the overall response zone compliance report.

In response to Ms. Coulombe

Regarding Ms. Ratti requesting clarification on Sections 2., 3., 6., and 9., Ms. Ratti stated that she "has questions for her own understanding on everything but Section 2"; that "she does not see that REMSA is in compliance and she would request a review of that standard to ensure it is a standard that can be met, as the standard may be too high."

Mr. Gustin

Ms. Ratti "has voiced his concern regarding Section 2., that maybe it is too stringent and it isn't necessary for the [REMSA Governing Board] to meet every month; that Staff should review this and report back to the Board."

In response to Ms. Jung

Regarding "what is a Status 99 under the exemption?", Ms. Coulombe advised that "is the term when an ambulance cannot offload a patient at a hospital because the staff or the facility is unable

to receive that patient"; therefore, REMSA maintains a daily Status 99 report detailing the circumstances. "The ambulance crew should be able to offload the patient at the hospital(s) and return the ambulance service; that that is beyond the control of REMSA. Periodically the Cities will annex an area, which was previously in the County and that area will then become part of Sparks or Reno. Regarding these annexed areas being exempt, Ms. Coulombe advised that annexed areas are not "automatically incorporated into an eight (8) minute time zone." Regarding the "miscellaneous exemption", Ms. Coulombe advised that the miscellaneous exemption occurred on September 16, 2008, and was granted for an off-road response.

Regarding "the penalty account", Ms. Coulombe read Section 10. *Response Time Penalties* into the record, advising that Section 10., stipulates that when an ambulance unit is not in compliance with the response time requirement for a call a penalty is assessed for each minute the response exceeds the time zone requirement; that those funds are deposited into "a separate restricted penalty account and shall be used to help defray the costs of operational or educational matters subject to prior written approval by the District Health Officer; that the Franchise Agreement mandates this account must be solvent." Ms. Coulombe stated that an expenditure of any of the penalty funds (i.e., public seat belt education, bicycle safety, public safety, etc.), must receive prior written approval of the District Health Officer; that these funds "do not go back into REMSA operations, the expenditure of these funds must be specific to public safety education."

Regarding the requirements of Section 30. *Assumption of REMSA Central Facility by a Future Contractor*, Mr. Gubbels advised that REMSA is a Public Utility Model (PUM) Franchise; that in the majority of cities the ambulance service is privately owned and operated; therefore, should the private owner decide to terminate services the owner would "leave taking all the ambulance units, the dispatch center, all of the infrastructure"; however, in this system all of the units, the dispatch center, the entire infrastructure is protected. REMSA is "the Authority and all of the equipment is owned by the Authority"; that REMSA subcontracts for the labor; therefore, if the subcontractor changes, which occurred in 1996 when the national company MedTrans chose not to renew the contract; however, there was absolutely no impact to the community as REMSA owned all the equipment. "This goes back to the competitive bid or the market study"; that because REMSA owned all of the equipment all of the equipment remained with the Authority and REMSA entered into a new contract "with a wholly owned subsidiary to provide the labor; that this protects the community with the equipment remaining with the Authority." Regarding the "liability remaining also", Mr. Gubbels advised that the liability does remain with the Authority it does not go with the contractor."

Ms. Bonnie Drinkwater, Attorney representing REMSA, advised the 1987 Ambulance Study Committee established a Public Utility Model through the development of these 31 Sections of provisions; that it was never the intention of these provisions to "become a contract; however, it

became the Franchise Agreement; that the language is not in contract format." As Mr. Gubbels advised, Section 30., protects the community; that the "liability language provided REMSA, as a brand-new fledgling company could obtain financing to construct the dispatch center, purchase vehicles, etc.; that the protection was for those who provided the money."

Regarding the start date for the new EMS Coordinator, Ms. Coulombe advised that this position was approved by the Finance Department and is in recruitment through Human Resources (HR); that the classification has been updated whereby the position will no longer require a Registered Nurse; that Staff will be completing the "position questionnaire and returning that paperwork to HR." She anticipates having the position filled in July; however, "probably not on July 1st; that the individual will be introduced to the Board and will become very conversant with the parameters of the Franchise Agreement; that she appreciates the Board's foresight in filling that position."

Ms. Ratti

She "appreciates Ms. Drinkwater's explanation that it would be a very different REMSA; that she wants the Committee to review Section 30., "as assuming the assets is great"; however, "assuming the debt may not be great or (perhaps) additional information is necessary. She would request a follow-up on the annexations and explain to her where the authority in the Franchise Agreement is to grant an exemption for annexations."

Ms. Coulombe advised that Staff will report back to the Board with that information.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County District Health Department's Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA), for July 1, 2008 through June 30, 2009, be approved.
Motion carried unanimously.**

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE REPORT – APRIL 2010

Ms. Coulombe

The Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of April 2010. Reviewed the Report in detail, advising that "in governmental accounting there is a period thirteen (13) – thirteen (13) months to a calendar year, which is the month when the close-out is done; that a majority of the Department's grants are reimbursement

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based; therefore, the reimbursement dollars are reflected in the period 13 report for the expenditures." Staff recommends the Board accept the Report as presented.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for April 2010 be accepted as presented.
Motion carried unanimously.**

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

As Dr. Anderson advised the Board, her presentation of the Health District's Fiscal Year 2011 Budget to the Board of County Commissioners generated questions; that the Board members were provided a copy of the booklet Dr. Anderson provided to the BCC and the County Manager delineating her answers and documentation addressing those questions.

In accordance with Statute the Board of County Commissioners conducted the Public Hearing for review of the FY 11 Budget, which was adopted with revisions to the Authorized Position Control, which clarifies that when positions are authorized those positions are funded.

She has provided the Board members with a copy of the Finance Department's staff report, dated May 17, 2010, which was presented to the Board of County Commissioners, delineating the efforts by all organizations of Washoe County to address the \$24.7 million deficit; that through these efforts the County's deficit has been reduced to \$9.36 million. The County is currently negotiating with the various employee associations; therefore, there are no specific updates regarding possible employee concessions, neither does she have an update regarding the status of the Health Fund.

PUBLIC HEARING – WASHOE COUNTY, NEVADA – 2008 PERIODIC EMISSIONS INVENTORY

- A. Recommendation to Accept and Adopt the Periodic Emissions Inventory for Point, Non-Point and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃)

1:00 pm: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on April 21, May 10 and 21, 2010, to accept and adopt the Periodic Emissions

Inventory for Point, Non-Point, and Non-Road Sources for submission to the US Environmental Protection Agency (EPA) as an amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozone (O₃).

Ms. Yann Ling-Barnes, Environmental Engineer

She has provided the Board members with a copy of the Summary of the 2008 periodic State Implementation Plan (SIP) emissions inventory for Washoe County, Nevada's; that there are four (4) source categories for which the District "quantifies and calculates": 1) point sources, which are the larger facilities which alone generate a significant amount of emissions; 2) non-point sources, which are smaller facilities which do not emit large enough amounts of pollutants to be classified as point source facilities by EPA; therefore, these sources are 'counted together' as non-point sources and "reported together by pollutants." 3) the non-road sources, which are equipment and vehicles (i.e., off road, construction, mining, etc.); and 4) on-road mobile source emissions; however, Staff will not be reporting on this source in this Summary due to an EPA on-road motor vehicle modeling and procedural change; that EPA will calculate the on-road motor vehicles emissions based on Washoe County activity data (i.e., vehicle miles traveled in Washoe County in 2008); that EPA will provide the information to Washoe County and Staff will incorporate that information within the final report, which will be presented to the District Board at a later time.

Ms. Ling-Barnes reviewed the 2008 Washoe County Top Pollutant Emissions by Source Summary (on-road vehicles not included) of the largest point source types of facilities for Volatile Organic Compounds (VOC), which are the Geothermal Power Plant, printing/rotogravure operations (i.e., RR Donnelly) and the Reno-Tahoe International Airport; that the largest point source types of facilities for Oxides of Nitrogen (NO_x) are the Reno-Tahoe International Airport; printing/rotogravure operations, and the Geothermal Power Plant; that the largest point source types of facilities for Carbon Monoxide (CO) are the Reno-Tahoe International Airport; the Reno/Stead Airport and the Spanish Springs Airport. As the on-road sources are not included in this Emissions Inventory Report, it is important to be aware that noted in the 2005 Emissions Inventory, on-road emissions comprised approximately two-thirds (2/3) of the total Carbon Monoxide (CO) emissions for Washoe County.

In response to Ms. Ratti

Regarding the three (3) largest sources listed for Point Source NO_x comprising 100% of the NO_x emissions in Washoe County, Ms. Ling-Barnes advised that there are four (4) source categories (point, non-point, non-road and on-road); those three (3) are the largest point sources within the point source category alone, not including the other three (3) categories of sources (non-point, non-road, and on-road).

The largest non-point sources for Particulate Matter less than 10 microns in diameter (PM₁₀) are construction, prescribed burnings, mining and quarrying (i.e., sand and gravel operations), and fireplaces; that the largest non-point source for Particulate Matter less than 2.5 microns in diameter (PM_{2.5}) are prescribed burning, construction, fireplaces, and non-certified woodstoves/inserts; that the largest non-point sources for Oxides of Nitrogen (NO_x) are stationary fuel combustion (NG), stationary fuel combustion (distillate oil), stationary fuel combustion (Liquefied Petroleum Gas – LPG/propane); and pellet stoves; that the largest non-point sources for Volatile Organic Compounds (VOC) are Publically Owned Treatment Work (POTW, i.e., sewage treatment facility), fireplaces, consumer/commercial solvents and architectural coating (i.e., paints); and the largest non-point sources for Carbon Monoxide (CO) are prescribed burning, fireplaces, non-certified woodstoves/inserts and wildfires.

Regarding the designation of "point source facility", Ms. Ling-Barnes advised that these facilities located in Washoe County generate in excess of 100 tons per year of pollutants and must be permitted by the Air Quality Management Division to ensure compliance with the US EPA standards.

Regarding the VOC emissions from point sources and those "from everything else", Ms. Ling-Barnes advised that, as this Summary does not include the data from the on-road sources; therefore, it is not possible to quantify that information. However, "a large percentage" is from on-road vehicles/mobile sources and from the larger point facilities; that a percentage is from the non-point source, including painting, commercial and consumer use of solvents (e.g., aerosol sprays, paint thinners, car-refinishers, etc.), which are all volatile and high-emitters.

In response to Mr. Smith

Regarding "on-road sources", Ms. Ling-Barnes advised that those sources are the vehicle miles traveled on highways, freeways, roadways, etc.; that the majority are tail pipe emissions from the vehicles. The dust from the roads is incorporated in "another component of the on-road sources; therefore, it is not included in this portion." There is in excess of 100 tons of on-road dust emissions generated annually; however, as Staff could not provide finalized data specific to the on-road sources, this information was not included in the Summary. Table 9 (page 6 of the Summary), delineates the categories of paved road fugitive emissions, paved road fugitive emissions from sanding and salting for Washoe County's Annual Emissions and the Truckee Meadows Annual Emissions; that the Particulate Matter is "very high in these categories." Due to the revisions of the US EPA on-road motor vehicle modeling and procedures, the EPA will calculate the on-road motor vehicle emissions based on Washoe County's data; that the calculated emissions will be provided to Washoe County approximately two (2) months after the activity data

submittal, which will then be incorporated into the entire emissions inventory; that the Air Quality Management Division will finalize the report to present to the District Board of Health later this year.

The largest non-road sources for Particulate Matter (PM₁₀ and PM_{2.5}) are diesel construction and mining equipment, gasoline lawn and garden equipment (commercial operations), railroad diesel emissions, gasoline pleasure craft, and gasoline recreational equipment; that the largest non-road sources for NO_x are diesel construction and mining equipment; railroad diesel emissions, LPG industrial equipment and diesel commercial equipment; that the largest non-road sources for VOC are gasoline pleasure craft, gasoline lawn and garden equipment (commercial), gasoline recreational equipment, gasoline lawn and garden equipment (residential); that the largest non-road source for CO is gasoline lawn and garden equipment (commercial), gasoline commercial equipment, gasoline lawn and garden equipment (residential) and gasoline pleasure craft.

Dr. Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for Submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP). There being no one wishing to speak the Public Hearing was closed.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Periodic Emissions Inventory for Point, Non-Point, and Non-Road Sources for submission to the US Environmental Protection Agency (EPA) as an Amendment to the Nevada State Implementation Plan (SIP) for Carbon Monoxide (CO); Particulate Matter (PM₁₀ and PM_{2.5}) and Ozon (O₃), be accepted and adopted as presented.
Motion carried unanimously.

DISCUSSION – NEVADA STATE HEALTH DIVISION – WYMAN TEEN OUTREACH PROGRAM (TOP™) PARTNER PROVIDER – REQUEST – SUBMIT APPLICATION – PARTNER – DISTRICT BOARD OF HEALTH CHECKLIST – NEW PROGRAMS AND INITIATIVES

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services

Statistics from the 2009 Youth Risk Behavioral Study (YRBS) were very troubling with a lot of attention to the need for the [Health District] to take this as a call to action"; that the Wyman Teen Outreach Program (TOP™) is proposal at potentially implementing "a Program which would answer that call."

The Nevada State Health Division is in the process of applying for a five (5) year cooperative agreement from the Office of Adolescent Health for **Teenage Pregnancy Prevention: Replication of Evidenced-Based Programs**; that the *Wyman Teen Outreach Program (TOP)* has been selected for replication in a statewide program; that there is \$75 million available through the Office of Adolescent Health; that the State of Nevada has applied for this grant to implement TOP. TOP is a national youth development designated to prevent adolescent problem behaviors self-image, effective life management skills, and achievable goals. The program is directed toward reducing rates of teenage pregnancy, school failure and school suspension all of which contribute to healthier teens and better decision making in adolescents; that this Program "has been in existence in other communities for a long time."

TOP™ is not a regulated or mandated program. The "Ten Essential Services of the National Public Health Performance Standards, 2002", are: #2 Diagnose and investigate health problems and health hazards; #3 Inform, educate, and empower people about health issues; and #4 Mobilize community partnerships to identify and solve health problems.

The applicable District Board of Health Strategic Priorities are: #3 Give people (adolescents) information they need to make healthy choices; #1 Monitor health status and understand health issues facing the community (specifically adolescents); and #2 Protect population from health problems and health hazards. "Unintended teenage pregnancies can lead to and are considered a health problem."

The YBRS data referred to in her Division Director's Reports in February and December 2009, "underscored the need for such a program in the community"; that "the verifiable public health need is: Washoe County's 2008 Teen Birth Rate (preliminary data) was 42.67 per 1,000 are 15-19 year old adolescent females", based on information from the Center for Health Data & Research, Bureau of Health Planning & Statistics at the Nevada State Health Division. Nevada is ranked 2nd in the nation for teen pregnancy rates for girls 15-19 year old (2005), based on information from the January 2010 Report from the National Campaign for Teen and Unintended Pregnancy Prevention. These statistics "may be one of the factors for whether [Nevada] is chosen to receive the grant." Washoe County pregnancy rates "is data which is just not available to the Health District, as it is not collected, nor does the Health District collect this data. There is a formula to determine the teen pregnancy rate; that Staff is hoping to obtain it; however, it is not performed at the County level."

Other verifiable public health concerns are "Very Low Birth Weight" (VLBW); that in Washoe County 1.6% of VLBW infants were born to teenagers 15-19 years of age (Washoe County Vital Statistics – final approval pending); that the number of Washoe County high school students report

having had sexual intercourse has increased by 8.2% (44.3% in 2007 as compared to 52.5% in 2009 - Washoe County Youth Risk Behavior Survey [YRBS] 2009); therefore, "there is a clearly defined need for this Program in the community."

The impact should the Program not be implemented would be "a missed opportunity to participate in a program "really aimed at reducing teen pregnancy and risky youth behaviors as it works on an empowerment model and teaches adolescents how to make better decisions." Community program partners are necessary to successfully implement the program; that the CCHS Division "is interested in being one (1) of those community partners."

The assets the CCHS Division has to accomplish the program are: Staff has the education, experience and expertise "in this area of youth programs in understanding the issues related to teen pregnancy." The Division has "established community partners who would be willing to work in conjunction in this Program; that there is potential linkage to other Health District and County Programs and Services, as included in this Program are community service activities for adolescents." The Health District would be a valuable referral source for teens for the Program.

Other community partners could provide this service; however, the Nevada State Health Division has identified the Health Districts as one of multiple partners for this Program; that other community partners would assist. This Program can be integrated into the curriculum of schools and as an out-of-school program through community-based youth organizations, public health departments and social service agencies. Teens in the Program participate in community service activities which can vary in nature involving the private sector, government agencies and non-profits; therefore, the CCHS Division "will be working a lot with the community partners"; that the assistance of the community partners will be necessary to do the Program."

She has not provided a detailed budget as the State has not received the award; therefore, it would be necessary to know what funding "would be available"; that participation in TOP™ requires "fidelity to the model, which is very specific on staffing levels, number of participants and the activities performed; that these "details will determine the budget if the State is successful." Should the State be successful and the District is advised of the Program requirements and available funding a staffing plan will be developed. Without sustained funding "she has been avoiding permanent Staff"; therefore, the current economic situation and the "type of funding that would be provided for the Grant" would be a consideration for the Staffing Plan; therefore, staffing may include non-permanent employees."

TOP™ has been rigorously tested and is a model-based Program; therefore, incorporated in it "is a very controlled evaluation and outcomes component of the Program"; that participation would require the CCHS Division to comply with the "extensive evaluation and outcomes program." National TOP™ outcome data reported includes: a 53% decrease in teen pregnancy rates; a 52% reduction in school suspensions; a 60% reduction in school drop out rates; and a 60% reduction in course failure; that "these would be good outcomes for the teens in the community."

She would provide updates to the Board in her monthly Division Director Report or "as requested by the Board of Health; that the anticipated outcome or products of this will be "positive impact on area teens enrolled in the Program (the number would be determined based on model requirements and funding) "with hopefully the same amount of success as other models"; that there is a training required to maintain fidelity to the Program; therefore, Staff would become trained and certified in providing the TOP™ program. The District's Program would have "program specific reports in addition to the TOP™ preparing a larger report at an aggregate level; that the District would be included in the collective Program nationwide.

She is requesting the Board's approval in directing Staff to apply to become a Teen Outreach Program (TOP™) provider and implement the Program as a community partner should the State Health Division be selected and funded; that should the State receive the funding the District would have to apply to become a participating Program partner.

In response to Ms. Jung

Regarding the County receiving the funding and "then have the ability to calculate Washoe County teen pregnancy rates", Ms. Brown advised she "doesn't know if that could be accomplished"; that the District would monitor the Program participants and their pregnancy rates; that as the Program would be statewide she would anticipate that the State would have a better ability to identify pregnancy rates.

Ms. Jung

It is important for Washoe County to develop a method for determining "its pregnancy rates to assist in identifying the needs of Washoe County"; that when the rates are identified statewide the rates of Southern Nevada "change the numbers because the population is so much larger." "Knowing the rates for Washoe County would be a good justification for this Program, as the data indicates this Program has reduced the teen pregnancy rates by 53% in other areas"; therefore, "it would be important to know the pregnancy rates for the County."

In response to Ms. Jung

Regarding calculating pregnancy rates, Ms. Brown advised that Ms. Hardie may have additional information; however, "birth rates and abortion rates are used as a standardized method for determining the pregnancy rates." She will obtain the information as "to how it is done, why Washoe County isn't doing it, and what the plan is."

Regarding "to whom Very Low Birth Weight (VLBW) babies are being born with teenagers comprising less than 2% of the County's population", Ms. Brown stated that one of the Health District campaigns is Preconception Health at which causes of VLBW has been discussed. There are various factors resulting in VLBW, including not having access to prenatal care, smoking, drug and alcohol abuse, and other high-risk behaviors; that these risk-behaviors contribute to "lots and lots of long-term health problems."

Ms. Jung

Should the Board direct Staff to pursue this grant and the State Health Division receive the funding, she would recommend the *Ready for Life Committee*, of which she is a member, be contacted as a potential community partner. The *Ready for Life Committee* "addresses high school drop-out rates and getting teens and young adults (24 years and less) involved and connected in the community; that this Committee has great outcomes for taxpayers as these individuals become productive citizens; therefore, "this would be a great community partner resource."

Ms. Brown

As a member of the Youth Development Committee she attended a meeting Monday during which the Strategic Plan to "bring all these programs and services in alignment as the County's high school graduation rate of 50% is completely unacceptable; that this Program would, again, provide a tool to address that, as it is a huge community problem."

Dr. Khan

She "understands the State selected the "TOP™ program, which data indicates has been successful in those areas that have implemented it; that she would question "what other details are unique about this Program, what are the other features about it, "as she doesn't really have a sense of what it is. Programs that are successful in other communities aren't necessarily going to be successful here."

In response to Dr. Khan

Regarding the TOP™ program, Ms. Brown advised that she has provided the Board members with a handout (a copy of which was placed on file for the record) providing an overview of Wyman's TOP™ success stories. There is a list of approximately "twenty (20) rigorously evidenced-based tested programs, which the State and potential stakeholders reviewed to determine what might best match with Washoe County and the State; that Wyman's TOP™ was specifically based on its applicability to what was determined to "meet the need in the community and the State." She had involvement in this Program approximately fifteen (15) years ago at which time it was a school-based program "briefly implemented by the Junior League; that she had attended one (1) of the original trainings. The great thing about the Program is that, while it does address prevention of teen pregnancy and high-risk behaviors, it provides teens, particularly young women, a sense of self-esteem and empowerment to make good choices in all kinds of ways."

Dr. Khan

She is aware there has been some interest "in a school-based component and having more school-based access to services."

In response to Dr. Khan

Regarding the State's plans for the schools, Ms. Brown advised "she would assume the State will do both components of the Program – an in-school component based upon the various school districts' interest and ability to incorporate the Program; however she hasn't been advised and hasn't seen the application, as the application doesn't have to be submitted until June 1, 2010." She anticipates the State is discussing the Program with the school districts as it "has been proven to work well in school and communities; that working collaboratively with the School District "would definitely be a consideration of the CCHS Division." She would "hope the State would do both the community-based and the school-based Program.

Dr. Khan

In reference to Ms. Jung's comments regarding having risk-based behaviors surveillance data specific to Washoe County "would be the ideal"; however, "having every detail down to the local level is very expensive and hard to maintain." She would question "if there is a metropolitan statistical service area which would have subset data of the Behavior Risk Factor Surveillance System (BRFSS) specific to teen pregnancy or risky behaviors of teens; that she would recommend Staff check as that information is available through CDC at this level for two (2) or

three (3) Counties (i.e., Washoe County and Lyon County)." This data may have "some metric the County could review and measure over time."

Ms. Brown

She recently participated in a webinar in which there was a comparison of some of the data at the county level; however, "some of the challenge is it is secondary data and if the data isn't available first-hand the data can't be published; that she will investigate further." The Health District does have the BRFSS data specific to the community and national data, which is readily available and published.

Dr. Khan

The BRFSS data "may have some indicators of high-risk teen behavior, including teen pregnancy.

In response to Ms. Ratti

Regarding if the grant is one (1) year funding or multiple year funding, Ms. Brown advised that the Program is a five (5) year Program; that she anticipates for the first year of the Program the State will implement the planning, training and the establishment of the infrastructure, with the "beginning of the grant for partner perspective would begin 2011 of the school year and then continue for four (4) years beyond that."

In response to Mr. Smith

Regarding what the community portion of the funding would be, Ms. Brown the State would have to be awarded the grant prior to determining funding levels; that "according to the grant, for which the State is applying, there is no requirement for matching funds. The Office of Adolescent Health is not requiring a match for the grant; that Ms. Buxton, Fiscal Compliance Officer has advised her the State will not ask for matching funds.

In response to Chairman Humphreys

Regarding "the State being aware of what the grant amount would be for that five (5) year period", Ms. Brown advised Staff "has been led to believe that it is approximately \$35,000 per year"; however, the actual amount is unknown, as until the State Health Division receives the grant it is not known what the award amounts will be.

Chairman Humphreys

A concern is this Program "being proposed in the middle of budget deliberations and this not being a mandated program", it is necessary to consider "core functions and core programs; that this does fall outside the realm of core functions. It is a tremendous program and there is a considerable need for such program in the community"; however, this is of concern, as it is not known what the budget will be or what the dollar amount will be.

Ms. Brown

She would have to present "any budget" to the Board for approval; that the application would subject to the Health District and the Board of Health's review process; that it isn't mandated; however, "it is germane to public health to fill gaps when it is noted there is a huge needs" in the community. She would be "remiss in her duties if she didn't present these program ideas to the Board, particularly when funding opportunities occur; that she requests direction from the Board as to whether or not to consider this program."

Ms. Ratti

She would support the request with the concept that there would be the available funding with no matching funds; that the Program can be sustained with staffing including the non-permanent employees and the options are favorable; however, should the grant require matching funds and management resources that would present a challenge. She has no objection to applying to become a partner with the provision the Health District reserves the right to withdraw the application for partnership should the requirements be too onerous for the Department.

Ms. Brown

Should the State receive the funding and the Health District is chosen to be a partner, Staff would present the grant to the Board of Health for review and approval; that there has not been a formal Memorandum of Understanding (MOU) presented; that Staff has advised the State of an interest in partnering with the Office of Adolescent Health to provide this Program. There is a "huge need in the community" for this type of Program; that the State was advised there is an internal approval process prior to being presented to the Board of Health for review and approval.

Ms. Ratti

During these current economic conditions "when there are grant opportunities, which don't have a negative impact", then Staff "should be pursuing those; that she would recommend Staff be directed to proceed, with the caveat that "as a program that is not mandated, the ability to provide it must be within the resources of the grant."

In response to Dr. Humphreys

Regarding the challenges of the Division's ability to administer these grants with reduced Staff, Ms. Brown advised that "there are so many programs the [CCHS Division] could be and would like to be providing to address issues in the community"; however, limited finances and staffing prevent this. Staff would develop a program based upon those resources received from this grant and the resources that are available; that there is a definite interest in developing the program based upon the need for it in the community. CCHS Division's Fiscal Compliance Officer would address the administration/management of the grant. Should the Board direct Staff to "proceed in pursuing partnership in this Program", Staff would present the Program budget, the parameters of the Program and the fiscal effects prior to final approval; that Staff is requesting conceptual approval to participate as a partner with the State should the State receive the funding and the CCHS Division "can create a program that is effective with the available resources." Staff "does not want to do all the preparation work and have the Board determine this is not the right direction for Staff to pursue."

Dr. Khan

She would support directing Staff to proceed with the submittal of an application to become a partner with the State should the State be granted the award.

MOTION: Dr. Khan moved, seconded by Ms. Ratti, that Staff be authorized to submit an application to the Nevada State Health Division to become a provider partner to implement the *Wyman Teen Outreach Program (TOP™)* in Washoe County should the Nevada State Health Division receive the funding and the CCHS Division can develop an effective community program with the resources available.
Motion carried unanimously.

Ms. Jung

Should the grant process be successful and the CCHS Division has the ability to implement an effective Program, she would request Staff provide the information "as to how much money the Program will save in the long-term through a reduction of teen pregnancies."

ANNUAL REVIEW – POSSIBLE RECOMMENDATION(S) – AMENDMENT(S) – INTERLOCAL AGREEMENT

Chairman Humphreys advised that the Annual Review of the Interlocal Agreement will be continued.

FORMATION – DISTRICT BOARD OF HEALTH AMBULANCE SERVICE STUDY COMMITTEE – APPOINTMENTS

Chairman Humphreys

In March the Board discussed the responsibilities the District Board of Health has specific to the oversight of ambulance services for Washoe County and the development of a Board of Health Committee to review those responsibilities to ensure the Health District is in compliance with those responsibilities. He would request Board approval in appointing Mr. Smith, Ms. Ratti and himself to the Ambulance Service Study Committee.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung that Chairman Humphreys, Mr. Smith and Ms. Ratti be appointed to the District Board of Health's Ambulance Service Study Committee.
Motion carried unanimously.**

Ms. Ratti

She would request information specific to the following for the Ambulance Service Study Committee meeting: a complete copy of the Franchise Agreement; a copy of the market study with information regarding the competitive bidding process; a copy of the REMSA audit and 990; the sampling data utilized by the Health District; and the maps. All are items referenced in the Franchise Agreement.

Chairman Humphreys

A duty of the Health District is to review its oversight responsibilities; therefore, "anything within the purview of those responsibilities will be reviewed; that issues outside the purview of the Health District would not need to be discussed by the Committee." He will review some possible dates for the first Committee meeting and have Staff contact the Committee members.

DISCUSSION – POSSIBLE SELECTION – DISTRICT BOARD OF HEALTH MEMBER – ATTEND – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) 2010 CONFERENCE – OMAHA, NEBRASKA – AUGUST 5 – 7, 2010 – APPROVAL OF EXPENDITURES OF TRAVEL FUNDS FOR MEMBER

Chairman Humphreys

Requested that the Board members review their personal calendars to determine availability to attend the National Association of Local Boards of Health Annual Conference, August 5 – 7, 2010 in Omaha, Nebraska and contact Mrs. Smith regarding possible availability to attend. This is a tremendous meeting with valuable information presented; that it is important for the District Board to be represented.

In Response to Chairman Humphreys

Regarding the registration for the NALBOH Conference, Mrs. Smith advised that early registration is open; that she will report back to the Board as to when early registration closes.

PRESENTATION – "JOIN TOGETHER PROGRAM" – COMMUNITY PRESCRIPTION ROUNDUP (CPxR) – PROPER DISPOSAL OF OUT-DATED OVER-THE-COUNTER AND PRESCRIPTION DRUGS

Mr. Kevin Quint, Executive Director, Join Together Northern Nevada

Join Together Northern Nevada's (JTNN) mission is "To build successful partnerships to create healthy, drug free communities"; that substance abuse issues have a lot of stigma in the community, a lot of misunderstanding, and a lot of moral judgments attached to this issue in general." Join Together Northern Nevada (JTNN) is a coalition whose purpose is to disseminate information regarding drugs and alcohol, to develop partnerships, and to mobilize the community, as individuals and organizations. The Board members have been provided with a packet of information, which provides an overview of the activities of JTNN (a copy of which was placed on

file for the record); that the strategy of JTNN is to implement "systems change, including environmental strategies, which is "what the prescription drug program is all about." JTNN conducts "needs assessments, and performs a lot of data collection; that JTNN utilizes the "Strategic Prevention Framework (delineated on page 5), which is a Federal construct of planning. Every other year JTNN develops a drug and alcohol prevention plan (i.e., Comprehensive Community Prevention Plan) for the community; that through this plan JTNN funds various programs; that \$800,000, approximately two-thirds (2/3) of JTNN's budget is utilized in the community to fund evidenced-based prevention and other programs." JTNN provides media support, including a project "*I Am One of Many*", previously known as "*Most of Us*", which is a portable media program utilized at venues addressing underage drinking issues and prescription drug issues (i.e., "I am one of many" who doesn't host underage drinking parties, who locks up my prescription drugs). JTNN collects data, develops comprehensive prevention plans, provides funding, media partnering, and participates in other projects.

The impetus for the "Community Prescription Roundup" program was the death of a local high school boy, who had overdosed on prescription drugs; that at the request of his parents "to prevent another tragedy of this type" JTNN contacted the Reno Police Department, the Sheriff's Office, the District Attorney's Office, area pharmacists, Veteran's Administration, the School District, Truckee Meadows Water Authority, Department of Water Resources, the Health Department and area businesses to support and participate in addressing reducing the amount of (prescription) drugs on the streets. There are concerns of small children "getting into prescription drugs that are not locked away, older children stealing prescription medication, home burglaries in which prescription drugs are stolen. Truckee Meadows Water Authority is concerned regarding the improper disposal of prescription drugs into the water supply; that "this is a very large issue." It was through the efforts of these individuals and agencies that the "Community Prescription Roundup" was developed; that the first one was October 17, 2009, with six (6) site locations; that a photograph in the packet provided depicts three (3) Reno Police Officers at one (1) of the Scolari locations participating in the event; that in excess of 39,000 prescription pills, which equates to 90 pounds, were collected; that this did not include over-the-counter pills which were collected. Only law enforcement officials are authorized to "collect the pills which were delivered to the site locations"; that a number of the medications relinquished were from surviving spouses whose spouse was taking the medication. During the Roundup it was necessary to obtain sharps containers as a number of unused needles were discarded; that the large quantity of over-the-counter medications, which were discarded "was surprising and unanticipated." The second Community Prescription Roundup was April 24, 2010, at five (5) site locations; that very little was delivered to one (1) of the site locations; however, the other four (4) sites combined collected in excess of 93,000 pills, which equates to 188 pounds. JTNN is attempting to collect data specific to "from where are all these drugs coming?"; that JTNN is separating the medications to develop category data for the various medications. The Reno Police Department destroys these medications in its incinerator; that the information on the medication bottles is eliminated (to ensure compliance with HIPAA), and the bottles are recycled when possible."

In response to Ms. Ratti

Regarding the "Community Prescription Roundup", Mr. Qunit advised that currently the intent is to conduct two (2) Roundups per year; that tentatively the next one is planned for October 2010; that there is a "nationwide take-back program scheduled for November, which JTNN may participate in; however, the weather in November could be of concern." JTNN would "like to conceptualize this effort as a more comprehensive program in an effort not to become trendy"; that the implementation of a parental support group that would be unique, without duplicating other efforts, is being discussed. Another effort of JTNN is developing other educational materials, similar to the "I am one of many" magnet, which was presented to the Board; that this is one (1) campaign and the goal is to brand that campaign. Last year JTNN had an ad campaign in the Reno Aces Program; that "all of this is in an effort to develop a broad-base method for educating the public and developing the brand"; that as he indicated, the "Community Prescription Roundup" has quite a number of partnering agencies; that the Attorney General's Office recently contacted him regarding becoming a partner in this effort and (perhaps) implementing a statewide effort. All of this is a coalition/collaborative effort in promoting public education and collecting the data to support the Program.

Chairman Humphreys

He recently became aware of the problem of the disposal of prescription drugs after reading an article about prescription drugs being flushed down the toilet and the concern as to the effect on the water treatment and water quality; that this is a concern for public health.

Mr. Quint

The efforts of JTNN has "great prevention potential, as TMWA has indicated there has been no evidence of prescription medicines in the water; that some communities are reporting certain levels of drugs in the community water system. Instructions on the JTNN website advise "crush don't flush", which is the education information made available in some of the brochures. There have been suggestions of "drop boxes" at the police departments; however, that provides less administrative control; therefore, JTNN will continue to conduct semi-annual "Community Prescription Roundups."

Dr. Khan

Thanked Mr. Quint for his presentation and the efforts of JTNN in educating the public and conducting the prescription roundups; that abuse of prescription and over-the-counter drugs "is a real threat, effecting families and children in the community, with the magnitude of the problem

continuing to increase." The event in which the family recently lost their son is extremely tragic and unfortunately this occurs everyday nationwide; that "among youth today, in addition to the use and abuse of marijuana and alcohol, the abuse of prescription drugs is really hot, with children attending parties where prescription drugs are dumped into a bowl and everyone takes some"; that there is a high potential of a child having an adverse reaction and dying as a result as they don't know what they are taking. National and State data indicates "tremendous increases in unintentional overdoses and death due to these drugs, particularly the opiates." These campaigns have "achieved a lot in increasing the awareness in the community; that she would applaud Mr. Quint and JTNN in leading that effort; that she appreciates it is a multi-agency effort."

Mr. Quint

Treatment providers in the community are indicating there are more and more adolescents seeking treatment for prescription drug abuse, which "wasn't true three to four (3-4) years ago." Methamphetamine, marijuana and opiates remain an issue; that heroin is again becoming an issue; that there is concern that abuse of opiate-based prescription drugs may lead to heroin use; that this is becoming a much larger issue and JTNN is attempting to "consider all of the issues which are occurring."

Chairman Humphreys

Thanked Mr. Quint for his presentation and the efforts of JTNN and the collaborating partners in addressing a very serious public health issue; that this is a very important program.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

Dr. Todd

Presented a Certificate of Appreciation, which was received from the federal government for those volunteers, which assisted in the H1N1; that there are individual certificates for each Medical Reserve Corps (MRC) volunteers; that he has been advised that the Community Emergency Response Team (CERT) volunteers will also receive an individual Certificate and commemorative pin with the MRC logo and reads "H1N1 Hero 2009/2010."

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.

Ms. Brown

Mr. Phil Ulibarri, who was involved in the District's Child Abuse and Neglect Prevention Campaign, participated in the Join Together Northern Nevada efforts, as there have been some methadone-related deaths of children in the community. As noted in her Division Director's Report, the Child Abuse and Neglect Prevention Campaign was not funded and will, therefore, be eliminated. The funding for the Program is being "redirected to other programs with the expectation from the Grants Management Unit is that the campaign activities will be conducted by people in the program." It is unfortunate as data indicates how successful these campaigns have been nationally; that it is known how successful these campaigns have been at the local level; that Mr. Kevin Schiller, Director, Social Services commented on the positive impacts of this Program. This Program will be eliminated as of July 1, 2010; that she would commend Mr. Ulibarri on his "many, many years of hard work in this Program; that she has noted last year's accomplishments of this Program within the last year, through his incredible efforts."

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.

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

There was no Administrative Health Services Officer Report this month.

F. District Health Officer

There was no District Health Officer Report this month.

BOARD COMMENT

Ms. Jung

Requested a Staff presentation and strategy specific as to how Washoe County "can establish data on its own teenage pregnancy rates."

Ms. Brown

She will include that information in her Division Director's Report next month.

Ms. Jung

Requested an update regarding the Medical Reserve Corps Program before the Board of Health and to the Board of County Commissioners; that this "would be very timely as the Board of County Commissioners is investigating the liability to the County regarding their service as volunteers." Requested and update and report to the Board of Health regarding the Vector-Borne Diseases Control Program, as there recently "was erroneous information released to the public, including the media; that the Board of County Commissioners are not pleased with what has gone on. It is her understanding that the County did fund the Vector Program 100% according to what the Vector Program had requested and Staff is providing different information; therefore, she requires a full report and investigation into that, which she can then provide to the Board of County Commissioners.

Ms. Ratti

She would thank Councilman Gustin and Councilman Aiazzi, from the City of Reno, for participating in the public relations "City Hall to City Hall Bike to Work" challenge between the Cities of Sparks and Washoe County; that further, she would thank Councilman Gustin for hosting the hot chocolate at Reno City Hall at the completion of the challenge. She would congratulate Washoe County for being the entity with the most participants in the event and community challenge.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

May 27, 2010

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Chairman Humphreys

The Board of County Commissioners have requested a joint meeting with the District Board of Health on either July 13 or 27, 2010, from 9:00 am until 10:00 am; that Ms. Ratti has indicated she is unavailable on July 27, 2010; that he would question the other Board members availability.

It was the consensus of the Board that the majority of the members are available for July 13, 2010.

Directed Mrs. Smith to contact the County Manager's office to advise that July 13, 2010 would be the preferential date for the requested joint meeting.

There being no further business to come before the Board the meeting was adjourned at 3:10 pm.



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



JANET SMITH
RECORDER

RESOLUTION

WHEREAS, Novel H1N1 influenza, formerly known as swine flu was first recognized in spring 2009 and on April 27, 2009 the World Health Organization (WHO) raised the pandemic alert level to 4 which is just two steps short of declaring a full blown pandemic and only two days later on April 29 raised the alert to level 5, the same day on which the Washoe County Health District confirmed the first case of H1N1 in Nevada; and

WHEREAS, On June 11 as the worldwide number of H1N1 cases climbed to nearly 30,000 the World Health Organization declared a pandemic, the first in 41 years; and

WHEREAS, As the lead agency, the Washoe County Health District activated the Incident Command System, immediately sought to inform the community through media updates and press conferences, and secured antiviral medications from the National Strategic Stockpile (SNS) for distribution to local hospitals and once vaccine became available, conducted the first H1N1 vaccination clinic on October 22, 2009; and

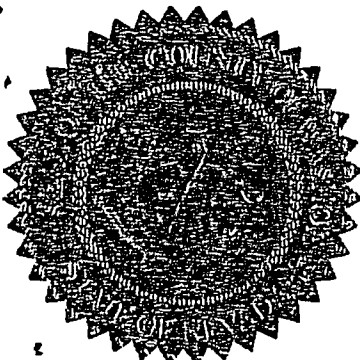
WHEREAS, The response to the announcement of this clinic was overwhelming: People starting lining up at 4:30 am. By 3:00 pm a line of approximately 1,500 wrapped around the Washoe County Complex, yet through the tireless efforts of Health District staff and volunteers, more than 1,100 people were vaccinated that first day and with each subsequent clinic, Health District staff worked to streamline the process: substantially reducing wait time and making vaccine accessible to our community's most vulnerable populations; and

WHEREAS, The Health District successfully augmented staff efforts by utilizing more than 321 person-hours from Medical Reserve Corp (MRC) volunteers and more than 468 person-hours from the Sheriff's Department Community Emergency Response Team (CERT) volunteers; and

WHEREAS, Since October 2009 the Health District has conducted more than a dozen special H1N1 vaccination clinics within its own auditorium, at schools, and other community locations and since January 2010 has conducted and continues to conduct walk-in H1N1 vaccination clinics giving more than 20,500 H1N1 doses of vaccine free of charge representing more than 50% of all H1N1 vaccine provided to residents of Washoe County; now, therefore, be it

RESOLVED, That the Washoe County Commission recognizes the outstanding efforts of the Washoe County District Health Department during the H1N1 outbreak and commends the District Health Department staff for their commitment to public health and protecting the lives of Washoe County's residents and visitors.

ADOPTED this 27th day of April 2010.



A handwritten signature in black ink, appearing to read "David Humke".

David Humke, Chairman
Washoe County Commission

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

April 22, 2010

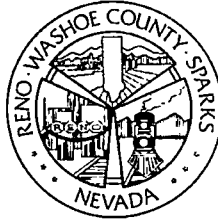
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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

April 22, 2010

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Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: May 27, 2010

DATE: May 4, 2010

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 *EC*

SUBJECT: **Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 10685) to extend the contract period through June 30, 2011.**

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, 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, 2011. A copy of pages one and two of Amendment #1 is attached.

This Amendment to the Interlocal Contract is currently under review by Washoe County's Risk Manager and District Attorney. If any changes are required, the item shall be brought back to the Board.

Goal supported by this item: Acceptance of Amendment #1 to the Interlocal Contract supports the Health District 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 Washoe County District Board of Health approved a similar extension for the DMV Excess Reserve Grant Program, Internal Order 10039, on April 23, 2009.

AGENDA ITEM # 7.C.1.

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 2010. Unobligated funds are anticipated to be approximately \$90,000 to \$95,000 as of June 30, 2010.

Due to the award period and timing of receipt of funds, as well as other unanticipated challenges, uncompleted grant objectives include: small purchases of ambient air quality monitoring equipment; technical and professional training/travel; public outreach activities, contractual support for field and office activities; and greenhouse gas reduction activities. 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 \$170,000 in December 2008. Should the Board approve Amendment #1 to the Interlocal Contract approximately \$90,000 to \$95,000 will be available for expense in FY11. If Amendment #1 is not approved, the remaining funds will be sent back to the State of Nevada, Department of Motor Vehicles in July 2010.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 10685) to extend the contract period through June 30, 2011.

POSSIBLE MOTION

Move to approve Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 10685) to extend the contract period through June 30, 2011.

AMENDMENT #1 TO INTRASTATE INTERLOCAL CONTRACT

Between the State of Nevada
Acting By and Through Its
Department of Motor Vehicles
555 Wright Way, Carson City, NV 89711
(775) 684-4682

and

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

1. AMENDMENTS. All provisions of the original contract dated 10/14/08, attached hereto as Exhibit 1 to remain in full force and effect with the exception of the following:

CURRENT CONTRACT LANGUAGE:

3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2010, unless sooner terminated by either party as set forth in this Contract.

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: RESERVE FUNDING REQUEST FISCAL YEAR 2009

AMENDED CONTRACT LANGUAGE:

3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2011, unless sooner terminated by either party as set forth in this Contract.

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 C: REVISED SCOPE OF WORK

ATTACHMENT D: EXTENSION REQUEST & APPROVALS

2. INCORPORATED DOCUMENTS. Exhibit 1(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.

[Handwritten Signature] 5/27/10
Independent Contractor's Signature Date

Chairman, Washoe County District Board of Health
Independent's Contractor's Title

Signature Date

Chief, Administrative Services Division
Title

Signature Date

Title

APPROVED BY BOARD OF EXAMINERS

Signature - Board of Examiners

On _____
(Date)

Approved as to form by:

Deputy Attorney General for Attorney General

On _____
(Date)

ATTACHMENT "C"

REVISED SCOPE OF WORK

FISCAL YEARS 2009 & 2010 RESERVE GRANT

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

"ATTACHMENT C"

SCOPE OF WORK

The STATE OF NEVADA by and through the Department of Motor Vehicles, Management Services 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, 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 reserve funding 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 of \$170,000.00, which was paid to the APPLICANT on December 11, 2008. Pursuant to NAC 445B.867 a grant must be awarded for a period of 2 fiscal years, if any money from a grant remains unexpended at the end of the period for which the grant is made, the APPLICANT may submit a request in writing to the Deputy Director of the Department of Motor Vehicles and the Administrator of the Division of Environmental Protection for authorization to expend money from a grant for an additional fiscal year. Pursuant to that provision this Scope of Work is being extended through fiscal year 2011, terminating on June 30, 2011. If any money from a grant remains unexpended at the end of the period for which the grant was approved, the APPLICANT shall return any unexpended money to the Department of Motor Vehicles. 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
555 Wright Way
Carson City Nevada 89711-0900

ATTACHMENT "D"

EXTENSION REQUEST & APPROVALS

FISCAL YEARS 2009 & 2010 RESERVE GRANT

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION



MEMORANDUM

From
Farrokh Hormazdi
Deputy Director
Directors Office
Phone (775) 684-4490
Fax (775) 684-4962
fhormazdi@dmv.nv.gov

April 20, 2010

To: Deborah Cook, Administrator
Administrative Services Division

Subject: Washoe County Grant Extension Request

I have reviewed the Washoe County request to extend for one year grant funding received from the pollution control account. I find this request to be acceptable with the requirements of Nevada Administrative Code (NAC) 445B.867. Please process the necessary paperwork to complete this request.

Thank you for your assistance.

A handwritten signature in black ink, appearing to read "Farrokh Hormazdi", is written over a rectangular stamp area.

Farrokh Hormazdi, *Deputy Director*
Department of Motor Vehicles



COPY

Washoe County Health District

February 05, 2010

Mr. Leo Drozdoff, P.E., Administrator
Nevada Division of Environmental Protection
901 South Stewart Street
Suite 401 Carson City, NV 89701-5249

Dear Mr. Drozdoff,

The Washoe County Health District (District) is requesting a one-year extension of an Interlocal Contract between the State of Nevada, Department of Motor Vehicles and the District. The Interlocal Contract is for a grant from the motor vehicle pollution control fund - excess reserve account. The current unobligated balance for this grant is \$131,192.34. It is anticipated that approximately \$91,192.34 will remain unobligated through June 30, 2010.

The Interlocal Contract was signed by the Board of Examiners, following Legislative Interim Finance Committee approval, on October 14, 2008. As such, the award period is from 10/14/2008 through 6/30/2010. Due to late timing of funds received and other unanticipated challenges the District believes all the grant objectives will not be completed by June 30, 2010. The District received the full funding amount of \$170,000 in December 2008. If this request is denied the District would be required to return any unspent funds.

Uncompleted grant objectives include: small purchases of ambient air quality monitoring equipment, technical and professional training/travel; public outreach activities, contractual support for field and office activities; and greenhouse gas reduction activities. There is reasonable confidence that the grant objectives and expense of the remaining funds can be completed if the one-year extension period is granted. A copy of Nevada Administrative Code (NAC) 445B.867 that allows for grant recipient to request a one-year extension is attached. NAC requires the approval of both the Deputy Director of the Department of Motor Vehicles and the Administrator of the Division of Environmental Protection for the extension to be approved.

If you have questions program or grant objective questions please contact Mr. Andy Goodrich, Air Quality Management Division Director, at (775) 784-7213 or agoodrich@washoecounty.us. If you have any fiscal questions please contact Ms. Lori Cooke, Fiscal Compliance Officer, at (775) 325-8068 or lcooke@washoecounty.us.

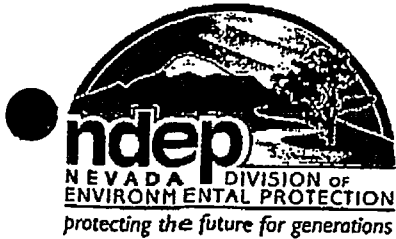
Sincerely,

M. A. Anderson, MD, MPH

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

Attachment

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



STATE OF NEVADA

Department of Conservation & Natural Resources
DIVISION OF ENVIRONMENTAL PROTECTION

Jim Gibbons, Governor
Allen Biaggi, Director

Leo M. Drozdoff, P.E., Administrator

February 26, 2010

RECEIVED

MAR 3 2010

DIRECTOR'S OFFICE
NEVADA DMV

Farrokh Hormazdi, Deputy Director
Department of Motor Vehicles
555 Wright Way
Carson City NV 89711-0900

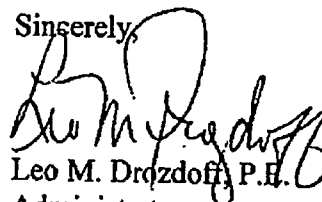
RE: Request by Washoe County Health District, Air Quality Management Division to extend grant from the motor vehicle pollution control fund - excess reserve account

Dear Mr. Hormazdi:

I have reviewed a letter from the Washoe County Health District, Air Quality Management Division requesting an extension to a grant from the motor vehicle pollution control fund - excess reserve account. The letter states that grant objectives will not be completed by the end of the award period on June 30, 2010 and requests a one year extension. I find this request to be reasonable and to be in agreement with the provisions of Nevada Administrative Code (NAC) 445B.867. Therefore, I approve this extension request.

If you have any questions on this matter, please contact Greg Remer of my staff at 687-9359.

Sincerely,



Leo M. Drozdoff, P.E.
Administrator



Exhibit 1

INTRASTATE 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 Health District
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 hereinafter set forth are both necessary and in the best interests of [the State of Nevada;

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

1. **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, 2010, 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 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 A: SCOPE OF WORK

ATTACHMENT B: RESERVE FUNDING REQUEST FISCAL YEAR 2009

7. **CONSIDERATION.** Washoe County Health District, Air Quality Management Division agrees to provide the services set forth in paragraph (6) at a cost not exceeding one hundred seventy thousand dollars and no/100 (\$170,000.00) for the biennium. Any intervening end to an annual or 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 other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable 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 other party, 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 by each party for a minimum of 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 and NRS 354.626.
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. Neither party waives any right or defense to indemnification that may exist in law or equity.
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 or this Contract, 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 State of Nevada Office of the Attorney General.

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

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

[Signature] _____ 8-28-08 Vice Chairman
Public Agency #1 Signature Date Title

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

[Signature] _____ 9-15-08 Chief, Administrative Services Division
Public Agency #2 Signature Date Title

[Signature] _____
Signature - Nevada State Board of Examiners

APPROVED BY BOARD OF EXAMINERS
On 10-14-08
(Date)

Approved as to form by:
[Signature] _____
Deputy Attorney General for Attorney General, State of Nevada

On 9/11/08
(Date)

ATTACHMENT "A"

SCOPE OF WORK

FISCAL YEARS 2009 & 2010 RESERVE GRANT

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

"ATTACHMENT A"

SCOPE OF WORK

The STATE OF NEVADA by and through the Department of Motor Vehicles, Management Services 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, 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 reserve funding 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 \$170,000. 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
Mr. Clay Thomas, Deputy Director
555 Wright Way
Carson City Nevada 89711-0900

ATTACHMENT "B"

RESERVE FUND GRANT REQUEST
FISCAL YEARS 2009 & 2010

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION



cc: Lloyd, Dennis
RECEIVED
Fed Ex
MAR 26 2008

DIRECTOR'S OFFICE
NEVADA DMV

DISTRICT HEALTH DEPARTMENT

March 24, 2008

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

Dear Mr. Thomas:

Enclosed is an application from the Washoe County Health District, Air Quality Management Division, for grant funds from the Pollution Control Fund -- Excess Reserve for a total of \$170,000. This funding will provide needed support for a variety of air quality projects as outlined in the application. The District is confident that application and projects meet all criteria as defined in NRS Chapter 445B.830.

If you have any questions regarding the scope of work, please contact Andrew Goodrich, Director of the Air Quality Management Division, at 775-784-7200. Should you need assistance regarding the budget, please contact Lori Cooke, Fiscal Compliance Office of the Administrative Health Services Division, at 775-325-8068 or lcooke@washoecounty.us

Thank you for your consideration. Sincerely,

Edum [Signature] for

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

Enclosures

cc: Andrew Goodrich, WCHD-AQMD
Eileen Coulombe, WCHD-AHS
Lori Cooke, WCHD-AHS

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
PRINTED ON RECYCLED PAPER

**APPLICATION FOR GRANT FROM POLLUTION CONTROL FUND
EXCESS RESERVE FUNDS - FISCAL YEAR 2009**

(a) Submitted by:

Washoe County Health District
Air Quality Management Division
PO Box 11130
1001 East Ninth Street
Reno, Nevada 89520-0027

(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 years 2009 & 2010 (July 1, 2008 through June
30, 2010)

(e) Objectives of Work:

- Purchase ambient air quality monitoring equipment.
- Provide resources for air quality travel/training.
- Fund public outreach activities; including smoking vehicle, idling reduction, and air quality events.
- Contract for technical assistance in field and office projects.
- Assess and implement greenhouse gas reduction activities.

(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. The expenditures for this task would also include small parts, supplies and needed accessories for the operation of the monitoring equipment.

March 24, 2008
DMV Excess Reserve Grant Request
Page Two

Task 2

The air quality management field is extremely technical and continually evolving. It is critical to our success that staff members maintain their 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

The District provides a wide expanse of air quality public outreach services and products. We are requesting funds to continue these activities for fiscal years 2009 and 2010. 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 4

The Air Quality Management Division has several new objectives scheduled to be implemented. However, there will be critical personnel vacancies in fiscal year 2009. To address this challenge and meet our goals for the coming year, the Division proposes to contract for temporary assistance to complete our goals. Specifically we will contract for the installation of some new field monitoring equipment and office support for database maintenance.

Task 5

The Air Quality Management Division has embarked on several new strategies for the purpose of reducing greenhouse gas (GHG) emissions (principally carbon dioxide, nitrogen dioxide, and methane). A key element of these activities will be the development of a GHG emission inventory and support of community-wide activities such as compact fluorescent light recycling and motor-vehicle fleet efficiency projects.

March 24, 2008
DMV Excess Reserve Grant Request
Page Three

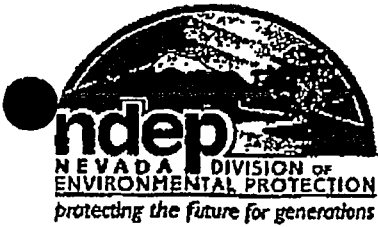
DMV Excessive Reserve -- Pollution Control Fund FY09 & FY10

Budget by Project

1. Monitoring Equipment	Equip. >\$10,000	\$ 40,000
	Equip. <\$10,000	\$ 10,000
2. AQ Staff Training and Travel	Travel & Registration	\$ 10,000
3. Public Outreach	Prof. Services	\$ 50,000
Smoking Vehicle		
Reduce Idling		
Special Events Promotion		
4. AQ Program Technical Assistance	Contractual Wages	\$ 25,000
Field Assistance		\$ 15,000
Office Support		
5. GHG Reduction Activities	Prof. Services	\$ 20,000
TOTAL		\$170,000

Budget by Fund Category

1. Professional Services	\$ 70,000
2. Equipment >\$10,000	\$ 40,000
3. Equipment <\$10,000	\$ 10,000
4. Travel	\$ 10,000
5. Contractual Wages	\$ 40,000
TOTAL	\$170,000



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

Jim Gibbons, Governor
Allen Blaggi, Director

Leo M. Drazdoff, P.E., Administrator

cc Lloyd
DIRECTOR'S OFFICE
NEVADA DMV

JUL 24 2008

RECEIVED

July 22, 2008

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

Dear Mr. Thomas:

The Advisory Committee on the Control of Emissions from Motor Vehicles has 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 Committee met on April 15, 2008 in Carson City and considered the funding requests. In separate votes, the Committee voted to recommend that the total amount of excess reserve funding requested for FY 09 by Washoe County (\$170,000), and FY 09 excess reserve funding requested by Clark County (\$600,546), be granted from the Air Pollution Control Account. The outcome of the voting is reflected in the Committee minutes for the April 15th meeting, which were approved by the Committee during the following meeting held on July 15, 2008. If you have any questions on this matter, please contact me at 687-9392.

Sincerely,

Sigurd Jaunarajs
Chairman,
Advisory Committee on the Control
of Emissions from Motor Vehicles



Washoe County Health District

STAFF REPORT
BOARD MEETING DATE: ⁵5/27/10

DATE: May 15, 2010

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}
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Carson Valley Medical Center in the amount of \$5,286.49 to transfer medical surge capacity equipment to Carson Valley Medical Center; and if approved, authorize the Chairman to execute the Agreement.

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.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

Goal supported by this item: Ratification of this Amendment to the Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards.*

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award from the Nevada State Health Division, Bureau of Health Planning & Emergency Response for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 in support of the Public Health Preparedness - Assistant Secretary for Preparedness & Response (ASPR) Grant program that provides funding for hospital equipment.

AGENDA ITEM #7.C.2.

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

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using Assistant Secretary for Preparedness & Response (ASPR) federal funds.

Although Carson Valley Medical Center is not located in Washoe County, it is possible that if a catastrophic event occurred in Washoe County, our hospitals would be overwhelmed, damaged and/or non-functional. Such an event would cause Washoe County citizens to either flee the area and/or be required to travel outside the immediate area for medical treatment. Providing surge capacity equipment to hospitals outside Washoe County allows them to be part of our overall plan and solution to emergencies in our community.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

Should the Board ratify this Agreement, there will no additional impact to the adopted FY 10 budget as expenses related to this contract were anticipated and projected in the ASPR Grant Program (Internal Order 10708) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Carson Valley Medical Center in the amount of \$5,286.49 to transfer medical surge capacity equipment to Carson Valley Medical Center; and if approved, authorize the Chairman to execute the Agreement.

POSSIBLE MOTION

Move to approve the Agreement between the Washoe County Health District and Carson Valley Medical Center in the amount of \$5,286.49 to transfer medical surge capacity equipment to Carson Valley Medical Center; and if approved, authorize the Chairman to execute the Agreement.

Agreement
between
Washoe County Health District
And
Carson Valley Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Carson Valley Medical Center (herein CVMC) for the medical surge capacity equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the CVMC using federal grant funds (#1U3REP090220-01-00) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of CVMC, which will be of benefit to the people of Washoe County;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and CVMC agree as follows:

1. CVMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
MRE SOPAKCO Pk12 No Heater	950060	17	\$ 61.57	\$1,046.69
IV Poles Freestanding	EM6117	13	\$ 34.38	\$ 446.94
Disposable Linen Kits	MC4001	5	\$ 235.26	\$1,176.30
Defibrillator, 1 yr management program	Zoll	1	\$1,361.56	\$1,361.56
AED soft carry case, black	Zoll 8000-0832-01	1	\$ 80.00	\$ 80.00
Hand pack	EM7198	5	\$ 205.00	\$1,025.00
AED wall cabinet, includes alarm	Zoll 8000-0855	1	\$ 150.00	\$ 150.00
Grand Total				\$5,286.49

2. Upon receipt, WCHD thereby transfers ownership of the equipment and hold no interest in the equipment listed above.
3. CVMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment.
4. CVMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment;

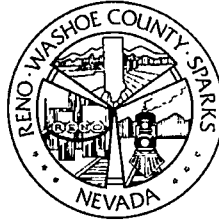
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$5,286.49.

Washoe County Health District

Carson Valley Medical Center

Denis M. Humphreys 15/27/10
Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

_____ | _____
Bill Hale Date
Chief Executive Officer



Washoe County Health District

STAFF REPORT ⁵
BOARD MEETING DATE: 8/27/10

DATE: May 15, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District ^{FB}
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer ^{EC}
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$3,767.24; Ratification of Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56; to transfer medical surge capacity equipment to Northern Nevada Medical Center; and if approved, authorize the Chairman to execute both Agreements.

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.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

Goal supported by this item: Ratification of this Amendment to the Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards.*

PREVIOUS ACTION

The Notice of Subgrant Award (#1U3REP090220-01-00) that provided Assistant Secretary for Preparedness and Response (ASPR) funding for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 was approved by the Board on November 19, 2009.

The Subgrant Amendment #1 (#5U90TP916964-09) that provided Centers for Disease Control and Prevention (CDC) carry forward funding totaling \$215,342 for the period August 10, 2008 through August 9, 2009 was approved by the Board on May 28, 2009.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds and CDC federal funds.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved these Agreements.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to these contracts were anticipated and projected in the appropriate Grant Programs (Internal Order 10708 and Internal Order 10737) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$3,767.24; Ratify the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56; to transfer medical surge capacity equipment to Northern Nevada Medical Center; and if approved, authorize the Chairman to execute both Agreements.

POSSIBLE MOTION

Move to approve the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$3,767.24; Ratify the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$8,803.56; to transfer medical surge capacity equipment to Northern Nevada Medical Center; and if approved, authorize the Chairman to execute both Agreements.

Agreement
between

Washoe County Health District
And
Northern Nevada Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Northern Nevada Medical Center (herein NNMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the NNMC using federal grant funds (#5U90TP916964-09) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of NNMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body

NOW, THEREFORE, WCHD and NNMC agree as follows:

1. NNMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
Paraslyde	11-778-01	6	\$239.00	\$1,434.00
Safeslyde	11-779-01	1	\$219.00	\$219.00
ParaSleeve	11-780-01	1	\$235.00	\$235.00
Baraslyde	11-790-01	1	\$299.00	\$299.00
CBRN Conversion Kit	S-5000-05	4	\$395.06	\$1,580.24
Grand Total				\$3,767.24

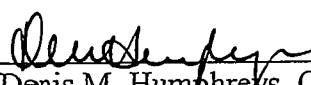
2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. NNMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;

4. NNMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;

5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$3,767.24.

Washoe County Health District

Northern Nevada Medical Center

 15/27/10
Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

_____ \ _____
Mark Crawford Date
Chief Executive Officer

###

Agreement
between

Washoe County Health District
And
Northern Nevada Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Northern Nevada Medical Center (herein NNMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the NNMC using federal grant funds (#1U3REP090220-01-00) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of NNMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and NNMC agree as follows:

1. NNMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

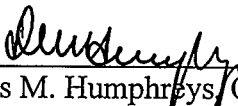
Item Name	Item #	Quantity	Cost/Item	Total
EMS Surge Bed	EM991	20	\$ 218.39	\$4,367.80
Set of 4 side rails for surge bed	EM992	20	\$ 76.82	\$1,536.40
HP Head Cover, pack of 25	ILC Dover S-4001-25	1	\$ 800.00	\$ 800.00
Evacuation Stair Chair	Ferno 59-E	1	\$2,099.36	\$2,099.36
Grand Total				\$8,803.56

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. NNMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;

4. NNMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$8,803.56.

Washoe County Health District

Northern Nevada Medical Center

 \ 6/8/10
Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

_____\ _____
Mark Crawford Date
Chief Executive Officer

###



Washoe County Health District

STAFF REPORT ⁵
BOARD MEETING DATE: 6/27/10

DATE: May 15, 2010

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}
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$10,098.02; Ratification of Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$7,885.14; to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

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.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

Goal supported by this item: Ratification of this Amendment to the Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards.*

PREVIOUS ACTION

The Notice of Subgrant Award (#1U3REP090220-01-00) that provided Assistant Secretary for Preparedness and Response (ASPR) funding for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 was approved by the Board on November 19, 2009.

The Subgrant Amendment #1 (#5U90TP916964-09) that provided Centers for Disease Control and Prevention (CDC) carry forward funding totaling \$215,342 for the period August 10, 2008 through August 9, 2009 was approved by the Board on May 28, 2009.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds and CDC federal funds.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved these Agreements.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to these contracts were anticipated and projected in the appropriate Grant Programs (Internal Order 10708 and Internal Order 10737) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$10,098.02; Ratify the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$7,885.14; to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

POSSIBLE MOTION

Move to approve the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$10,098.02; Ratify the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$7,885.14; to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

Agreement
between
Washoe County Health District
And
Saint Mary's Regional Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Saint Mary's Regional Medical Center (herein SMRMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the SMRMC using federal grant funds (#5U90TP916964-09) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of SMRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and SMRMC agree as follows:

1. SMRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

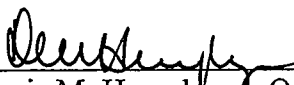
Item Name	Item #	Quantity	Cost/Item	Total
Paraslyde	11-778-01	11	\$239.00	\$2,629.00
Safeslyde	11-779-01	1	\$219.00	\$219.00
ParaSleeve	11-780-01	1	\$235.00	\$235.00
Baraslyde	11-790-01	1	\$299.00	\$299.00
CBRN Conversion Kit	S-5000-05	17	\$395.06	\$6,716.02
Grand Total				\$10,098.02

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;

3. SMRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;
4. SMRMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$10,098.02.

Washoe County Health District

Saint Mary's Regional Medical Center

 15/27/10
Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

Mike Uboldi, President Date
Chief Executive Officer

###

**Agreement
Between**

**Washoe County Health District
And
Saint Mary's Regional Medical Center**

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Saint Mary's Regional Medical Center (herein SMRMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the SMRMC using federal grant funds (#1U3REP090220-01-00) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of SMRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and SMRMC agree as follows:

1. SMRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
EMS Surge Bed	EM991	20	\$218.39	\$4,367.80
Set of 4 side rails for surge bed	EM992	20	\$ 76.82	\$1,536.40
10 Bed Cart for EMS surge bed	EM999	2	\$519.95	\$1,039.90
Disposable linen kits	MC4001	4	\$235.26	\$ 941.04
Grand Total				\$7,885.14

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. SMRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;

4. SMRMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$7,885.14.

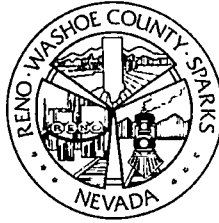
Washoe County Health District

Saint Mary's Regional Medical Center

Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

Mike Uboldi, President Date
Chief Executive Officer

###



Washoe County Health District

STAFF REPORT ⁵
BOARD MEETING DATE: 6/27/10

DATE: May 15, 2010

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}
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$395.06; Ratification of Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$6,142.89; to transfer medical surge capacity equipment to Incline Village Community Hospital; and if approved, authorize the Chairman to execute both Agreements.

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.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

Goal supported by this item: Ratification of this Amendment to the Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards.*

PREVIOUS ACTION

The Notice of Subgrant Award (#1U3REP090220-01-00) that provided Assistant Secretary for Preparedness and Response (ASPR) funding for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 was approved by the Board on November 19, 2009.

The Subgrant Amendment #1 (#5U90TP916964-09) that provided Centers for Disease Control and Prevention (CDC) carry forward funding totaling \$215,342 for the period August 10, 2008 through August 9, 2009 was approved by the Board on May 28, 2009.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds and CDC federal funds.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved these Agreements.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to these contracts were anticipated and projected in the appropriate Grant Programs (Internal Order 10708 and Internal Order 10737) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$395.06; Ratify the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$6,142.89; to transfer medical surge capacity equipment to Incline Village Community Hospital; and if approved, authorize the Chairman to execute both Agreements.

POSSIBLE MOTION

Move to approve the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$395.06; Ratify the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$6,142.89; to transfer medical surge capacity equipment to Incline Village Community Hospital; and if approved, authorize the Chairman to execute both Agreements.

Agreement
between
Washoe County Health District
And
Incline Village Community Hospital

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Incline Village Community Hospital (herein IVCH) for the medical surge capacity equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the IVCH using federal grant funds (#5U90TP916964-09) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of IVCH, which will be of benefit to the people of Washoe County;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and IVCH agree as follows:

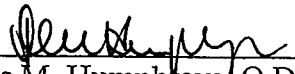
1. IVCH will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
CBRN Conversion Kit	S-5000-05	1	\$395.06	\$395.06

2. Upon receipt, WCHD thereby transfers ownership of the equipment and hold no interest in the equipment listed above.
3. IVCH is solely responsible for the inspection, training, storage, use and upkeep of the equipment.
4. IVCH agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment.;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$395.06.

Washoe County Health District

Incline Village Community Hospital



Denis M. Humphreys, O.D. 15/27/10
Chairman, District Board of Health Date

Robert Schapper _____
Chief Executive Officer Date

Agreement
between
Washoe County Health District
And
Incline Village Community Hospital

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Incline Village Community Hospital (herein IVCH) for the medical surge capacity equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the IVCH using federal grant funds (#1U3REP090220-01-00) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of IVCH, which will be of benefit to the people of Washoe County;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and IVCH agree as follows:

1. IVCH will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
Don-it, box of 20	HMDONBX DON-IT	1	\$240.00	\$ 240.00
Doff-it, box of 20	HMDOFFBX-DOFF-IT	1	\$240.00	\$ 240.00
Chemical Suit CPF H.D. Coverall with Hood	Dupont C3185TTN Small TM6	6	\$151.00	\$ 906.00
Coverall, large, Pk6	Dupont C3185T	1	\$670.00	\$ 670.00
Coverall, medium, Pk6	Dupont C3185T	1	\$670.00	\$ 670.00
Chemical resistant tape	Kappler 99402YW	3	\$ 20.00	\$ 60.00
High boot, steel toe, Mens 10, Green, PR	North by Honeywell 75177/10	1	\$ 80.00	\$ 80.00
High boot, steel toe, Mens 13, Green, PR	North by Honeywell 75177/13	1	\$ 80.00	\$ 80.00
High boot, steel toe, Mens 7, Green, PR	North by Honeywell 75177/7	1	\$ 80.00	\$ 80.00
EMS Surge Bed	EM991	8	\$218.39	\$1,747.12
Set of 4 side rails for surge bed	EM992	8	\$ 76.82	\$ 614.56
10 Bed Cart for surge bed	EM999	1	\$519.95	\$ 519.95
Disposable linen kits	MC4001	1	\$235.26	\$ 235.26
Grand Total				\$6,142.89



Washoe County Health District

STAFF REPORT ⁵
BOARD MEETING DATE: 6/27/10

DATE: May 15, 2010

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}
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$15,840.56; Ratification of Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$10,014.80; to transfer medical surge capacity equipment to Renown Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

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.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

Goal supported by this item: Ratification of this Amendment to the Interlocal Agreement supports the District Board of Health's strategic priority: *Protect population from health problems and health hazards.*

PREVIOUS ACTION

The Notice of Subgrant Award (#1U3REP090220-01-00) that provided Assistant Secretary for Preparedness and Response (ASPR) funding for the period August 9, 2009 through June 30, 2010 in the total amount of \$409,525 was approved by the Board on November 19, 2009.

The Subgrant Amendment #1 (#5U90TP916964-09) that provided Centers for Disease Control and Prevention (CDC) carry forward funding totaling \$215,342 for the period August 10, 2008 through August 9, 2009 was approved by the Board on May 28, 2009.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds and CDC federal funds.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved these Agreements.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to these contracts were anticipated and projected in the appropriate Grant Programs (Internal Order 10708 and Internal Order 10737) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$15,840.56; Ratify the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$10,014.80; to transfer medical surge capacity equipment to Renown Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

POSSIBLE MOTION

Move to approve the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$15,840.56; Ratify the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$10,014.80; to transfer medical surge capacity equipment to Renown Regional Medical Center; and if approved, authorize the Chairman to execute both Agreements.

Agreement
between

Washoe County Health District
And
Renown Regional Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Renown Regional Medical Center (herein RRMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the RRMC using federal grant funds (#5U90TP916964-09) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of RRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body

NOW, THEREFORE, WCHD and RRMC agree as follows:

1. RRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

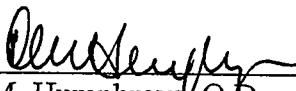
Item Name	Item #	Quantity	Cost/Item	Total
Paraslyde	11-778-01	17	\$239.00	\$4,063.00
Safeslyde	11-779-01	2	\$219.00	\$438.00
ParaSleeve	11-780-01	2	\$235.00	\$470.00
Baraslyde	11-790-01	2	\$299.00	\$598.00
CBRN Conversion Kit	S-5000-05	26	\$395.06	\$10,271.56
Grand Total				\$15,840.56

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. RRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;

4. RRMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$15,840.56.

Washoe County Health District

Renown Regional Medical Center



Denis M. Humphreys, O.D. 5/27/10
Chairman, District Board of Health Date

Eugene Spoon Date
Emergency Manager

###

**Agreement
Between**

**Washoe County Health District
And
Renown Regional Medical Center**

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Renown Regional Medical Center (herein RRMC) of evacuation equipment, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the RRMC using federal grant funds (#1U3REP090220-01-00) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of RRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and RRMC agree as follows:

1. RRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
EMS Surge Bed	EM991	20	\$218.39	\$4,367.80
Set of 4 side rails for surge bed	EM992	20	\$ 76.82	\$1,536.40
10 Bed Cart for surge bed	EM999	2	\$519.95	\$1,039.90
Med Bed Surge Bed	EM995	5	\$378.66	\$1,893.30
Side rails for 1000lb surge bed	EM996	5	\$131.49	\$ 657.45
Rack for Med Bed	EM1000	1	\$519.95	\$ 519.95
Grand Total				\$10,014.80

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. RRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;

4. RRMC agrees to hold harmless and indemnify WCHD, it's officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;

5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$10,014.80.

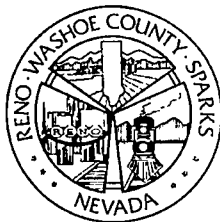
Washoe County Health District

Renown Regional Medical Center

Denis M. Humphreys, O.D. Date
Chairman, District Board of Health

Eugene Spoon Date
Emergency Manager

###



Washoe County Health District

STAFF REPORT BOARD MEETING DATE: 5/27/10

DATE: May 17, 2010

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*
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of Grant Program Contract between Washoe County and the Washoe County Health District to award Local Emergency Planning Committee (LEPC) Grant Funding for the Hazardous Materials Program for the period upon approval through June 30, 2011 in the amount of \$12,950; and if approved, authorize Chairman to execute Grant Program Contract.

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 a Grant Program Contract from Washoe County, which outlines pass through grant funding from the Local Emergency Planning Committee to the Hazardous Materials Program. A copy of the grant contract is attached.

GOAL

Approval of this Contract supports the Washoe County Health District Hazardous Materials/Waste Program Mission to protect public health and safety and the environment by ensuring that regulated or hazardous substances are properly processed, stored, handled, transported and disposed in Washoe County.

PREVIOUS ACTION

The District Board of Health accepted \$4,572 from LEPC on 6/25/09 to purchase GasAlert Micro5 PID 4-Gas Detectors, Confined Space Kits, Concussion Proof Boots, Neck Straps w/Safety Release, and Replacement Oxygen Sensors.

AGENDA ITEM # 7.c.7.

BACKGROUND

The Hazardous Materials Program will purchase the following:

- Two (2) Airpacks
- Two (2) Facepiece
- Two (2) 60-Minute Cylinder & Valve Assembly
- Two (2) Talk Around Masks

Washoe County Health District staff will function more effectively and safely when responding to suspected Weapons of Mass Destruction or other HazMat incidents both with the Regional Hazmat Team and separately. Our responders will be able to step in with compatible equipment when working with the Team.

This Grant Program Contract has been reviewed and approved by Washoe County's Risk Manager and District Attorney.

FISCAL IMPACT

There is no additional fiscal impact to the adopted FY11 Health Fund budget as these expenditures were budgeted in the 2011 State Emergency Response Commission (SERC) Grant (Internal Order #10843).

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Grant Program Contract between Washoe County and the Washoe County Health District to award Local Emergency Planning Committee (LEPC) Grant Funding for the Hazardous Materials Program for the period upon approval through June 30, 2011 in the amount of \$12,950; and if approved, authorize Chairman to execute Grant Program Contract.

POSSIBLE MOTION

Move to approve the Grant Program Contract between Washoe County and the Washoe County Health District to award Local Emergency Planning Committee (LEPC) Grant Funding for the Hazardous Materials Program for the period upon approval through June 30, 2011 in the amount of \$12,950; and if approved, authorize Chairman to execute Grant Program Contract.

**WASHOE COUNTY, NEVADA
LOCAL EMERGENCY PLANNING COMMITTEE
GRANT PROGRAM CONTRACT**

THIS CONTRACT, is entered into as of this _____ day of _____, 2010 by and between **Washoe County**, a political subdivision of the State of Nevada, (hereinafter referred to as "Washoe County" or "Grantee"), and the **Washoe County Health District** a government agency, having a business address located PO Box 11130, Reno, NV 89520-0027 (hereinafter referred to as the Subgrantee").

WITNESSETH:

WHEREAS, Washoe County is a member of the Local Emergency Planning Committee (LEPC) and on behalf of LEPC members, Washoe County made applications to the Nevada State Emergency Response Commission (SERC) for the 2011 State Emergency Response Commission (SERC) grant; and

WHEREAS, in response to the applications, Washoe County is subgrantee of state funds through the Nevada State Emergency Response Commission under a number of grant awards and Washoe County as subgrantee and fiscal agent for LEPC desires to further subgrant these funds to the government agencies that are members of LEPC and whose requests were submitted by Washoe County on behalf of LEPC; and

WHEREAS, the grant funds received from the Nevada State Emergency Response Commission will provide for the assistance to jurisdictions to relate to prevention of, mitigation of, and/or response to hazardous materials incidents or otherwise meet community needs in the Truckee Meadows; and

WHEREAS, Washoe County, as the designated subgrantee under the grant awards referred to herein, as fiscal agent for LEPC, and as Grantee herein, desires to pass through to the Subgrantee funds in the amount of **\$12,950.00** to assist the Subgrantee in meeting the program measurable outcomes; and

WHEREAS, the Subgrantee's legal status is as a recognized government agency the Subgrantee is in good standing in its state of formation; and

WHEREAS, in consideration of receipt of this funding, the Subgrantee agrees to abide by the terms and conditions of this Contract and the grant itself.

NOW, THEREFORE, the parties agree as follows:

1. **DEFINITION OF TERMS**

- a. Program Measurable Outcomes: The program measurable outcomes, which are mutually agreed to by the Grantee and the Subgrantee as outlined within the Contract are to be met by the end of the Contract period.
- b. Agency Grant Coordinator: The Agency Grant Coordinator is the individual from the Subgrantee who will be responsible for the administration of the program and communications with the Grantee Staff.
- c. State and Federal Accounting Laws: The various State and Federal Accounting Laws are available on the Internet at the locations provided in Exhibit A, and are incorporated by reference primarily for use by Subgrantee accountants.

2. **NOTICES**

Communications and details concerning this Contract shall be directed to the following Contract representatives:

GRANTEE

Washoe County
Cathy Ludwig
LEPC Grants Coordinator
P.O. Box 11130
5195 Spectrum Blvd.
Reno, NV 89520-0027
(775) 337-5859
(775) 337-5894 (Fax)
Email: cludwig@washoecounty.us

SUBGRANTEE

Washoe County Health District
Teresa Long

PO Box 11130
Reno, NV 89520-0027

(775) 328-2481
(775) 328-6176
Email: tlong@washoecounty.us

3. **PROGRAM MEASURABLE OUTCOMES**

- a. The Subgrantee shall do, perform and carry out, in a satisfactory and proper manner, as determined by Grantee Staff, the following program measurable outcomes:
 - A. **PROGRAM: State Emergency Response Commission
Grant # 11-SERC-16-01**

PERFORMANCE MEASURES:

1. Funding will be used to purchase the following equipment:

Self-Contained Breathing Apparatus (SCBA) w/Talk Around Communication System
Two (2) Airpacks
Two (2) Facepiece
Two (2) 60-Minute Cylinder & Valve Assembly
Two (2) Talk Around Masks

4. **COMPENSATION**

Upon compliance with the requirements in this Contract, the Subgrantee shall be paid the dollar amounts outlined in the following budget requirements:

- B. **PROGRAM: State Emergency Response Commission
Grant # 11-SERC-16-01**

Description	Amount	
Self-Contained Breathing Apparatus (SCBA) w/Talk Around Communication System		
Two (2) Airpacks	\$8,560.00	
Two (2) Facepiece	\$431.30	
Two (2) 60-Minute Cylinder & Valve Assembly	\$2,297.90	
Two (2) Talk Around Masks	\$1,660.30	
Total	\$12,950.00	

GRAND TOTAL AMOUNT: \$12,950.00

Form of financial backup agency will provide: Copies of paid invoices, receipts and/or agency records of disbursements.

5. **METHOD OF PAYMENT**

Reimbursement of Expenses: Reimbursement will be paid after eligible expenses have been incurred and expended under this Contract in conformance with the terms and conditions of said Contract. Subgrantee will submit requests for reimbursement of funds to Grantee Staff on forms provided by Grantee.

6. **TERM**

This Contract is in effect from the date of execution to and shall continue for a term that is coextensive with the 2011 State Emergency Response Commission (SERC) grant and the LEPC approved performance periods for the LEPC Priorities listed in Section 4, or June 30, 2011, whichever comes first.

7. **GENERAL TERMS AND CONDITIONS**

- a. **Required Reports:** Each quarter Subgrantee is required to submit to Grantee for Grantee's reporting requirements to the Nevada State Emergency Response Commission (SERC), a complete financial report on the disposition of grant funds for equipment, planning, and training projects.

1. **Quarterly Reports:**

As this is a sub-grant and the Nevada State Emergency Response Commission (SERC) requires quarterly financial reports based on the calendar year for the purposes of this Contract the first quarter will begin upon the execution of the Contract and end on June 30, 2011. Thereafter quarters shall begin on October 1, 2010, January 1, 2011, and April 1, 2011. Reporting shall be submitted to the Grantee Staff identified in section 3 above, on or before the fifteenth of the month following the end of each quarter.

- b. **Required Project Record Keeping and Bookkeeping.** The Subgrantee agrees to provide for bookkeeping and record-keeping on a program basis using approved bookkeeping and record-keeping systems and to retain program records for four years from the time of termination of this Contract. The bookkeeping and program records shall be open and available for inspection and audit at any time by the Grantee Staff. Subgrantee agrees that grant funds cannot be used to pay for audits unless a written agreement to that effect is in place. However, audits are required as follows:

An annual audit covering the grant year(s) in this Contract must be submitted to the Grantee within 90 days of the end of the grant year.

NOTE: Audits must be completed by a certified public accountant and comply with all applicable standard accounting practices.

- c. **Purchase of Equipment and Supplies.** Subgrantees that are governmental entities must follow the Local Government Purchasing Act. No lead-based paint is to be purchased or used on any project.
- d. **Legal Actions Against Subgrantee.** If any legal action is filed against the Subgrantee, the Subgrantee shall immediately notify Grantee staff.

e. **Indemnification.**

It is agreed that each party will be responsible for any liability or loss that may be incurred as a result of any claim, demand, cost, or judgment made against that party arising from any act or failure to act by any of that party's employees, agents, or servants in connection with the performance of obligations assumed pursuant to this agreement. Subject to the limitations of applicable laws, and without waiving any statutory protections, the parties further agree to hold harmless, indemnify and defend each other from any and all losses, liabilities, or expenses of any nature to the person or property of another, to which each may be subjected as a result of any claim, demand, action, or cause of action arising out of the acts, errors or omissions on the part of the employees, agents or servants or the other.

The indemnification obligation set forth above is conditioned upon receipt of prompt written notice by the indemnifying party of the indemnified party's actual notice of any action or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorney's fees and costs for the indemnified party's chosen right to participate with legal counsel.

- f. **Legal Actions Against Subgrantee.** If any legal action is filed against the Subgrantee, the Subgrantee shall immediately notify Grantee staff. Subgrantee will not use any funds or resources, which are provided by Grantee under this Contract in litigation against any person, natural or otherwise, or in its own defense in any such litigation.
- g. **Equipment and Personal Property.** All equipment and personal property purchased by the Subgrantee, with funds obtained pursuant to the Contract, shall be the property of the Subgrantee unless otherwise provided in writing by the Grantee, or by the terms specified in the Program Measurable Outcomes.
- h. **Assignment of Contract.** It is agreed by and between the parties hereto that neither this Contract nor any part thereof may be assigned by the Subgrantee without the written consent of Grantee, and that in the event that the Subgrantee attempts to make an assignment in violation of this Contract, the Grantee may, at its option, terminate this Contract and be relieved of further obligation to the Subgrantee.
- i. **Federal Procurement Eligibility.** The Subgrantee certifies that as a non-federal entity, the Subgrantee and its principals have not been themselves or contracted with any entity that has been suspended or debarred by the Federal Government, and are not listed in the list of parties excluded from the Federal procurement or non-procurement programs issued by the General Services Administration. This regulation applies not only to physical improvements and construction, but also services.

- j. **Compliance with Laws.** The Subgrantee agrees to follow all federal, state and local laws pertaining to the operation of said agency.
- k. **Funding.** Funding under this grant is to be used only for eligible and approved activities.
- l. **Amendment; Waiver.** This Contract shall not be modified, amended, rescinded, canceled or waived, in whole or in part, except by written amendment signed by duly authorized representatives of the parties. No additional grants, monetary increase amendments, or time extension amendments, will be approved unless all financial and performance reports are current. No waiver of any of the provisions of this Contract shall be deemed to be a waiver of any other provisions, regardless of similarity, and no waiver shall constitute a continuing waiver. Forbearance or failure to declare a default or pursue a remedy shall not constitute a waiver except as provided in this Contract.
- m. **Drafting Presumption.** The parties acknowledge that this Contract has been agreed to by both parties, that both parties have consulted or have had the opportunity to consult with attorneys with respect to the terms, and that no presumption shall be created against the Grantee as the drafter of this Contract.
- n. **Grounds for Reduction of Compensation or Termination of the Contract.** The Grantee Staff reserves the right to terminate this Contract or to reduce the Contract compensation amount upon written notification to the Subgrantee that any one or more of the following has occurred:
 - (1) Failure of the Subgrantee to file quarterly reports as provided in this Contract;
 - (2) Expenditures under this Contract for ineligible activities, services, or items;
 - (3) Failure to comply with written notice from Grantee of substandard performance in scope of services under the terms of this Contract;
 - (4) Failure of the Subgrantee to comply with any applicable accounting laws;
 - (5) Subgrantee employees, officers or its designees or agents using their positions for a purpose that is, or gives the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties;

- (6) Notification by the State of Nevada Emergency Response Commission that Washoe County's agreement with the State for funds necessary to fund this Contract is being terminated; or
- (7) In the event Grantee fails to appropriate or budget funds for administering the Contract, Grantee will notify Subgrantee that this Contract is being terminated.

9. **JURISDICTION AND GOVERNING LAW**

It is understood and agreed by and between the parties hereto that this Contract shall be deemed and construed to be entered into and to be performed in Washoe County, State of Nevada, and it is further understood and agreed by and between the parties hereto that the laws of the State of Nevada shall govern the rights, obligations, duties and liabilities of the parties to this Agreement and also govern the interpretation of this Agreement.

10. **OTHER PROVISIONS**

During the performance of this Contract, the Subgrantee must follow:

a. **Equal Employment Opportunity.**

- (1) The Subgrantee will not discriminate against any employee or applicant for employment or individual receiving the benefit of the Subgrantee's services because of race, creed, religion, color, age, national origin, political affiliation, sex, sexual orientation, familial status, or disability (as provided in Section 504 of the Rehabilitation Act of 1973, as amended). The Subgrantee will take action to ensure that all applicants are considered equally. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination, rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Subgrantee agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this non-discrimination clause. Such action shall include individuals benefiting from program services/activities.
- (2) Vietnam Veterans. The Subgrantee agrees to comply with Section 402 - Affirmative Action for Disabled Veterans and Veterans of the Vietnam Era Act.

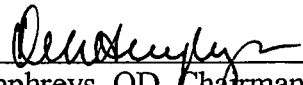
- (3) The Subgrantee agrees to comply with any federal regulations issued pursuant to the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended.
- b. **Hatch Act.** Neither the Subgrantee program nor the funds provided therefore, nor the personnel employed in the administration of the program shall be in any way or to any extent engaged in the conduct of political activities in contravention of Chapter 15 of Title 5, United States Code.
- c. **Drug-Free Workplace Requirements.** The Subgrantee agrees to conform to the guidelines set forth in the certification regarding Drug-Free Workplace Requirements. The Subgrantee is required to submit an executed copy of the certification prior to the encumbrance of grant funds.
- d. **Influence/Lobbying Requirements.** The Subgrantee agrees to conform to the guidelines set forth in the certification regarding Influence/Lobbying Requirements. The Subgrantee is required to submit an executed copy of the certification prior to the encumbrance of grant funds.

11. AUTHORITY TO ENTER INTO CONTRACT.

The undersigned person signing as an officer on behalf of the Subgrantee, a party to this Contract, hereby warrants and represents that said person has actual authority to enter into this Contract on behalf of said Subgrantee and to bind the same to this Contract, and, further, that said Subgrantee has actual authority to enter into this Contract and that there are no restrictions or prohibitions contained in any article of incorporation or bylaws against entering into this Contract.

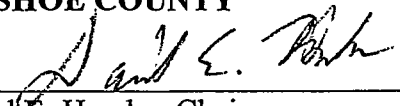
IN WITNESS WHEREOF, the parties hereto have executed this Contract as of the date entered into on the first page hereof.

WASHOE COUNTY HEALTH DISTRICT

By: 
 Denis Humphreys, OD, Chairman
 Washoe County District Board of Health

Date: May 27, 2010

WASHOE COUNTY

By: 
 David E. Humke, Chairman
 Washoe County Commission

Date: 5/11/10

Attest:

By: _____

Amy Harvey
County Clerk

STATE LAWS

NRS Chapter 332 Purchasing: Local Governments

<http://www.leg.state.nv.us/NRS/NRS-332.html>

NRS Chapter 353A Internal Accounting and Administrative Control

<http://www.leg.state.nv.us/NRS/NRS-353.html>

NRS Chapter 354 Local Financial Administration

<http://www.leg.state.nv.us/NRS/NRS-354.html>




Washoe County Health District


STAFF REPORT

BOARD MEETING DATE: May 27, 2010

DATE: May 18, 2010

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 
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Proposed Approval of FY10 Budget Amendments totaling an increase of \$15,000 in both revenue and expense in support of the NACCHO ACHIEVE Program Grant budget (IO 10846).

SUMMARY

The Washoe County District Board of Health must accept grant awards or direct the Health Officer to accept grants awards, approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. A copy of the agreement is attached.

The Washoe County Health District has received a Contractor Agreement between the National Association of County and City Health Officials (NACCHO) and the Washoe County Health District (WCHD) for the period September 30, 2009 to September 29, 2010 in the total amount of \$15,000 in support of the NACCHO ACHIEVE Program.

Goal supported by this item: Approval of these budget amendments supports the Chronic Disease Prevention Program's mission to empower our community to be tobacco free, live active lifestyles, and eat nutritiously through education, collaboration, policy, and evaluation.

PREVIOUS ACTION

The District Board of Health approved the submission of the NACCHO ACHIEVE application on November 19, 2009. The District Health Officer signed the Agreement on May 10, 2010.

BACKGROUND

The Health District received from NACCHO a Contractor Agreement in the total amount of \$15,000 for the NACCHO ACHIEVE Program. These funds support local communities to address chronic disease risk factors of physical inactivity, poor nutrition,

AGENDA ITEM # 7.C.8.

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

and tobacco use at the policy, systems, and environmental change level to reduce the burden of chronic diseases such as arthritis, obesity, diabetes, cardiovascular disease, and cancer.

This award includes funding for professional services, employee and non-employee travel, training, operating expenses such as meeting supplies, meeting locations, etc., and other expenses, including funding for incentives, such as, but not limited to: food (including food for meetings/community trainings, etc.), gift cards (non-cash value), etc. The total budgeted amount for these items is \$1,800. Normally incentive/ enabler items do not exceed \$35.00 in value.

FISCAL IMPACT

FY10 budget does not include any funding for Internal Order #10846. A budget amendment in the amount of \$15,000 is necessary to bring the Notice of Grant Award into alignment with the program budget.

Should the Board approve these budget amendments, the total adopted FY10 budget will be **increased by \$15,000** by adjustments to the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IN-10846	-431100	Federal Revenue	\$15,000.00
2002-IN-10846	-710100	Professional Services	2,500.00
	-710500	Other Expense	1,200.00
	-710872	Food Purchases	600.00
	-711210	Travel	8,758.00
	-711213	Travel-non-County	1,942.00
		Total Expenditures	\$15,000.00

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health Approve the FY10 Budget Amendments totaling an increase of \$15,000 in both revenue and expense in support of the NACCHO ACHIEVE Program Grant budget (IO 10846).

POSSIBLE MOTION

Move to Approve the FY10 Budget Amendments totaling an increase of \$15,000 in both revenue and expense in support of the NACCHO ACHIEVE Program Grant budget (IO 10846).

CONTRACTOR AGREEMENT

This Contractor Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1100 17th Street, N.W., Suite 200, Washington, DC 20036, and Washoe County Health District (hereinafter referred to as "Contractor"), with its principal place of business at 1001 East 9th Street, Building B-170, Reno, NV 89512.

WHEREAS, NACCHO wishes to hire Contractor to provide certain goods and/or services to NACCHO;

WHEREAS, Contractor wishes to provide such goods and/or services to NACCHO.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties, intending to be legally bound, do hereby agree as follows:

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Contractor agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of the CDC GRANT TITLE # (5U58DP001667-02), (CFDA # 93.283) as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Contractor shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on September 30, 2009 and shall continue in effect until September 29, 2010, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for professional services to be performed, NACCHO agrees to pay Contractor \$ 15,000.00. All payments will be made in arrears, within 30 days of receipt of invoice(s) from Contractor and following approval by NACCHO for approved services, as outlined on Attachment I. One invoice may be submitted upon execution of the contract. The NACCHO contract number must be included on all invoices. The final invoice must be received by NACCHO no later than 20 days after the end of the Agreement.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Contractor shall act as an independent contractor, and Contractor shall not be entitled to any benefits to which NACCHO employees may be

entitled.

2. PAYMENT OF TAXES AND OTHER LEVIES: Contractor shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. LIABILITY: All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Contractor in the performance of this agreement shall be the responsibility of the Contractor, and not the responsibility of NACCHO, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Contractor, any subcontractor, anyone directly or indirectly employed by the Contractor.
All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as the provision of policy and procedural direction, to be carried out by NACCHO in the performance of this agreement shall be the responsibility of NACCHO, and not the responsibility of the Contractor, if the liability, loss, or damage is caused by, or arises out of, the action or failure to act on the part of any NACCHO employee.
In the event that liability to third parties, loss, or damage arises as a result of activities conducted jointly by the Contractor and NACCHO in fulfillment of their responsibilities under this agreement, such liability, loss, or damage shall be borne by the Contractor and NACCHO in relation to each party's responsibilities under these joint activities.
4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Contractor may not assign this Agreement nor delegate any duties herein.
6. INTERFERING CONDITIONS: Contractor shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Contractor's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Contractor of said duties and responsibilities under this Agreement.
7. OWNERSHIP OF MATERIALS: Contractor hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Contractor pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Contractor shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Contractor understands and agrees that

Contractor shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Contractor represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the U.S. Department of Health and Human Services.

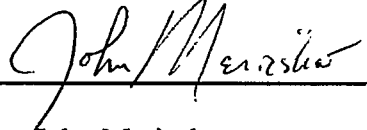
8. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the consultant, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the consultant and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination.
9. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Contractor for services rendered through the date of termination.
10. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
11. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.
12. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
13. REMEDIES FOR MISTAKES: If work that is prepared by the Contractor contains errors or misinformation, the Contractor will correct error(s) within five business days. The Contractor will not charge NACCHO for the time it takes to rectify the situation.


14. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Contractor's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Contractor's responsibility to understand and comply with all requirements set forth therein.
15. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to OMB Circular A-110, Contractor will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
16. DEBARRED OR SUSPENDED CONTRACTORS: Pursuant to OMB Circular A-110, Contractor will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
17. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to OMB Circular A-110, Contractor will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Contractor will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
18. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to OMB Circular A-110, Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

FOR NACCHO:
Contract Specialist
National Association of County and City Health Officials
1100 17th Street, N.W., Second Floor
Washington, D.C. 20036
Tel. (202) 507-4272
Fax (202) 783-1583
Email: mtsanga@naccho.org

FOR CONTRACTOR:
M.A. Anderson
District Health Officer
Washoe County Health District
1001 East 9th Street, Building B-170
Reno, NV 89512
Tel. (775) 328-2441

19. AUTHORITY TO BIND: Each party hereby represents and warrants that the person signing below has the authority to bind such party to this Agreement.

NACCHO:
By: 
Name: John Mericsko
Title: Chief Financial Officer
Date: 5/13/10

CONTRACTOR:
By: 
Name: M. A. Anderson, MD, MPH
Title: District Health Officer
Date: May 10, 2010

Federal Tax ID No: 88-6000138

**NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
CONTRACTOR AGREEMENT – ATTACHMENT I**

SCOPE OF WORK (see attached)

During the term of this Agreement, Contractor agrees to:

Scope of Work

ACHIEVE DEMONSTRATION SITES

The purpose of the ACHIEVE demonstration site program is to enable local communities to address chronic disease risk factors of physical inactivity, poor nutrition, and tobacco use at the policy, systems, and environmental change level to reduce the burden of chronic diseases such as arthritis, obesity, diabetes, cardiovascular disease, and cancer. Each participating local health department (LHD) will be provided with \$15,000 to conduct the following activities:

1. Identify two "coaches" to participate in a **Coaches Meeting to be held in Washington, DC on March 2-4, 2010**. Coaches are designated representatives who provide leadership for the local coalition. The coaches must be a staff person from the LHD and a community leader (to be determined by the LHD). During this meeting, the coaches will learn more about the community change process and receive tools and strategies to assist with this process.
2. Strengthen a coalition of community partners, including developing a cross-sector Community Health Action and Response Team (CHART), a steering group or committee of 8-12 core leaders of a community coalition. Core leaders should have an interest in the overall administrative, program, and performance functions of the coalition.
3. Have CHART members attend an Action Institute (**June 14-17 in San Diego, CA or June 21-24 in Tampa, FL**). The Action Institute will provide training and capacity building to communities before they begin their implementation years to conduct policy, systems, and environmental change strategies related to chronic disease prevention and health promotion.
4. Participate in technical assistance activities and educational opportunities, including but not limited to: site visits; phone-based communication (one-on-one calls with coaches, calls with all coaches, including orientation calls, calls with CHARTs, technical assistance conference calls); e-mail support (individual questions and information and blast e-mails); Web-based support (webinars, ACHIEVE community website); training and educational documents; and referrals to professionals and other experts, including successful communities (e.g. Steps Program, Pioneering Healthier Communities, existing ACHIEVE communities) and Altarum, a nonprofit research institute specializing in health systems that is partnering with NACCHO to conduct technical assistance and evaluation activities.
5. Complete a technical assistance needs assessment to help identify topic areas and training approaches that meet the needs of coaches and CHARTs.
6. Complete the Community Health Assessment and Group Evaluation (CHANGE), a tool that assesses community assets and potential areas for improvement. CHANGE will assist CHARTs to: identify community strengths and weaknesses; frame and understand the current status of community health needs; define improvement areas that will move the community towards implementing and sustaining health policy and environmental changes around healthy living strategies; and assist with prioritizing community needs and considering appropriate allocation of available resources.
7. Develop a community action plan (CAP). The CAP should contain policy, systems, and environmental change strategies that will be the basis for implementation. The CAP should also contain a sustainability plan.
8. Participate in evaluation and data collection, including working with Altarum and submitting a progress report.

Due date: September 29, 2010 (refer to attached timeline for specific dates)

Rate of pay: Flat fee of \$15,000



CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that Washoe County has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension."

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>M. A. Anderson, MD, MPH</i>	TITLE Washoe County District Health Officer
ORGANIZATION Washoe County Health District	DATE SIGNED May 10, 2010



Regional Emergency Medical Services Authority

REMSA

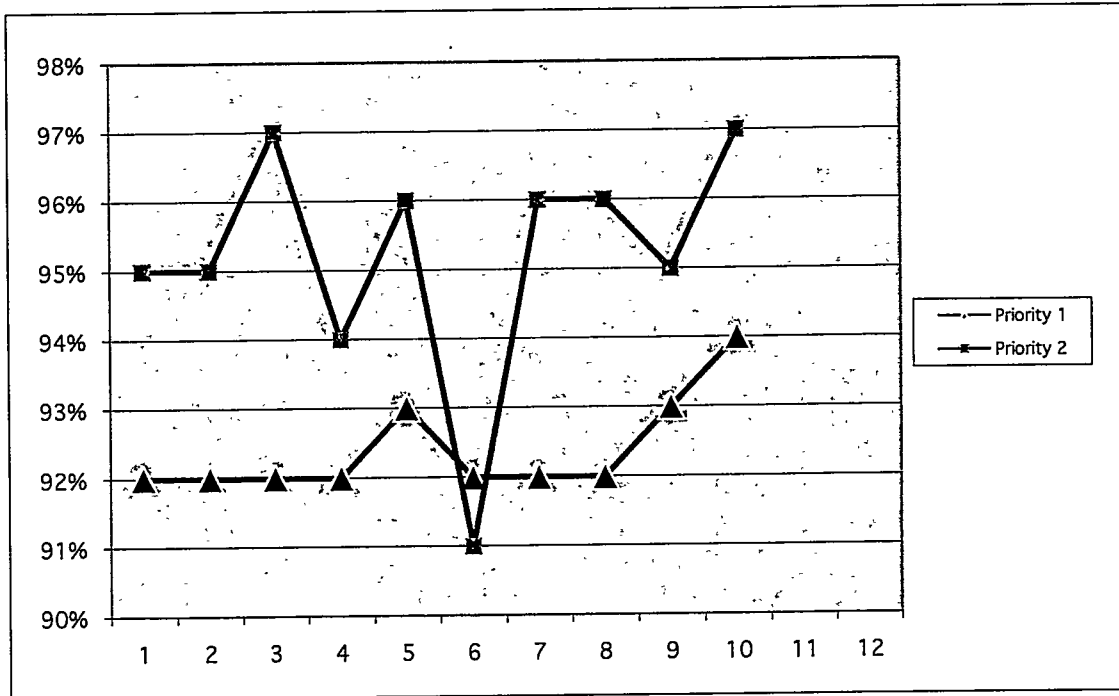
OPERATIONS REPORTS

FOR

APRIL 2010

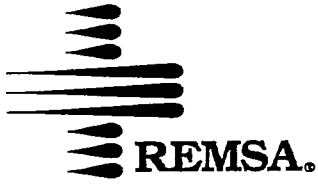
Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.	6 mins. 17 secs.	5 mins. 8 secs.	92%	97%
Oct.	6 mins. 3 secs.	4 mins. 58 secs.	92%	94%
Nov.	6 mins. 3 secs.	4 mins. 58 secs.	93%	96%
Dec.	6 mins. 54 secs.	5 mins. 47 secs.	92%	91%
Jan. 10	5 mins. 55 secs.	4 mins. 54 secs.	92%	96%
Feb.	6 mins. 4 secs.	5 mins. 0 secs.	92%	96%
Mar.	5 mins. 52 secs.	4 mins. 49 secs.	93%	95%
Apr.	5 mins. 50 secs.	4 mins. 42 secs.	94%	97%
May				
Jun-10				



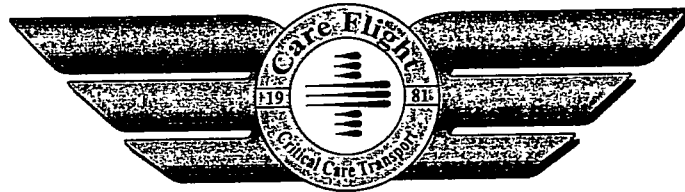
09-10 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.	12	\$83,041	\$6,920	\$7,214
Oct.	10	\$63,413	\$6,341	\$7,032
Nov.	7	\$46,830	\$6,690	\$6,989
Dec.	6	\$35,861	\$5,977	\$6,889
Jan. 2010	14	\$92,197	\$6,586	\$6,833
Feb.	10	\$64,645	\$6,465	\$6,789
Mar.	12	\$68,136	\$5,678	\$6,652
Apr.	20	\$116,717	\$5,836	\$6,512
May			\$0	\$6,512
June			\$0	\$6,512
Totals	117	\$761,940	\$6,512	\$6,512
			Adjusted Allowed Average Bill -	\$6,598.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.	2850	\$2,690,188	\$944	\$944
Oct.	2958	\$2,798,087	\$946	\$944
Nov.	2616	\$2,471,204	\$945	\$945
Dec.	3136	\$2,960,454	\$944	\$944
Jan. 2010	2868	\$2,685,528	\$936	\$943
Feb.	2715	\$2,561,518	\$943	\$943
Mar.	3090	\$2,772,924	\$897	\$938
Apr.	2824	\$2,525,155	\$894	\$934
May			\$0	\$934
June			\$0	\$934
Totals	28810	\$26,896,108	\$934	\$934
			Allowed ground avg bill -	\$922.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
APRIL 2010**



**CARE FLIGHT OPERATIONS REPORT
APRIL 2010
WASHOE COUNTY**

❖ **In Town Transfer:**

➤ 0 ITTs were completed

❖ **Outreach, Education, & Marketing:**

➤ 2 Community Education & Public Events

04/22/10	REMSA Take your daughters & sons to work day	Flight Staff
04/24/10	REMSA/RASI Orientation	Flight Staff

❖ **Statistics**

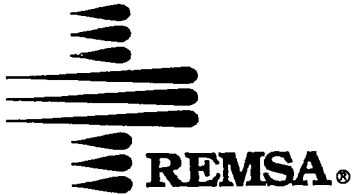
Washoe County Flights

	# patients
Total Flights:	21
Total Patients	21
Expired on Scene	1
Refused Transport (AMA)	0
Scene Flights	16
Hospital Transports	5
Trauma	8
Medical	10
High Risk OB	0
Pediatrics	2
Newborn	0
Full Arrest	1
Total	21



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
APRIL 2010



GROUND AMBULANCE OPERATIONS REPORT

April 2010

1. OVERALL STATISTICS:

Total Number Of System Responses	4700
Total Number Of Responses In Which No Transport Resulted	1874
Total Number Of System Transports	2826

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		49%
OB		1%
Psychiatric/Behavioral		4%
Transfers		15%
Trauma		24%
	Trauma – MVA	6%
	Trauma – Non MVA	18%
Unknown/Other		5%
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
 - 37 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 129
- 100% of advanced airways (outside cardiac arrests)
 - 5 total
 - ETCO2 use in cardiac arrests and advanced airway

- 100% of Phase 6 Paramedic and EMT PCR's
 - 0 Paramedic total
 - 0 EMT-I total
- 100% Pain/Sedation Management

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kearns, Communications CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
4/8/10	EMS CES 911	3
4/9/10	REMSA Education	5
4/11/10	Nevada Army National Guard	9
4/14/10	REMSA Education	25

Advanced Cardiac Life Support Recert

Date	Course Location	Students
4/1/10	EMS CES 911	2
4/7/10	EMS CES 911	1
4/8/10	John Mohler & Co	8
4/12/10	Northern California Medical Education	13
4/13/10	John Mohler & Co	15
4/16/10	Nampa Fire Department	8
4/18/10	EMS CES 911	1
4/18/10	John Mohler & Co	25
4/20/10	REMSA Education	32
4/23/10	Nampa Fire Department	6
4/24/10	REMSA Education	23

4/25/10	EMS CES 911	1
4/27/10	EMS CES 911	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
4/8/10	REMSA Education	1
4/9/10	REMSA Education	1
4/21/10	EMS CES 911	1
4/22/10	REMSA Education	5
4/30/10	REMSA Education	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
4/7/10	REMSA Education	1

Bloodborne Pathogen

Date	Course Location	Students
4/29/10	REMSA Education	12

Health Care Provider

Date	Course Location	Students
4/1/10	REMSA Education	9
4/2/10	Leslie Cowger	1
4/6/10	REMSA Education	58
4/7/10	REMSA Education	8
4/9/10	REMSA Education	1
4/10/10	REMSA Education	7

4/10/10	EMS CES 911	2
4/10/10	Riggs Ambulance Service	3
4/12/10	Northern California Medical Education	2
4/13/10	REMSA Education	7
4/14/10	EMS CES 911	1
4/16/10	Leslie Cowger	1
4/16/10	Great Basin College	12
4/17/10	Humboldt General Hospital	10
4/18/10	EMS CES 911	1
4/21/10	REMSA Education	9
4/22/10	REMSA Education	10
4/23/10	REMSA Education	1
4/26/10	Nevada Department of Corrections	1
4/28/10	Jeremy Martinez	9

Health Care Provider, Employee

Date	Course Location	Students
4/21/10	REMSA Education	1
4/26/10	REMSA Education	1
4/27/10	REMSA Education	1
4/28/10	REMSA Education	1

Health Care Provider, Recert

Date	Course Location	Students
4/5/10	REMSA Education	1
4/6/10	Battle Mountain General Hospital	4
4/7/10	EMS CES 911	2

4/8/10	REMSA Education	10
4/8/10	West Hills Hospital	8
4/10/10	REMSA Education	10
4/13/10	REMSA Education	10
4/13/10	Eastern Plumas Healthcare	4
4/14/10	REMSA Education	10
4/14/10	Josh Buchanan	8
4/15/10	REMSA Education	9
4/20/10	REMSA Education	6
4/21/10	Nevada Air National Guard	2
4/23/10	REMSA Education	15
4/24/10	REMSA Education	7
4/27/10	REMSA Education	10
4/28/10	Eastern Plumas Healthcare	10

Health Care Provider Skills

Date	Course Location	Students
4/1/10	Tahoe Forest Hospital	1
4/2/10	REMSA Education	1
4/9/10	REMSA Education	2
4/12/10	REMSA Education	2
4/14/10	REMSA Education	4
4/22/10	REMSA Education	9
4/23/10	REMSA Education	4
4/26/10	Tahoe Forest Hospital	4
4/29/10	REMSA Education	1

4/30/10	REMSA Education	3
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Heart Saver AED

Date	Course Location	Students
4/2/10	Storey County EMS	18
4/5/10	REMSA Education	6
4/8/10	Eldorado Hotel Casino	4
4/12/10	Nevada Department of Corrections	30
4/14/10	REMSA Education	7
4/14/10	Elko County School District	3
4/14/10	Riggs Ambulance Service	10
4/15/10	Willow Springs	4
4/17/10	Humboldt General Hospital	1
4/20/10	REMSA Education	2
4/24/10	Dacia Sansinena	1
4/24/10	John Braun	17
4/28/10	Pyramid Lake Health Clinic	16

Heart Saver CPR

Date	Course Location	Students
4/21/10	REMSA Education	8
4/21/10	Sierra Nevada Job Corps	6
4/30/10	REMSA Education	9

Heart Saver First Aid

Date	Course Location	Students
4/6/10	Jennifer Kraushaar	12
4/6/10	Cheryl Mangum	8

4/7/10	Sierra Nevada Job Corps	6
4/8/10	REMSA Education	4
4/8/10	Work of Heart	5
4/8/10	Great Basin College	5
4/12/10	Cheryl Mangum	11
4/16/10	REMSA Education	7
4/17/10	Riggs Ambulance Service	2
4/18/10	EMS CES 911	1
4/19/10	REMSA Education	10
4/20/10	Work of Heart	1
4/21/10	REMSA Education	8
4/23/10	REMSA Education	8
4/24/10	REMSA Education	8
4/26/10	Cheryl Mangum	4
4/27/10	Nampa Fire Department	8
4/30/10	REMSA Education	16

Heart Saver Pediatric First Aid

Date	Course Location	Students
4/10/10	REMSA Education	4
4/17/10	REMSA Education	6
4/21/10	Northern California Medical Education	1
4/22/10	Northern California Medical Education	2
4/24/10	Jennifer Kraushaar	13

Pediatric Advanced Life Support

Date	Course Location	Students
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4/5/10	EMS CES 911	1
4/28/10	REMSA Education	19

Pediatric Advanced Life Support, Recert

Date	Course Location	Students
4/9/10	Eastern Plumas Healthcare	8
4/15/10	John Mohler & Company	7
4/16/10	Nampa Fire Department	8
4/23/10	REMSA Education	21
4/23/10	Nampa Fire Department	6
4/24/10	REMSA Education	7
4/28/10	REMSA Education	20

Neonatal Resuscitation

Date	Course Location	Students
4/19/10	REMSA Education	2

Ongoing Courses

1/19/10	Paramedic Program - REMSA Education	16
7/7/09	Paramedic Program - REMSA Education	6
3/20/10	EMT Basic Program - REMSA Education	23
2/22/10	EMT Intermediate Program - REMSA Education	23

Total Students This Report		973
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

4/11/10	RTC Roadeo Booth/Table Event	2 staff
4/17/10	Child Safety Seat Checkpoint, Wells Fargo Insurance Services, Reno. 14 cars and 17 seats inspected.	4 staff, 5 volunteers
4/23/10	Volunteer Meeting and Appreciation Breakfast. Awards presented to Volunteers.	3 staff, 12 volunteers

Safe Kids Washoe County

4/2/10	Washoe County Child Death Review Board regular meeting, Reno.	14 volunteers
4/5/10	Safe Kids Week/Give Kids a Boost Week subcommittee meeting, Sun Valley.	11 volunteers
4/7/10	Truckee Meadows Bicycle Alliance Bike to School subcommittee planning meeting, Reno	15 volunteers
4/7/10	First Candle Sudden Infant Death Syndrome training, Reno.	4 volunteers
4/8/10	Chronic Disease Coalition monthly meeting, Reno.	13 volunteers
4/10/10	Reno Area Young and Early Childhood Family Day, Sparks Marina.	1 volunteers
4/11/10	RTC Roadeo Booth/Table Event, Sparks. Bike Helmet sales to support Bike to School and Work Week.	1 volunteers
4/12/10	Truckee Meadows Bicycle Alliance Bike to School Week planning meeting, Reno	4 volunteers
4/12/10	Safe Kids Week/Give Kids a Boost Week media planning meeting, Reno.	7 volunteers
4/13/10	Safe Kids Washoe County monthly coalition meeting, Sparks.	15 volunteers
4/19/10 - 4/23/10	National Cribs for Kids Conference, Pittsburgh, PA.	1 staff
4/19/10	Safe Kids Week/Give Kids a Boost Week subcommittee meeting, Sun Valley.	6 volunteers

4/24/10	March of Dimes March for Babies Walk, Sparks Marina. Outreach for Bike to Work and School Week and Safe Kids Week	3 volunteers
4/25/10	Earth Day, Idlewild Park, Reno. Outreach for Bike to Work and School Week.	3 volunteers
4/26/10	Esther Bennett Bike Safety Education, grades K-2, Sun Valley.	1 staff, 211 students
4/26/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; walking field trip, Sun Valley.	4 volunteers, 17 students
4/26/10	Safe Kids Week subcommittee meeting, Sun Valley.	7 volunteers
4/27/10	Washoe County Commission Proclamation for Give Kids a Boost Week, Reno.	2 staff, 2 volunteers
4/27/10	Esther Bennett Bike Safety Education, grades 3-6, Sun Valley.	1 staff, 1 volunteer, 245 students
4/28/10	Reno City Council Proclamation for Truckee Meadows Bicycle Alliance in recognition of Bike to Work and School Week, Reno.	4 volunteers
4/29/10	Esther Bennett annual Body Mass Index measurements as part of the Safe Routes to Schools/Safe Kids Washoe County grant.	7 volunteers
4/29/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; classroom session to choose photos and write essays.	4 volunteers, 18 students

Public Relations

4/22/10	Take Our Daughters and Sons To Work Day Coordination	1 staff, 10 children
4/26/10	REMSA Medical Moment Interviews with KOH and KBUL radio stations regarding Point of Impact	1 staff

Meetings

4/1/10	Sierra Nevada Critical Incident Stress Management quarterly team meeting.	1 volunteer
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4/2/10	Employee Resource Team	1 staff
4/7/10	United Way Community Health Council grant funding committee meeting.	1 staff
4/27/10	Pedestrian Safety Action Plan Committee meeting	1 staff
4/28/10	United Way Community Health Council grant funding committee meeting.	1 staff



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
APRIL 2010**

INQUIRIES

April 2010

There were no inquiries in the month of April.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
APRIL 2010**

GROUND AMBULANCE CUSTOMER COMMENTS APRIL 2010

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Listen to my needs and very caring		
2			The paramedics were very professional & we are grateful for their gentleness!
3	Polite & helpful	Explain the billing process better and ask me for my insurance information during services.	
4	Everything - The entire team was excellent. Thank you so much!!	Keep doing the same great job!	If I remember correctly - Justin went with me in the Ambulance, I am so thankful to him for everything! I did not get a chance to thank him in person for the comfort and consoling, Truly appreciated it!!
5	Everything - super job	Nothing	Dispatch was very calm and Professional - Crew was very caring - Great people, great job
6	The care I got was excellent		
7	Everything, could not ask for better service.	You already do great	excellent
8	Everything very well pleased	nothing	as stated everything was the best
9	I felt very secure & comfortable		
10	What you were required to do.		How do we apply for your Silver Saver Plan? We are 62 & 71 years of age medicare only.
11	Everything expected	Beer & Hot dogs	I'm pleased
12	The EMT was very kind, but he was never able to give any medications because he couldn't get an IV to work.	Remember that women have different symptoms then men when having a heart attack	I was home alone and I'm very thankful they were there during my heart attack.
13	Help ease my back pain	Let a relative ride with you	
14	Arrive quickly & transported patient to renown hospital timely	Don't put those large bags on my bed.	
15	Keeping us informed		Thank you very much! Your staff was sincere and helpful
16			Good job and thanks for the help!! We need more hospitals like this!
17	Fast; courteous; Efficient; Professional; medical help in transit; sincere Care for Patient; Great communication w. patient.	How can you improve on "Perfect"?	
18			
19			The paramedic told me information about snakes he found on the internet about a cross breed of rattles & golfer snakes. I would like to know where be found that info.
20	Excellent professional service	continue excellent service	
21	Personel made me feel safe. They were knowledgeable and friendly.		
22	Kind & understanding very good care for my mother Thank you		
23	Everything	Keep doing the same way	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
24		Learn how to put on neck brace. It dug into my shoulder but no one would fix it.	
25	Took excellent care of me and took me to Renown ER.	Keep up the good work	Superb
26	Response was quick & professional as info was exchanged		
27	The dispatcher was very patient & calmed me down		
28	Arrived very fast, gave emergency care right away, personnel very warm and helpful	NA	
29	Quick show up & actual concerned	not known	
30	Good		
31	You did very well in every way.		
32	Very courteous	Everything is fine.	Everything is fine.
33	They were very Courteous.	Lower the bill "just kidding"	everything was fine
34	Everything; I cant say enough about the EMT's That responded to my wifes heart attack. What ever you pay them it not enough		Thank you again for the Rapid Response.
35	EVERYTHING! So many thanks to medics! I am forever greatfull	Listen to patients complaints	I am so forever grateful to Remsa - You are my heros! So many thanks!
36	Your crew can not be thanks enough for saving my life. They knew their jobs well.	Stay as great as you are - keep saving lives - you walk on water - foe being so caring	The 3 young men who came to the Indian clinic & saved my kife were very competent!!! In their job - Keep me calm until we arrived at the ER - Room
37	Called the mother en root		Everything was done great.
38	Patient care of patient - in store where accident happened -	Pretty good now - Personnel very poliet	
39	Went about their business in a very professional but polite manner!	Your service is already excellent!	
40	Everything	As far as I could see nothing	The ladies put me at easy & helped me with my nervesness
41	Took good care of me and met my needs as of service.	Nothing.	The service I received was great except for the cost, would like assistance to pay bill.
42	Everything	Just maintain current levels	
43	Your people that picked my up were helpful courteous, friendly and seemed to care	Hopefully nothing	
44	Friendly and caring	Did very well	
45	All did great!	You are already this	
46	Everyone was very helpful & caring. Thank you all so very much!!!		If we every wanted to move from Douglas Co., Sparks would be the place!
47	Prompt attention	N/A	

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
48	Everything	Keep up the good work	Thank you
49	Everything you guys where very helpful.	Nothing Everything was good.	
50	They tried their best to help us	I think everything is perfect	
51	All of it	Cant think of anything	Was pleased
52	I was very happy with the service		
53	Very kind and fast	you - R- doing a great job	The dispatcher was very good.
54			The crew is very rude to me everytime I go to the hospital.
55	Everyone was very helpful, professional and calming to both my sister and me.	I can't think of a thing.	This was the second time that we called REMSA due a nosebleed that I had the we could not stop, but my firs (ever) ried in and ambulance. Everyone was great and got me into the E.R. with all the necessary information for them to start treatment. Thank you!
56	Very professional & caring crew.		
57	Prompt response, excellent medical first aid, very comfortable safe transport to hospital and gentle careful handling	Nothing	
58	your service is very very good	your service is all ready good you have no need more improve ment you have good people	My little daughters like your service and ambulance ride Two stay with my kid take care
59	Everything		Very good
60	Everything		
61		You're tops	
62			Excellent service
63	They were great making me as company as possible		
64	Yes		My daughter thot one of the guys was cute.
65	Quick response, considerate of pain of pateint/comport		There was a "trainee" on this trip and he did a good job!
66	Very nice told me what was wrong & what needed to be done	All service was so very helpful & nice.	Keep up the great work. Thank you.
67	Hi: THis was our Nana's last ride in a vehicle. You transported her to our home to be in HOSPICE care, She passed away on the 27th. I rode in back with here, the crew was great! Thanks for giving our Nana a nice last ride home!		
68	Talked with me in a friendly manner when I was stressed.	I'm not complaining - The service was excellent, but I received notice from my insurance that the bills were \$2,221 and \$406. That seems like too much. Could someone explain how it cost a total of \$2,627?	
69	gentle, courteous, fast-acting	saw no flaws in service	very efficient quality service - Thank you
70	Very good		
71	Friendly, efficient service		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
72	Yes	maybe	
73			Your crew on scene did a great job
74	I was unconcious during the trip & did not come to until I was in transport	All previous transports have been superb	
75	Thr staff did everything well. They were kind and considerate and very professional	nothing	
76	Put my mind at easy a let me know I was in good hands	Nothing	Being so far from everyone was so nice and polite
77	To calm the patient down		
78	Your people were very good - they were professional competant, courtious and respectful.		
79	Help transport father		Thank you for helping us in a difficult time
80	Compationate/ caring	n/a	Above & beyond/ caring
81	Everything!	Nothing	
82	I was unable to breath. They immediatly gave me a breathing treatment.	They took very good care of me and mae sure I was comfortable	They could not have done better
83	They were kind and compassionate	no suggestion	
84		Female staff started brow beating and being condesending. I stopped talking to her.	Male EMT was professional.
85	Calmed me down and I believe saved my life.		
86	nice & helpful		
87			I am sorry but Jaqueline is not physicaly capable of responding to this survey. We do appreciate your help!
88	very polite and friendly		
89	Very prompt & courtes service	You did exnt Thank you!	
90	Everything		
91	You all were wonderful thatnk you so much	You were above and beyond any expectations	Youe personnel were so very helpful
92	Arrived quickly, Transported quickly. Made my mom at ease abou the care & service provided.	Always park on street by dood. Parking in parking lot creates access barriers.	
93	Very professional & caring		Patient does not remember being transported to hospital.
94	Everything	you allreed do	no need
95	Everything - You always do - Rernley & Rno area has great response teams!		
96	Very professional		
97	Dispatcher was very helpful & professional	You did everything possible to make a very stressful situation easier for all.	Care & service were excellent!
98	From start to completion the entire process was an excellent preformance	Really not much the care given to me was perfect	Both the driver & attendant (todd) did an excellent job. The dispatcher was also excellent.
99	Very caring & Polite		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
100	Everything - I was very impressed with the entire experience - the professionalism & personal care was outstanding.		
101	Your service was professional and caring Thank you		
102	Kept me comfortable. I was on "happy gas", but remember the ride as smooth. Crew was nice.		The ski patrol dealt with the crew. Not much info given to my husband directly.
103	Everything		
104	Everything	Nothing	
105	Very pleasant		
106	Everything, Thank you		
107	Very helpful/understanding		
108	Nothing		I have no intention of paying this bill. My wife was bound to a gurney against her will and brutalized in doing so. She was brought to your emergency room and brutalized again. The only person that will be contacting you is my attorney.
109			
110	Patient care Explanationa & family	Don't know - are treated me well	Keep up the good work
111	Kept me calmed down		It was a very non-stressful trip to the hosp. Jeff was very considerate of my pain.
112	Everything		
113	Everything	Everything was 100% the attendants were fantastic	
114	got me to the hospital in an expeditial manner and treated my wounds well	?	Daniel has made quite a few trips with Remsa and your service has always been very satisfactory.
115	Prompt response, good communications care for my family member (my wife)		
116	Quick response, very thorough, professional		
117	Excellent handling and communicating with my wife (87 years old) after falling.	It is hard to imagine better service.	All I can say is that I am very impressed with the competency of your personnel - fine trained people.
118	They were real good	They were very dood at what they did	I will use you again if needed
119	The two young men could not have been better - Fast & so kind & just great		At raling I was most grateful & pleased at the attention
120	They were very polite and helped me into the van & safely to the hospital	I didn't thing it wouldn't better	
121	Answered by patients daughter "The respectful way that your staff treated my mother was very much appreciated"!	Stay caring as you are!	My mom can be difficult at times and your e.m.t's were very professional! Thank you!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
122	Advance directive use was quickly, compassionate, and effective in a high stress time		Thanks again
123	Removal of patient was excellently done. Tight space.	Keep the same quality & integrity the staff has shown tur the years.	Great! Keep up the good work. Could you forward to me information on the \$50.00 a year membership? Thank you.
124	They were her within minutes was very thankful to have them here!		
125	Every-thing	I'll call you again if I need you	They let me ride with them
126	The EMT's took the time to convince my husband to go to the hospital - I greatly appreciated it!		
127	Excellent service, prompt response & very competent personel	?	
128	Calmed me down - exeellant "first aid" aso	Don't know	excellant!
129	Care was outstanding		
130	Everyhting was great	nothing at present thank you	top notch
131	They brought my mom hope for hospice care, very nice to a confused lady		
132		It was all just great!	
133	Communication and keeping the patient calm & informed.		
134	Treatment in aide unit may of saved my life.	Nothing	Thry were very quick in helping , and polite.
135	Stayed with me still I was admitted and at ease	all is good	
136	communication / polietness	N/A	
137	Everything	Cant think of a thing	
138	Your services are #20 on a scale of 1-10	Just keep up the good work	Your guys are kind, gentle, helpful, amazing
139	All Phases done well by employees		
140	Made patient feel very comfortable	Cannot think of anything - service was excellent	
141	Kind, compassionate, professional service - always!	nothing	I am always impressed by the Remsa team. They are always very kind & caring not only to the patient, but to family as well
142	Everything		Very good.
143	The girls were great		
144	You got me to the hospital fast so I didnt bleed to death!	Keep doing what you are doing so well	Your care was super!
145	Polite, Compassionate, very helpful driver was awesome		Thank you!!!

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
146	Very helpful to my mom & myself made her fill real comfortable	Nothing
147	The crew was extremely patient & understanding to the patient as well as the family!	They went the extra mile so couldn't be improved on!
148		They very nice and kind
149	Everything and they where there very fast	nothing
150	They were very professiona	nothing they were very good
151	They crew made me feel that I was safe & secure & would improve nothing	They certainly knew how to make a person feel better
152	Everything	I felt much better as they began. They knew exactly what they were doing.
153	My highest compliments for your exceptional services all members of your Remsa staff could not have been more kind.	What is better than 100%
154	everything	nothing
155	I sincerely appreciated the care and courtesy extended	Not a thing! Thank you
156	Arrived with in minutes	Just always be there
157	Moved quickly to put my husband at ease	I don't know
158	The paramedics are very nice & professional with my mother	
159	The young woman that came was helpful.	The young man (EMT) that came to take my mom to the hospital DID NOT want to take her because "I'll just have to bring her back." He thought it would be a wasted trip. My husband told him to put her on the gurney and take her to the hospital. He did. I followed and she actually had a heart attack & a stroke. It's obvious he's not a doctor!
160	you did every thing well	
161	Excellent!	You were great!!
162	pick me up took me to St marys - still took care of me at saint marys until someone came	general is very food, would use Remsa again
163	arrived quickly	
164	Got there immediatly, were very caring and respectfull	I could not have been more happy with the service we received.
165		Cheerful kind very helpful.
166	made me feel comfortable and relaxed help alleviate worry	all is ok
167	Kept me calm whtn I was starting to get anxious	They were great.
		They were knowledgable they really were nice guys

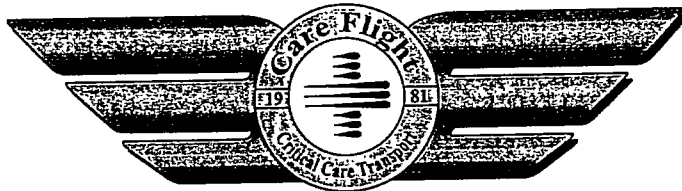
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
168	Provided fast & excellent service	nothing I know of	Excellent service was provided and in good time.
169	You did fine		
170	made me comfortable	I can't think of anything	does not apply
171	Communicate with my son	nothing	
172	Quick response & well trained personel.		
173	the EMTs were wonderful and helpful. They even came into the ER later to check on him. I can not say enough good things about them.	Things at the hill to bring down with thim. Some items were left behind at Mt. Rose	
174	Excellent job	your good	
175	Everything	Nothing - Keep up good service.	
176	Being there when we needed you		
177	Everything needed	nothing	
178	Everything		
179	Everything	Just come when needed as quickly & politely as the 1st time	It was wonderful
180	'2' were very helpful & informative	There were '3' people (yours) 2 were very professional (1) was almost rude	
181	Everything was great		
182	Everything taking care of the patient	Nothing I can think of	We were very pleased w/ the response & care given
183	Well trained paramedics		
184	yes	I thought the crew was very courtes & caring.	
185	I was home alone and they talk me into going to the hospital. They were nice.	None	Very good
186	I was treated very, very good by your crew could not ask for better service		
187	Everything		100%
188	Ride to hosp.		
189	"Everything" they needed to do	I did "not" like the pen on the clip board to sign my signature having to hold it in such a manner at the top of the pen. It was not like holding a regular pen.	Thank You!
190	Entertained the patient and calmed his nerves		
191	Good timing	NA	
192	Everything! you got my husband to hospital in good time and safely.	nothing youre great.	you do a great job and are very appreciated
193	Took care of me	You did well!	Very great care and service
194	Everything		
195	These questions might be better answered by the staff at the villas, famiyl was not present.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
196	Very good w/ my mother who suffered a mild stroke - she was calm because of care		
197	I couldn't ask for better care	Stay on course and continue doing what your best	
198	The guys were calm and helped me be calmer very professional and very kind	N/A	
199	Very good	I don't know. John, the patient died on April 1st 2010. So I dont really know what he says. I'm sorry.	
200	Very well	none	Top of the line
201		Listen to the other paramedics that have arrived first and do ask multiple times redundant questions of the family!	care was very good
202	Everything, very pleasant and concerned.	You all do a terrific job.	This year I will get my REMSA Silver card early as I was a month late in getting ir and it was too late. I haven't spoke to the billing staff yet. I am hoping my St. Mary's Preferred Ins and Senior Dimensions will take care of this expense.
203	Speed of response - professionalism communication of options		It was my understanding that charges would be covered by medicare & Blue Cross Primera
204	Everything. I find no fault		
205	Everyone was extremely helpful		
206	The crew was polite and very efficient. They quickly transferred my husband to the hospital	Not a thing	
207	Very helpful & took great care in services provided.	Exchange insurance info between hospitals and life flight. You would get paid faster.	
208	You got there quickly and you did very well	noting	very good
209	Quick response and very kind and helpful		
210	They was very helpful		
211	I woke up in the ambulance w/ a head injury... The crew couldn't have done a better job comforting me I have no complaints about the crew or the staff		I was treated with the utmost respect & professionalism!! Thank you
212	Got me in and out in a timely manner in order to catch a flight home!		
213	Calmed the patient down - kept in tough until they left the hospital		



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
APRIL 2010



CARE FLIGHT CUSTOMER COMMENTS APRIL 2010

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Everything they were compassionate and informative and gave 110%	Stay the way you are.	I can't say enough about the excellent care I received.
2	Everything was great. I sure do hope our insurance pays.	Not much the flight was really enjoyable and I was really out of it.	It was in a word "outstanding" Thank You
3	Yes, I felt the service was outstanding, very professional.	Keep up the good work.	Quick response time. Although I am a federal prison inmate, you made me feel human again. Thank you.
4	Got me to Carson Tahoe as fast as they could.		
5	Excellent! Gave me comfort. Even checked on me later in the day.		What a wonderful service.
6	Got to Incline quickly.	n/a	My husband does not remember the flight.
7	Everything but one thing that stood out very clearly. Prior to the flight was not given or not clearly visible on form signed		
8	They told me what was going to happen and kept me calm.	No change	
9	I was not aware of anything until I was at Renown.		
10	You explained the procedure well.		
11	Made sure during flight that patient was ok and comfortable. Pilot and staff had a great sense of humor.	Ride was a little bumpy. Pilot said there may have been a little turbulence.	
12	Thank you.		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
APRIL 2010

PUBLIC RELATIONS

April 2010

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding Red Light Move Right, playground safety	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Continued writing scripts for Medical Moment radio program on KKOH and KBUL that runs on Tuesday and Thursdays to promote the medical experience REMSA/CF have.	Program runs on Tuesday and Thursdays every week on KBUL and KOH.
Wrote press release regarding Mike Williams being named training director of ESGR.	Article ran in the NNBW on 4/19.
Wrote and distributed mini press release announcing the Mizpah Rebekah Lodge hosting a dinner to support REMSA in April.	The calendar lists was distributed in 2/7 and ran in local calendars during the month leading up to the event.
Wrote press release regarding Mike Williams being named Vice Chair of American Medical Association Committee.	Article ran in the NNBW on 4/26.
Coordinated interview request from KKOH regarding Red Light Move Right	Interview was done on 4/13 and ran on 4/14.
Reviewed and made suggestions on an article written about REMSA that will go into Family Pulse magazine and sent to all Washoe County parents.	The article will appear in the May issue.

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Wednesday
 April 14, 2010



articles search the big nickel sign in

- home
- news
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RTC bus 'Roadeo' Sunday

by Tribune Staff

Apr 09, 2010 | 66 views | 0 | 1 | 1 | 1

- your sparks
- region in brief
- crime beat
- gangs
- pets
- schools
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- Centennial
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SPARKS — The Regional Transportation Commission is hosting what it calls a "Roadeo" on Sunday, testing the skills of bus driver "cowboys."

In Sunday's Wild West Roadeo, the barrel racers are buses. The competition and community safety fair is set for 9 a.m. to 5 p.m. Sunday at Victorian Square. Buses will barrel race in an obstacle course that requires them to navigate 38,000 pound vehicles between tiny tennis balls aligned for parking, orange barrels for precision in narrow spaces and other maneuvers that test a driver's safety skills.

- jobs
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Roadeo organizers have 58 contestants signed up in addition to Sparks Mayor Geno Martini who will compete at 11:30 a.m. RTC Ride will field 42 competitors. Drivers from El Camino Trailways and Amador Stagelines will also compete. Winners of the RTC Ride coach operator competition will advance to a national event that promotes driver safety and skill.

Roadeo officials said the event also includes a bike rodeo for children, with two free bikes given to raffle winners in the under sixth grade category and two more to sixth grade and older competitors based on a skills completion. The day also includes a wheelchair users rodeo coordinated by the Northern Nevada Center for Independent Living, with Reno Aces tickets as the prize.

Food vendors will be on site along with representatives from multiple community safety agencies, including the American Red Cross, Children's Cabinet, REMSA Safe Kids, Nevada Air National Guard and Mothers Against Drunk Driving.

[post a classified](#)

For more information, visit wildwestroadeo.com.

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- announcement
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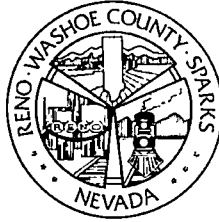
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Washoe County Health District

May 19, 2010

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA)

Attached please find the staff report for the annual franchise compliance report for the Regional Emergency Medical Services Authority (REMSA).

The Washoe County Health District recognizes that REMSA voluntarily maintained its medical dispatch center as an Accredited Center of Excellence (ACE) for demonstrating compliance to the highest level of standards as set forth in the National Academy of Emergency Medical Dispatch's twenty points of accreditation.

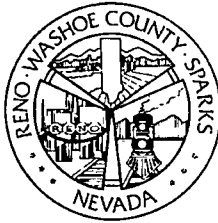
REMSA has voluntarily maintained its national accreditation by the Commission on Accreditation of Ambulance Services (CAAS) in full compliance with CAAS standards.

REMSA has voluntarily maintained its national accreditation by The Commission on Accreditation of Medical Transport Systems (camts).

The supporting certificates have been attached.


Administrative Health Services Officer

Enclosures (4)



Washoe County Health District

May 11, 2010

TO: Members, District Board of Health

FROM: M. A. Anderson, MD, MPH

SUBJECT: Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA) 7/1/08 through 6/30/09

RECOMMENDATIONS

Staff recommends that the District Board of Health find REMSA in compliance with 31 of the 31 performance requirements for Fiscal Year 2008/2009.

BACKGROUND

The following findings are based upon staff's in-depth analysis and reflect staff's commitment to the oversight role of the District Board of Health. More detailed information, including the REMSA audit report, Health District sampling data and other background information, is available to the Board members should you desire it. Applicable excerpts from the franchise language are in italics, followed by the description of the findings in standard type.

DESCRIPTION OF FINDINGS BY FRANCHISE SECTION

1. Governing Body of REMSA

The governing body of REMSA (the "REMSA Board") shall consist of the following:

- One (1) representative from Washoe Medical Center, Inc; (dba: Renown Regional Medical Center)*
- One (1) representative from Saint Mary's Regional Medical Center;*
- One (1) representative from Northern Nevada Medical Center;*
- One (1) consumer appointed by the above three hospital representatives;*
- One (1) representative from the legal profession;*
- One (1) representative from the accounting profession; and*
- One (1) consumer representative appointed by District Board of Health.*

REMSA is in compliance.

The District Board of Health (DBOH) representatives to the REMSA Board in 08/09 were Bill Burrous (consumer representative), Richard Barnard (accounting representative) and Louis Test (legal representative). The three hospital members of the REMSA Board in FY 08/09 were Troy Smith, Administrator of Renown Health System; Mark Crawford, CEO of Northern Nevada Medical Center; and, Allan Meadows who was appointed September, 2008 for St. Mary's Regional Medical Center. Mr. Steve Brown, UBS Financial Services, was the Board member appointed by the hospital representatives.

The District Health Officer Mary Anderson M.D. sits as an ex-officio member of the REMSA Board.

REMSA's legal counsel verified in writing "All contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members of the REMSA Board."

2. Board Meetings

The REMSA Board shall meet at least once each calendar month to conduct operations and fiscal oversight and to develop, monitor and amend the policies and procedures for REMSA in the provision of ambulance services

REMSA is in compliance.

REMSA held 6 meetings in 2008/2009. The August, November, January and April meetings were canceled for lack of quorum and the February and March meetings were combined.

3. Acknowledgment of REMSA's Past Competitive Bid Process

It is acknowledged that REMSA has complied with Sections 3 and 5 of the Franchise Designation, approved October 26, 1986, and as previously amended, in that REMSA successfully established interim ground and rotary wing ambulance services and subsequently completed a competitive bidding process for the continuation of a sole ground ambulance service within the time periods specified.

Acknowledged

4. Marking Of Ambulance Units

All ambulance units either directly operated by REMSA or by a vendor, shall be marked with REMSA identity rather than the individual business identity of any ambulance service vendor or contractor.

REMSA is in compliance.

5. Periodic Competitive Bid Requirement No Later Than Seven Years

During the term of this designation, REMSA may undertake additional competitive bidding procedures or market surveys as it deems necessary to ensure that the services provided under their vendor contract(s) are the most medically efficient and as economical for the consumer as possible, but in no case shall any contract(s) with a vendor(s) extend beyond a total of seven (7) years, commencing from July 1, 1988, without conducting such an open competitive bidding process or market survey.

REMSA is in compliance.

No action required in FY 08/09.

6. All Transfers Between Facilities Must Be At the Advanced Life Support Level

All transports or transfers of sick or injured persons whose condition may require medical observation or care, including patients who require transport or transfer on a stretcher, by ground or rotary wing ambulance units must be accomplished at the advanced life support ("ALS") level.

REMSA is in compliance.

All ground ambulance and rotary wing transports were at the ALS level.

7. Performance Bond and Three Way Lease

REMSA shall insure service performance security with the existence of either (a) a liquidated damages type of performance bond issued by an insurance company, (b) a letter of credit issued by a bank for a minimum of \$200,000 secured by itself and/or (c) an immediate contractual right of offset against its ground ambulance, dispatch, and rotary wing vendor(s) (the "Service Performance Security").

All equipment utilized by REMSA ground ambulance service or its contracted vendor(s) shall be made available to the District Board of Health through a three-way lease or an alternate method as approved by the District Board of Health in the event that REMSA or its contract vendor(s) are unable to provide the required services or loses its contract or franchise designation or its contract is terminated.

REMSA is in compliance.

REMSA ensures performance security through monthly service payments to RASI (its ground subsidiary) that REMSA maintains in arrears. These payments minimally total \$200,000 per month, and further performance security consists of the accounts receivable REMSA receives. Staff received a letter from REMSA's legal counsel verifying that the appropriate contractual provision exists in the contract between REMSA and RASI to maintain performance security safeguards.

8. Medical Radio Communications Dispatch Facility and Backup Emergency System

REMSA shall operate or cause to be operated a radio communications dispatch facility which is compatible with the existing emergency medical services ("EMS") radio network and with the 911 systems operated by Reno, Sparks and Washoe County. Operational drills on the "back up" system shall be conducted on a semi-annual basis. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance

REMSA carried out three (3) tests of its back-up communication system at the new location (6100 Neil Road) on 3/3/09, 4/7/09 and 6/8/09. The Health District received a copy of REMSA's communication center operation procedure.

REMSA provided all feed-back accurately and on time.

The Health District, in association with EMS agencies and area hospitals, dedicated one of its 800MHz radio talk groups so we can communicate during a disaster should traditional methods of communication fail. REMSA participates in the monthly testing of the 800MHz radio with the Health District and local hospitals.

The Health District recognizes that REMSA voluntarily maintained its medical dispatch center as an Accredited Center of Excellence (ACE).

9. Response Requirement of Eight (8) Minutes 90% of the Time for Life Threatening Calls in The City of Reno and Sparks, and Within Established Time Limits for Specific Areas of the County

REMSA shall insure that 90% of all presumptively defined life threatening calls within the incorporated boundaries of Reno and Sparks are responded to within eight (8) minutes and that 90% of all presumptively defined life threatening calls within unincorporated Washoe County shall be responded to in accordance with the time limits established for the specified map grids as mutually agreed to. Those specific map grids and assigned response time limits may be adjusted by the District Health Officer after periodic analysis of operational and response data. The District Health Officer shall present such revisions to the District Board of Health as a consent agenda item. A map reflecting current response zones will be available for review in the office of the District Health Officer.

A "life threatening call" shall be considered those defined as priority one by the medical dispatch protocol.

Response time is defined as the time period from receipt of the patient location, condition and telephone call back number until the ALS unit reports on scene, which is when the ground vehicle has come to a complete stop, or when the helicopter has notified dispatch that it has landed.

REMSA is in compliance.

Washoe County Health District staff performs external verification of REMSA's compliance with the response time requirements in the franchise by sampling ground and Care Flight calls. Staff reviewed dispatch tapes on 1,116 calls. A total of 768 P1 calls were reviewed for response times. According to staff's review, the response times for the P1 calls were within the required time limits.

Staff monitors calls to assure that the medical dispatchers are consistently assigning the correct priorities, monitoring a small number of additional non-Priority 1 calls. Staff reviewed 348 total calls to verify assigned priority.

The current signed map was received June 2008 and is available for inspection.

10. Response Time Penalties

For each and every call that does not meet the required response time and for which there are not extenuating circumstances either approved by the District Health Officer, or which meet exception criteria established by REMSA and approved by the District Health Officer, a penalty of \$10.00 per minute (or portion thereof) shall be assessed for each call that does not meet the required response time, up to a maximum of \$150.00 per call. Effective July 1, 1995, REMSA shall increase its penalty amounts for all established late responses each year by an amount equal to one-hundred percent (100%) of the annually allowed consumer price index {U.S. City Average-All Urban Consumers (1982-84=100)} ("CPI") increase.

Response time exemptions shall be reported monthly to the District Health Officer. These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of operational or educational matters subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA's fiscal year.

Penalties are assessed for late calls which do not meet the required response time, or if there are not extenuating circumstances either approved by the District Health Officer or which do not meet exception criteria established by REMSA and approved by the District Health Officer (DHO). Response time exemptions are to be reported monthly to the DHO. The DHO may grant exemptions under extreme weather conditions. These penalties are to be placed in a separate restricted account of REMSA to defray costs of operational or educational matters subject to prior written approval by the DHO.

REMSA is in compliance

Exemptions

According to the franchise, REMSA shall report exemption requests monthly, which occurred. In FY 08/09 the District Health Officer or her representative granted three blanket weather exemptions (12/15/08, 12/25/08 & 3/9/09). The total number of other approved non-annexation exemption is 87 which include: 26 isolated weather, 17 priority upgrades, 3 bad addresses, 39 Status 99, 1 road construction, 119 annexations and 1 miscellaneous exemption.

Penalty Fund

REMSA's auditing firm performs a review of the penalty fund account annually to insure the rate per minutes is correct, and that expenditures from the penalty funds agree with the pre-approved authorizations from the District Health Officer. The Health District received written confirmation from REMSA dated 9/3/09 which states "The penalty fund is held in a separate restricted account, and this account is solvent".

The penalty amount per minute based on the CPI increase for FY 08/09 was \$14.69, the maximum penalty amount of \$150.00 per call. The actual penalty funds collected were \$40,250.60. REMSA spent all of the funds on approved expenditures.

11. Average Bill Approval and Overages, CPI Adjustments, Ambulance Subscription Program, and Submission of Current Rates and Charges

The District Board of Health shall approve the amount of the maximum average patient bill for ground and rotary wing ambulance transport commencing and terminating within the franchise area of Washoe County to be charged by REMSA, from time to time, upon written application by REMSA. Such maximum average patient bills approved by the District Board of Health shall be automatically adjusted thereafter for any change in the CPI for the preceding year without further District Board of Health action. The District Health Officer shall inform REMSA at least annually in writing with regard to the CPI adjustment amount as determined above. REMSA shall be responsible for determining and setting, from time to time, the various rates, fees and charges which comprise the patient's bill for ground and rotary wing ambulance transport and within ten (10) days of such determination, REMSA shall provide the District Health Officer in writing a current schedule of rates, charges and fees for ground and rotary wing ambulance transport within the franchise area of Washoe County. Such schedule of rates, charges, and fees determined by REMSA shall not cause the average patient's bill for ground and rotary wing ambulance transport within the franchise area to exceed the amount of the maximum average patient bill then in effect as approved by the District Board of Health.

The penalty amount per minute bases on the CPI increase for FY08/09 was \$14.09, the maximum penalty amount of

REMSA is in compliance.

The Average Bill was approved the District Board of Health 8/28/2008; REMSA's letter dated 8/28/08 was received by the Washoe County Health District on 9/2/08.

In May each year the Washoe County Health District calculates the Consumer Price Index (CPI) adjustment based on the appropriate CPI data for the preceding 12 months, and forwards this information to REMSA in writing.

This resulted in increases in the FY08-09 ground average bill from \$826 to \$886, and the Care Flight average bill from \$5,793 to \$6,341. The penalty amount was increased from \$14.09 to \$14.69 per minute for FY08/09.

The average bill for FY 07/08 showed a slight overage. This overage was forgiven in the CPI rate adjustment allowed by the District Board of Health in its August 2008 Board meeting.

REMSA controls its own individual rates and charges, but is required by the franchise to inform the DHO in writing of revisions to its rates "within (10) days of such determination."

REMSA continues to maintain its subscription program for ground ambulance services at the cost of \$59 for an entire household. REMSA provided a copy of its FY08/09 Silver Saver brochure to document its compliance with this section. The DBOH has established the limit of ten for the number of times this service may be used by an individual in a membership year. REMSA reports that only one person exceeded the transport limit under the Silver Saver Program in FY 08/09. This individual was charged the regular rate for all calls in excess of the 10 call limit.

12. Billing and Receipts

REMSA may do all billing of patients and third party payers for ambulance services provided or allow a vendor to do so. In either case, all receipts shall be handled by a process approved by the District Board of Health and in accordance with the business arrangements established by the REMSA Board.

REMSA is in compliance.

REMSA has elected to do its own billing.

13. Annual Independent Financial Audits, IRS Form 990, Agreed Upon Procedures

REMSA shall conform to all generally acceptable accounting practices ("GAAP") and shall have an annual, independent financial audit prepared according to generally accepted auditing standards ("GAAS"). REMSA will provide a copy of the financial audit and the Internal Revenue Service Form 990 within 180 days of the close of its fiscal year to the District Health Officer. The independent auditing firm will be selected by REMSA and such firm must be subject to peer review. In addition to the normal scope of the independent audit, the independent auditing firm will perform "agreed upon procedures" on the average bill and on specific franchise issues as agreed to by REMSA and the District Health Officer.

REMSA is in compliance.

REMSA's audit is due within 180 days of the close of its fiscal year, and was submitted to the Administrative Health Services Officer in a timely fashion - This document was received on 12/24/2009.

REMSA's independent auditor prepares a report on the agreed upon procedures carried out on the penalty fund and the average bill, and completes REMSA's Internal Revenue Service Form 990. The Administrative Health Services Officer received copies in a timely fashion.

Each year the DHO reviews and approves the agreed upon procedures between REMSA and its auditor for the penalty fund and average bill.

14. Dispatch and Field Cross Exposure/Orientation

All personnel within the REMSA dispatch facility shall receive at least three (3) hours annual orientation to and participate as an observer in the field activities of REMSA ambulance services. All field ambulance personnel shall receive at least three (3) hours annual orientation to and observe the dispatch center operations. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

All field personal completed their dispatch training with the exception of 5 individuals who are deployed by the military.

15. Dispatcher Training

All personnel within the REMSA dispatch facility shall be trained at the intermediate emergency medical technician ("EMT II") level or trained at the advanced emergency medical technician "(paramedic)" level. All medical dispatch personnel shall maintain certification as Emergency Medical Dispatchers (EMDs) from the National Academy of Emergency Medical Dispatchers. New dispatch personnel shall receive training during their first six (6) months of employment that meets the standards of the Department of Transportation emergency medical dispatcher ("EMD") certification and the Association of Air Medical Services. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

REMSA has reported that no new Emergency Medical Dispatch (EMD) training standards or American Aviation Medical Standard (AAMS) dispatch training standards were issued during the fiscal year in question.

Dispatchers are required to be certified or trained at the EMT Intermediate level or higher.

New dispatchers are required to receive training during their first six months of employment that meets EMD certification standards and the standards of the Association of Air Medical Services. REMSA reports one (1) new dispatcher was hired in FY 08/09 and their training was completed during orientation. REMSA provided EMD certification information to show the dispatcher was in compliance with the training requirements.

The Nevada State Board of Health regulations regarding Emergency Medical Dispatcher certification requirements are consistent with the franchise requirements.

16. Monthly CPR Courses for the Public, Annual Multimedia Public Education Campaign

REMSA shall offer cardiopulmonary resuscitation ("CPR") courses at least monthly to the public. At least annually, REMSA shall conduct a multimedia campaign, using radio, television, printed media or promotional displays to educate the public. The educational focus will alternate each year between the topic of how to access 911 and injury prevention/health promotion. The District Health Department will assist and participate in such activities.

REMSA is in compliance.

REMSA reported in its monthly operations reports to the DBOH that it provided 1,161 CPR classes to 6,326 attendees (includes all CPR, HCP and Heartsaver CPR classes, recertification and skill verification).

The Washoe County Health District has assisted or participated in some of REMSA's activities for injury prevention/health promotion as WCHD staff is a member of the Washoe County Safe Kid's Coalition.

17. Field Supervisory Support/Medical Disaster Training of Staff and Management.

REMSA shall insure that a field supervisor be on each shift. REMSA shall insure that all of its medical personnel are trained in the Multiple Casualty Incident Plan ("MCIP") and that all of its management personnel are trained to the command level.

REMSA is in compliance.

REMSA has a field supervisor on each shift.

All REMSA personnel received training on the REMSA MCIP training course, which has been accepted by Washoe County Health District as command level training.

18. Medical Direction

REMSA shall appoint a physician(s) to be the medical director(s) ("Medical Director") in accordance with the requirements in Nevada Revised Statutes and the Nevada Administrative Code.

REMSA is in compliance.

REMSA's Medical Director, Joseph Ryan, MD, is in compliance with the requirements in Nevada Revised Statutes and the Nevada Administrative code.

19. Medical Quality Control Coordination

REMSA shall designate an individual(s) to be responsible for the internal coordination of its medical quality control issues.

REMSA is in compliance.

Diane Rolfs, RN, MSN, oversaw coordination of both ground and air ambulance Quality Assurance (QA) activities for FY 08/09

20. Quality Assurance Reviews of Runs

Each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least 5% of the previous month's ALS calls. Those reviews should involve, if possible, the ambulance personnel who participated on those cases, including the emergency room physician, and shall be conducted by the designated REMSA coordinator(s) of medical quality issues. A summary of those quality assurance review activities shall be included in the required monthly operations report forwarded to the District Board of Health.

REMSA is in compliance.

Chart reviews carried out by REMSA's Medical Director and Clinical Coordinator for both ground and air are reported to the DBOH in REMSA's Monthly Operations Report. Staff reviewed these numbers to verify they meet or exceed the 5% review requirement.

21. Formal Educational Opportunities to Be Sponsored By REMSA Four Times Annually

At least four (4) times annually, REMSA will sponsor formal educational opportunities for prehospital care personnel as recommended by REMSA's Medical Director or the District Health Department. REMSA shall offer its monthly continuing education programs to all prehospital care personnel in the Washoe County Health District. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

REMSA is required to "offer its monthly continuing education programs to all prehospital care personnel in the Washoe County Health District." A list of the education programs offered during the month is reported to the DBOH monthly in the REMSA Operations Report.

REMSA sponsored multiple Advanced Cardiac Life Support (ACLS) certification and recertification courses, multiple Pediatric Advanced Life Support (PALS) certification and recertification courses, a CPR Instructor course and a Neonatal Resuscitation course in FY08/09.

22. Clinical Skill Experience Opportunities Through Participating Hospitals

REMSA, upon recommendation of its designated coordinator(s) of medical quality issues, REMSA's Medical Director or the District Health Department, shall facilitate opportunities for clinical skill experience for specific prehospital care personnel through the clinical services of its participating hospitals.

REMSA is in compliance.

REMSA personnel participated in clinical opportunities at local hospitals.

23. Section repealed.

24. Monthly Reports on Operational Activities and Average Bill

REMSA shall provide the DBOH a monthly report on operational activities including the average amount of the patient bill and proposed increases to the average patient bill and the report shall be in a format directed by the Board.

REMSA is in compliance.

REMSA submitted monthly operations reports to the DBOH in a format accepted by the DBOH. Due to early DBOH meeting dates in November and December, two REMSA Monthly Operations reports were not submitted prior to the scheduled DBOH meeting; these reports were submitted and reviewed by the DBOH at the next scheduled meeting.

25. REMSA's Compliance with All Applicable Rules/Regulations

REMSA and all of its subsidiaries shall comply with the provisions of law pertaining to business licensure within Reno, Sparks and Washoe County, with Nevada Revised Statutes Chapter 450B, Nevada Administrative Code Chapter 450B, and with all other applicable provisions of law.

REMSA is in compliance.

REMSA submitted copies of business licenses for Reno, Sparks and Washoe County for the fiscal year.

The State EMS office has provided documentation of REMSA's compliance with NRS 450B and NAC 450B for FY08/09.

26. REMSA's Annual Compliance Report and DHD Monitoring of REMSA

REMSA will report annually to the District Health Department its compliance with these organizational, performance and operational criteria within one hundred eighty (180) days of the end of REMSA's fiscal year. REMSA will also be monitored by the District Health Department for compliance and monitoring data will be provided to the District Health Officer. The District Health Officer shall report on REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year. The District Health Department will periodically report to Reno, Sparks and Washoe County and the District Board of Health on that compliance.

REMSA is in compliance.

REMSA met the 180 day requirement by submitting documentation throughout the year and sending a letter to the Health District on 9/3/09, providing additional information on specific compliance requirements.

Under the franchise, the District Health Officer is required to report on REMSA's annual performance to the District - Board of Health within (90) days of the beginning of each calendar year. Due to the vacant EMS Coordinator position, this deadline was not met.

The Washoe County Health District is required to periodically report to Reno, Sparks and Washoe County on REMSA's compliance.

27. Subsidy by Political Jurisdictions

The granting of this exclusive right to operate ambulance services does not carry any obligation on the part of the District Board of Health, the Cities of Reno and Sparks and Washoe County for any type of monetary subsidy. Costs for REMSA must be borne by REMSA, which is self-supporting.

REMSA is in compliance.

REMSA reports they received no monetary subsidy from any political jurisdiction.

28. REMSA's Exclusive Right to Operate Until July 1, 2006; Possible Penalties for REMSA's Noncompliance with Franchise Requirements and Appeal Rights (automatically extends for one year each June 30, unless DBOH takes action to rescind) *REMSA shall be entitled to the exclusive right to operate ambulance services within the defined service area. This specific time frame is intended to augment REMSA's efforts to develop and maintain a central facility to house the operations of REMSA and its vendor(s) and central medical dispatch. Each year on June 30 following that date, this exclusive right of REMSA to operate ambulance services within the defined service area shall be automatically extended for one additional year, unless the District Board of Health takes action to rescind this exclusive operating right for the material and adverse failure of REMSA to comply with any of these organizational performance and operational criteria. Unless a substantial and immediate threat to the public health requires the District Board of Health to assume control and operation of the ambulance equipment as provided for in this franchise designation, the District Board of Health shall notify REMSA of its intent to rescind this exclusive operating right and the reasons therefore no less than one (1) year prior to the effective date of that proposed action. REMSA shall be provided the opportunity to appeal that proposed action before the District Board of Health within thirty (30) days of such notice.*

REMSA is in compliance.

29. Any Future Service Agreements With Other Political Entities Not to Impact This Systems Funding of Costs *In the event that REMSA enters into service agreements with any other political entity, such service agreements shall be negotiated in such a way that the new system would fund its share of the costs of providing the service and shall not deplete or negatively impact the provision of service with the designated franchise area described herein.*

REMSA is in compliance.

REMSA reported to the Health District that there are no new service agreements with any political entities other than the existing mutual aid agreements.

30. Assumption of REMSA Central Facility by A Future Contractor *Any and all successors and assigns to REMSA under any future franchise designation, license or substitute thereof shall be required to utilize the central facility established by REMSA to house, service, and maintain its offices, communications center, emergency vehicles, supplies, equipment and related items utilized within the EMS system developed under REMSA's franchise and to assume all the financial responsibility related thereto as part of its obligations as successor to REMSA. Such obligations to be assumed by the successor also include assuming any and all obligations under any lease agreement of the central facility, performance or security bond arrangements, ground and air ambulance provider or service agreements, occupancy agreements, lockbox arrangements, equipment leases such as the three-way lease, communications equipment leases, computer and office equipment leases, and other on-going obligations of REMSA as franchisee necessary or expedient to maintain the EMS system developed under REMSA's franchise. Any equipment or property owned by REMSA and utilized within the EMS system shall be purchased by such successor for cash on such terms mutually agreeable to REMSA and such successor.*

31. Clause to Allow Amendments

These organizational, performance and operational criteria may be amended at any time upon mutual written agreement between REMSA and the District Board of Health and after formal action by the District Board of Health.

No amendments were made to the REMSA franchise in Fy08/09.

Yh. S. Anderson, MD, MPH

District Health Officer

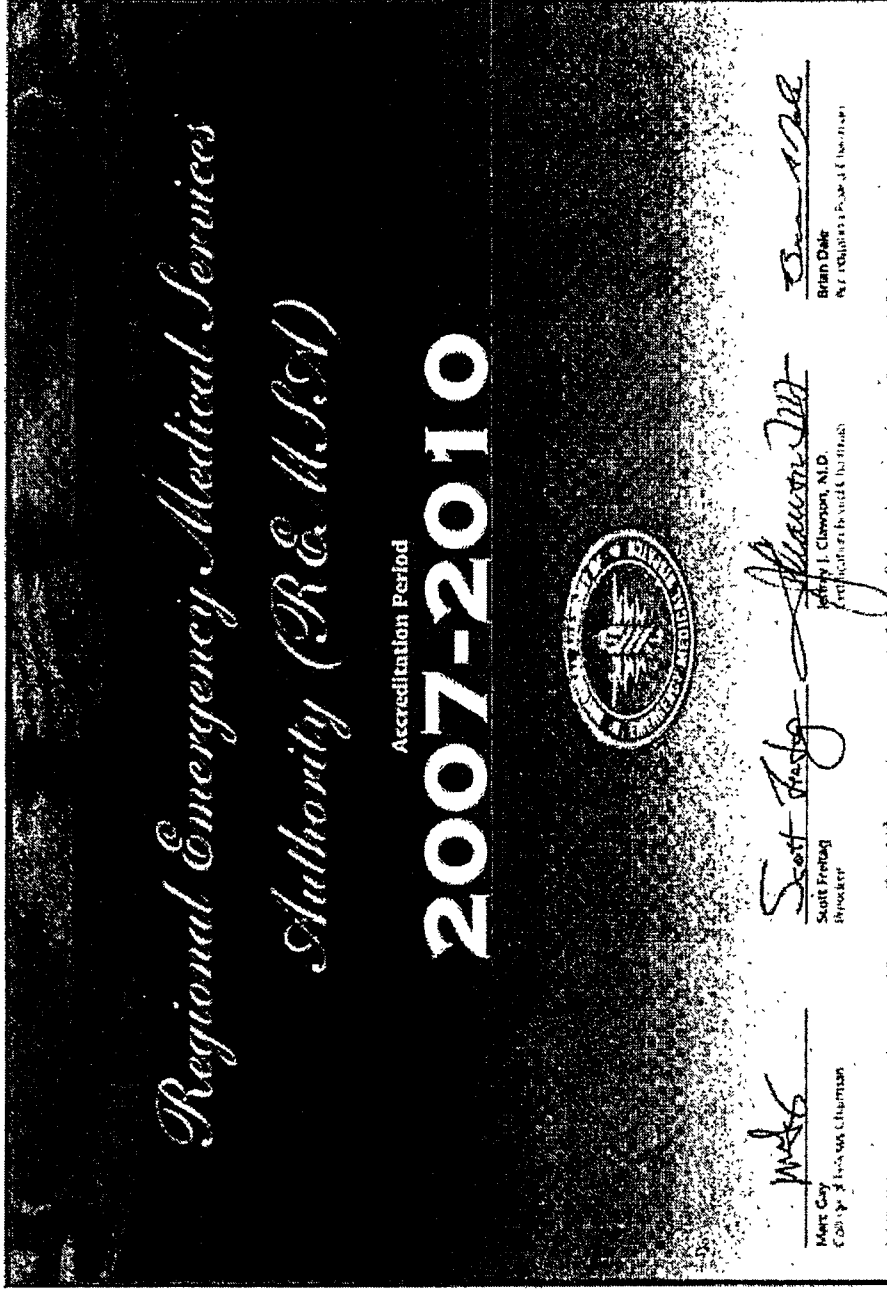
cc: Eileen Coulombe
Lori Cooke
Peg Caldwell

**POOR
QUALITY
DOCUMENT**

**POOR
QUALITY
DOCUMENT**

The National Academy
of Emergency Medical
Dispatch officially
recognizes Regional
Emergency Medical
Services Authority
(REMSA)
for three
years as an Accredited
Center of Excellence in

Emergency Medical
Dispatch on this
23rd day of May,
2007 for demonstrating
compliance to the
highest level of
standards as set forth
in the Academy's
Twenty Points of
Accreditation.



EXCELLENCE
OF
RE-ACCREDITED



Commission on Accreditation of Ambulance Services
1926 Waukegan Rd., Suite 1
Glenview, IL 60025 -1770
ph 847-657-6828
fax 847-657-6825
Website: www.caas.org

February 18, 2010

Washoe County Commissioners
Reno City Council Members

Ladies and Gentleman,

The Commission on Accreditation of Ambulance Services (CAAS) is an independent, not-for-profit organization that exists to encourage and promote quality in emergency medical services. CAAS accreditation signifies that an emergency medical services (EMS) agency has met the "Gold Standard" of care as determined by EMS industry organizations, leaders and experts to be essential in the delivery of a modern EMS system.

Every state requires ambulance service providers to meet a set of minimum requirements necessary to maintain licensure or certification. In addition to maintaining state requirements, CAAS agencies adhere to a higher set of comprehensive standards designed to increase operational efficiency and clinical performance, while decreasing risk and liability across the spectrum of the organization. CAAS agencies are required to submit to a rigorous review of all policies, procedures, records and materials, as well as very thorough physical inspections of all facilities, vehicles and equipment. Employees are interviewed to ensure that they have been provided all the necessary resources, education and equipment needed to provide high quality care to the community they serve. There is immense value in going through this comprehensive review every three years; specifically in the areas of operational efficiency, fiscal accountability, increased clinical quality assurance, high safety standards, and decreased risk and liability.

This letter serves to confirm that Regional Emergency Medical Services Authority (REMSA) has been nationally accredited by the Commission on Accreditation of Ambulance Services since March 31, 2005. REMSA remains in good standing with CAAS and has maintained full compliance with all CAAS standards. A full list of CAAS accredited agencies and other useful information may be found at www.caas.org or by contacting the CAAS office. If you have any questions regarding the CAAS accreditation process, please do not hesitate to contact me.

Sincerely,

Sarah L. McEntee
Executive Director



The Board of Directors of
THE COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS
hereby awards accreditation to

REMSA/ Care Flight

From: July 28 2008 to July 28, 2011

Presented in recognition for substantial compliance with Accreditation Standards of CAMTS in quality patient care and safety for patients requiring medical transport in the following categories:

<u>Modes of Transport</u>	<u>Patient Types</u>	<u>Level of Service Provided</u>
<input type="checkbox"/> Fixed Wing	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Critical Care
<input checked="" type="checkbox"/> Rotorwing	<input checked="" type="checkbox"/> PICU	<input checked="" type="checkbox"/> ALS
<input type="checkbox"/> Ground Critical Care	<input type="checkbox"/> IABP	<input type="checkbox"/> BLS
<input checked="" type="checkbox"/> Ground ALS	<input type="checkbox"/> Perinatal	
<input type="checkbox"/> Ground BLS	<input type="checkbox"/> Neonatal	
<input type="checkbox"/> Medical Escort	<input type="checkbox"/> ECMO	
	<input type="checkbox"/> Inhaled Nitric Oxide	

The Medical Transport Service is granted this Certificate of Accreditation by the authority of the

COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS

An organization with equal representation from each of the following member organizations:

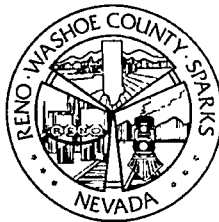
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| <i>Aerospace Medical Association</i> | <i>Emergency Nurses Association</i> |
| <i>Air Medical Physician Association</i> | <i>International Association of Flight Paramedics</i> |
| <i>Air & Surface Transport Nurses Association</i> | <i>National Air Transportation Association</i> |
| <i>American Academy of Pediatrics</i> | <i>National Association of Air-Medical Communication Specialists</i> |
| <i>American Association of Critical Care Nurses</i> | <i>National Association of EMS Physicians</i> |
| <i>American Association of Respiratory Care</i> | <i>National Association of Neonatal Nurses</i> |
| <i>American College of Emergency Physicians</i> | <i>National Association of State EMS Officials</i> |
| <i>American College of Surgeons</i> | <i>National EMS Pilots Association</i> |
| <i>Association of Air Medical Services</i> | |

The Commission on Accreditation of Medical Transport Systems is dedicated to improving the quality of patient care and safety of the transport environment for services providing rotorwing, fixed wing and ground transport systems.

Ralph A. Payne, MD
 Chair

Jim Smith
 Secretary

Eric Berger
 Executive Director



Washoe County Health District

May 14, 2010

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for April 2010

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for April of fiscal year 10.

Background

The attached reports are for the accounting period 10/10 and the percentages should approximate 83% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

April 2010	FY10 – REV	FY09 – REV	FY10 – EXP	FY09 – EXP
Transfer	64%	71%		
AHS	67%	58%	69%	64%
AQM	83%	63%	71%	69%
CCHS	67%	70%	70%	79%
EHS	79%	76%	69%	73%
EPHP	44%	56%	43%	57%
TOTAL	64%	66%	65%	71%

The Environmental Oversight Account for March 2010 was \$163,056.82 and for April 2010 was \$163,057.26.

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	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	38,801.00-	30,199.00-	56	125,000.00-	97,236.21-	27,763.79-	78
422504 Pool Permits	33,000.00-	56,358.00-	23,358.00-	171	100,000.00-	109,342.00-	9,342.00-	109
422505 RV Permits	10,500.00-	8,653.00-	1,847.00-	82	15,000.00-	13,827.00-	1,173.00-	92
422507 Food Service Permits	355,000.00-	297,392.00-	57,608.00-	84	410,000.00-	333,369.00-	76,631.00-	81
422508 Wat Well Const Perm	44,000.00-	24,784.00-	19,216.00-	56	40,000.00-	24,137.00-	15,863.00-	60
422509 Water Company Permits	12,000.00-	4,387.00-	7,613.00-	37	25,000.00-	7,691.00-	17,309.00-	31
422510 Air Pollution Permits	402,399.00-	307,656.50-	94,742.50-	76	420,550.00-	337,894.65-	82,655.35-	80
422511 ISDS Permits	90,000.00-	36,358.85-	53,641.15-	40	125,000.00-	66,194.00-	58,806.00-	53
422513 Special Event Permits	75,000.00-	60,347.20-	14,652.80-	80	80,000.00-	70,287.00-	9,713.00-	88
422514 Initial Applic Fee	38,000.00-	25,637.00-	12,363.00-	67		22,960.00-	22,960.00-	
* Licenses and Permits	1,128,899.00-	860,374.55-	268,524.45-	76	1,340,550.00-	1,082,937.86-	257,612.14-	81
431100 Federal Grants	8,028,221.66-	4,560,256.05-	3,467,965.61-	57	6,797,766.45-	3,651,205.82-	3,146,560.63-	54
431105 Federal Grants - Indirect	31,540.00-	41,083.55-	9,543.55	130		11,320.41-	11,320.41	
432100 State Grants	627,556.00-	373,277.26-	254,278.74-	59	809,529.80-	777,215.42-	32,314.38-	96
432310 Tire Fee NRS 444A.090	370,534.52-	395,702.34-	25,167.82	107	415,000.00-	354,911.70-	60,088.30-	86
432311 Pol Ctrl 455B.830	280,000.00-	228,975.00-	51,025.00-	82	280,000.00-	230,760.00-	49,240.00-	82
* Intergovernmental	9,337,852.18-	5,599,294.20-	3,738,557.98-	60	8,302,296.25-	5,025,413.35-	3,276,882.90-	61
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	195,859.10-	72,288.62-	123,570.48-	37
460500 Other Immunizations	110,000.00-	76,250.69-	33,749.31-	69	165,000.00-	95,384.98-	69,615.02-	58
460501 Medicaid Clinical Services	36,500.00-	23,864.14-	12,635.86-	65	30,750.00-	39,971.82-	9,221.82	130
460503 Childhood Immunizations	190,000.00-	112,734.15-	77,265.85-	59	190,000.00-	174,113.03-	15,886.97-	92
460505 Non Title X Revenue		1,369.00-	1,369.00-			4,297.93-	4,297.93	
460508 Tuberculosis	10,000.00-	6,961.48-	3,038.52-	70	8,000.00-	16,722.67-	8,722.67	209
460509 Water Quality						280.00-	280.00	
460510 IT Overlay	121,001.00-	93,256.00-	27,745.00-	77	150,000.00-	108,675.00-	41,325.00-	72
460511 Birth and Death Certificates	215,000.00-	184,746.00-	30,254.00-	86	230,000.00-	181,105.20-	48,894.80-	79
460512 Duplication Service Fees	200.00-	121.50-	78.50-	61	800.00-	1,058.50-	258.50	132
460513 Other Health Service Charges	8,000.00-	4,081.00-	3,919.00-	51	23,800.00-	6,423.10-	17,376.90-	27
460514 Food Service Certification	8,000.00-	12,991.00-	4,991.00-	162	8,000.00-	6,563.00-	1,437.00-	82
460515 Medicare Reimbursement	500.00-	672.90-	172.90	135	250.00-	892.07-	642.07	357
460516 Pgm Inc-3rd Pty Rec	9,000.00-	5,802.47-	3,197.53-	64	3,000.00-	12,058.53-	9,058.53	402
460517 Influenza Immunization	5,000.00-	25,602.06-	20,602.06	512	10,000.00-	11,292.00-	1,292.00	113
460518 STD Fees	30,000.00-	25,344.84-	4,655.16-	84	60,000.00-	34,169.22-	25,830.78-	57
460519 Outpatient Services	12,500.00-		12,500.00-		11,500.00-	7,735.00-	3,765.00-	67
460520 Eng Serv Health	90,500.00-	49,088.00-	41,412.00-	54	120,000.00-	118,467.00-	1,533.00-	99
460521 Plan Review - Pools & Spas	5,000.00-	5,643.00-	643.00	113	3,000.00-	4,474.00-	1,474.00	149
460523 Plan Review - Food Services	30,000.00-	17,401.15-	12,598.85-	58	40,000.00-	26,004.27-	13,995.73-	65
460524 Family Planning	100,000.00-	57,859.90-	42,140.10-	58	100,000.00-	84,438.19-	15,561.81-	84
460525 Plan Review - Vector	64,000.00-	25,981.00-	38,019.00-	41	75,000.00-	50,024.00-	24,976.00-	67
460526 Plan Review-Air Quality	15,500.00-	25,645.00-	10,145.00	165	14,837.00-	31,435.00-	16,598.00	212
460527 NOE-AQM	32,900.00-	68,564.00-	35,664.00	208	32,900.00-	47,561.05-	14,661.05	145
460528 NESHAP-AQM	62,000.00-	67,792.00-	5,792.00	109	167,900.00-	66,176.00-	101,724.00-	39
460529 Assessments-AQM	22,000.00-	25,583.00-	3,583.00	116	36,630.00-	24,144.00-	12,486.00-	66
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00	197	2,100.00-	2,100.00-	2,100.00-	
460531 Dust Plan-Air Quality	178,333.00-	195,750.00-	17,417.00	110	178,333.00-	223,556.00-	45,223.00	125
460532 Plan Rvw Hotel/Motel		414.00-	414.00					
460533 Quick Start		344.00-	344.00					
460534 Child Care Inspection	9,000.00-	6,775.00-	2,225.00-	75				

Washoe County Health District
 REVENUE
 Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
460535 Pub Accomod Inspectn	21,000.00-	12,981.00-	8,019.00-	62				
460570 Education Revenue		17,139.00-	17,139.00					
* Charges for Services	1,451,491.69-	1,178,401.49-	273,090.20-	81	1,857,659.10-	1,449,310.18-	408,348.92-	78
484000 Donations,Contributions		3,360.00-	3,360.00					
484050 Donations Federal Pgm Income		100.00-	100.00					
485100 Reimbursements		150.00-	150.00					
485300 Other Misc Govt Rev	450.00-	564.00-	114.00	125			584.91	
* Miscellaneous	450.00-	4,174.00-	3,724.00	928			584.91	
** Revenue	11,918,692.87-	7,642,244.24-	4,276,448.63-	64	11,500,505.35-	7,558,246.30-	3,942,259.05-	66

Washoe County Health District
EXPENSE
Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
701110 Base Salaries	10,647,205.97	7,629,160.24	3,018,045.73	72	11,240,002.38	8,424,395.46	2,815,606.92	75
701120 Part Time	700,249.99	561,873.55	138,376.44	80	1,045,046.35	670,278.37	374,767.98	64
701130 Pooled Positions	325,364.33	197,401.03	127,963.30	61	197,135.86	94,325.08	102,810.78	48
701140 Holiday Work	1,500.00	1,691.46	191.46	113	1,500.00	1,452.62	47.38	97
701150 Contractual Wages	255,500.00	92,658.97	162,841.03	36	96,339.87	23,350.61	72,989.26	24
701200 Incentive Longevity	167,094.00	76,877.73	90,216.27	46	169,100.50	79,479.17	89,621.33	47
701300 Overtime	301,520.21	145,223.92	156,296.29	48	69,385.91	30,783.78	38,602.13	44
701406 Standby Pay	30,000.00	27,742.15	2,257.85	92	35,000.00	27,887.50	7,112.50	80
701408 Call Back	3,000.00	3,595.47	595.47	120	6,000.00	3,005.31	2,994.69	50
701412 Salary Adjustment	185,747.75		185,747.75		273,978.53		273,978.53	
701413 Vac Payoff/Sick Pay-Term		87,082.68	87,082.68		210,705.30	210,705.30	210,705.30	
701417 Comp Time		32,846.58	32,846.58		31,926.47	31,926.47	31,926.47	
701419 Comp Time - Transfer								
701500 Merit Awards	329,645.39		329,645.39		254,000.00		5,898.46	
* Salaries and Wages	12,287,536.86	8,856,153.78	3,431,383.08	72	12,331,532.34	9,603,488.13	254,000.00	78
705110 Group Insurance	1,570,574.85	1,150,756.20	419,818.65	73	1,493,380.68	1,094,372.33	2,728,044.21	73
705210 Retirement	2,464,029.18	1,773,579.35	690,449.83	72	2,548,069.63	1,872,597.76	399,008.35	73
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		675,471.87	
705230 Medicare April 1986	151,075.42	115,671.38	35,404.04	77	161,008.60	123,870.82	147,700.00	77
705320 Workmens Comp	64,271.45	51,111.30	13,160.15	80	81,600.00	67,592.98	37,137.78	83
705330 Unemploy Comp	12,350.00	12,330.00	20.00	100	13,260.00	13,268.32	14,007.02	100
705360 Benefit Adjustment	9,504.31		9,504.31		19,155.00		8.32	
* Employee Benefits	4,471,805.21	3,103,448.23	1,368,356.98	69	4,464,173.91	3,171,702.21	19,155.00	71
710100 Professional Services	2,029,172.72	346,150.57	1,683,022.15	17	1,106,898.07	583,044.86	1,292,471.70	53
710105 Medical Services	13,600.00	13,688.00	88.00	101	13,700.00	11,026.50	2,673.50	80
710108 MD Consultants	55,382.00	37,137.50	18,244.50	67	57,140.00	42,300.00	14,840.00	74
710115 Prof Eng Services								
710119 Subcontract Payments	147,602.00	105,519.57	42,082.43	71	304,994.00	220,759.50	1,208.31	72
710200 Service Contract	102,210.00	69,483.89	32,726.11	68	116,754.00	74,244.66	84,234.50	64
710205 Repairs and Maintenance	15,505.00	26,334.29	10,829.29	170	17,335.63	2,940.00	42,509.34	17
710210 Software Maintenance	350.00	26,802.29	26,452.29	7,658		9,350.00	14,395.63	
710300 Operating Supplies	270,541.22	123,332.72	147,208.50	46	185,981.66	116,939.39	69,042.27	63
710302 Small Tools & Allow	1,385.00	750.33	634.67	54	2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		1,798.26	
710312 Special Dept Expense								
710319 Chemical Supplies	560,707.00	360,810.19	199,896.81	64	621,588.00	361,579.46	200.00	58
710334 Copy Machine Expense	36,024.50	21,206.42	14,818.08	59	41,362.18	25,701.96	260,008.54	62
710350 Office Supplies	62,342.26	37,093.04	25,249.22	59	56,718.55	43,842.63	15,660.22	77
710355 Books and Subscriptions	7,587.00	5,991.16	1,595.84	79	9,988.50	7,378.17	12,875.92	74
710360 Postage	26,958.44	18,999.81	7,958.63	70	6,951.57	19,372.51	2,610.33	279
710361 Express and Courier	1,135.00	385.05	749.95	34	18,150.00	472.82	12,420.94	3
710391 Fuel & Lube	100.00		100.00		100.00		17,677.18	
710500 Other Expense	93,350.30	20,593.85	72,756.45	22	52,568.75	29,427.19	23,141.56	56
710502 Printing	49,651.24	21,311.69	28,339.55	43	41,043.48	11,595.27	29,448.21	28
710503 Licenses & Permits	8,625.00	6,242.67	2,382.33	72	10,415.00	5,350.20	5,064.80	51
710504 Registration	900.00		900.00					
710505 Rental Equipment	2,800.00	2,669.00	131.00	95	10,169.00	1,800.00	8,369.00	18
710506 Dept Insurance Deductible	273.40	450.00	176.60	165		263.74	263.74	

Washoe County Health District
EXPENSE
Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710507 Network and Data Lines	4,705.00	4,535.25	169.75	96	455.00	6,328.33	5,873.33-	1,391
710508 Telephone Land Lines	60,808.05	38,032.11	22,775.94	63	74,905.48	41,503.72	33,401.76	55
710509 Seminars and Meetings	29,770.00	17,571.00	12,199.00	59	66,296.00	39,227.00	27,069.00	59
710512 Auto Expense	20,954.14	11,101.15	9,852.99	53	26,645.18	11,921.42	14,723.76	45
710519 Cellular Phone	13,597.00	11,805.37	1,791.63	87	24,205.00	12,185.76	12,019.24	50
710529 Dues	4,476.00	7,134.00	2,658.00-	159	5,280.00	4,320.00	960.00	82
710535 Credit Card Fees	12,394.78	8,430.48	3,964.30	68	8,769.34	8,769.34-	8,769.34-	
710546 Advertising	37,047.00	31,205.92	5,841.08	84	65,626.52	34,960.78	30,665.74	53
710577 Uniforms & Special Clothing	3,150.00	1,094.08	2,055.92	35	3,500.00		3,500.00	
710585 Undesignated Budget	31,540.05		31,540.05					
710590 Bad Debt Expense		1,293.40	1,293.40-					
710600 LT Lease-Office Space	195,423.01	136,320.98	59,102.03	70	256,446.13	177,808.55	78,637.58	69
710620 LT Lease-Equipment					5,940.00	2,971.00	2,969.00	50
710703 Biologicals	291,252.68	93,247.44	198,005.24	32	287,009.61	162,615.79	124,393.82	57
710714 Referral Services	11,300.00	570.76-	11,870.76	5-	8,700.00	3,885.00	4,815.00	45
710721 Outpatient	119,940.00	82,367.28	37,572.72	69	149,305.88	95,737.61	53,568.27	64
710872 Food Purchases	2,095.00	1,072.10	1,022.90	51	2,050.00	2,251.35	201.35-	110
711010 Utilities		1,362.00	1,362.00-					
711113 Equip Srv Replace	101,823.48	91,465.73	10,357.75	90	104,964.00	109,390.26	4,426.26-	104
711114 Equip Srv O & M	71,986.43	40,125.94	31,860.49	56	160,958.54	80,921.22	80,037.32	50
711115 Equip Srv Motor Pool	12,070.00	6,475.00	5,595.00	54	19,195.00	4,792.50	14,402.50	25
711117 ESD Fuel Charge	54,173.64	34,158.05	20,015.59	63				
711119 Prop & Liab Billings	66,930.00	54,941.60	11,988.40	82	58,667.00	48,889.30	9,777.70	83
711210 Travel	186,091.02	42,527.98	143,563.04	23	186,045.22	46,644.35	141,400.87	25
711213 Travel-Non Cnty Pers		656.27	656.27-					
711504 Equipment nonCapital	76,536.11	195,564.74	119,028.63-	256	103,981.03	53,919.05	50,061.98	52
* Services and Supplies	4,894,465.47	2,156,869.15	2,737,596.32	44	4,288,983.98	2,518,164.84	1,770,819.14	59
781004 Equipment Capital	371,424.85	142,513.80	228,911.05	38	570,176.05	135,249.09	434,926.96	24
* Capital Outlay	371,424.85	142,513.80	228,911.05	38	570,176.05	135,249.09	434,926.96	24
** Expenses	22,025,232.39	14,258,984.96	7,766,247.43	65	21,654,866.28	15,428,604.27	6,226,262.01	71
485192 Surplus Equipment Sales		12.60-	12.60					
* Other Fin. Sources		12.60-	12.60					
621001 Transfer From General	8,795,500.00-	5,665,503.67-	3,129,996.33-	64	9,693,500.00-	6,860,204.02-	2,833,295.98-	71
* Transfers In	8,795,500.00-	5,665,503.67-	3,129,996.33-	64	9,693,500.00-	6,860,204.02-	2,833,295.98-	71
** Other Financing Src/Use	8,795,500.00-	5,665,516.27-	3,129,983.73-	64	9,693,500.00-	6,860,204.02-	2,833,295.98-	71
**** Total	1,311,039.52	951,224.45	359,815.07	73	460,860.93	1,010,153.95	549,293.02-	219

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,205,291.00-	813,453.96-	391,837.04-	67	1,463,729.00-	845,239.02-	618,489.98-	58
* Intergovernmental	1,205,291.00-	813,453.96-	391,837.04-	67	1,463,729.00-	845,239.02-	618,489.98-	58
460512 Duplication Service Fees	200.00-	121.50-	78.50-	61	800.00-	1,058.50-	258.50	132
* Charges for Services	200.00-	121.50-	78.50-	61	800.00-	1,058.50-	258.50	132
485300 Other Misc Govt Rev	450.00-	205.00-	245.00-	46	800.00-	484.91-	484.91	
* Miscellaneous	450.00-	205.00-	245.00-	46	800.00-	484.91-	484.91	
** Revenue	1,205,941.00-	813,780.46-	392,160.54-	67	1,464,529.00-	846,782.43-	617,746.57-	58
701110 Base Salaries	1,748,051.93	1,352,064.16	395,987.77	77	2,046,648.55	1,384,258.25	662,390.30	68
701120 Part Time	24,553.03	18,121.85	6,431.18	74	24,461.26	17,736.45	6,724.81	73
701130 Pooled Positions	68,296.19	844.97	68,296.19		25,580.86	25,580.86	25,580.86	
701140 Holiday Work								
701200 Incentive Longevity	31,000.00	13,003.10	17,996.90	42	29,850.00	11,251.92	18,598.08	38
701300 Overtime	6,000.00	8,296.93	2,296.93-	138	4,015.00	4,679.40	664.40-	117
701412 Salary Adjustment	7,104.00	7,104.00	7,104.00		94,369.00	33,899.31	94,369.00	
701413 Vac Payoff/Sick Pay-Term		7,335.40	7,335.40-			7,432.32	33,899.31-	
701417 Comp Time		26.23	26.23-			5,898.46	7,432.32-	
701419 Comp Time - Transfer							5,898.46-	
701500 Merit Awards							91,459.00-	
* Salaries and Wages	1,885,005.15	1,399,692.64	485,312.51	74	91,459.00-	1,465,156.11	91,459.00-	69
705110 Group Insurance	268,699.06	212,986.30	55,712.76	79	2,133,465.67	1,465,156.11	668,309.56	69
705210 Retirement	381,561.51	292,768.89	88,792.62	77	245,985.18	183,671.44	62,313.74	75
705215 Retirement Calculation	200,000.00	292,768.89	88,792.62		425,683.31	284,787.43	140,895.88	67
705230 Medicare April 1986	24,601.66	19,192.54	5,409.12	78	147,700.00	147,700.00	147,700.00	
705320 Workmens Comp	11,458.00	9,548.30	1,909.70	83	28,990.03	20,087.69	8,902.34	69
705330 Unemply Comp	2,210.00	2,210.00	1,909.70	100	14,800.00	12,333.30	2,466.70	83
705360 Benefit Adjustment					2,405.00	2,405.00		100
* Employee Benefits	888,530.23	536,706.03	351,824.20	60	19,155.00	503,284.86	19,155.00	57
710100 Professional Services	3,300.00	870.00	2,430.00	26	894,718.52	2,296.18	381,433.66	48
710105 Medical Services		74.50	74.50-		4,800.00		2,503.82	
710108 MD Consultants							202.50	
710200 Service Contract	750.00	794.38	44.38-	106	150.00	549.65	399.65-	366
710205 Repairs and Maintenance	800.00	152.57	647.43	19	800.00	48.33	751.67	6
710300 Operating Supplies	52,049.29	12,740.10	39,309.19	24	35,300.00	14,563.40	20,736.60	41
710312 Special Dept Expense						25.00	25.00-	
710334 Copy Machine Expense	11,594.00	5,977.91	5,616.09	52	11,879.00	7,491.76	4,387.24	63
710350 Office Supplies	16,185.00	9,003.54	7,181.46	56	16,185.00	7,884.56	8,300.44	49
710355 Books and Subscriptions	1,370.00	1,898.95	528.95-	139	1,370.00	1,108.81	261.19	81
710360 Postage	1,600.00	1,264.33	335.67	79		2,271.50	2,271.50-	
710361 Express and Courier	100.00	31.77	68.23	32	1,700.00	30.60	1,669.40	2
710500 Other Expense	1,100.00	846.60	253.40	77	1,250.00	849.10	400.90	68
710502 Printing	9,550.00	2,153.06	7,396.94	23	9,570.00	930.50	8,639.50	10
710503 Licenses & Permits	2,400.00	400.00	2,000.00	17	2,500.00	216.00	2,284.00	9
710507 Network and Data Lines		243.60	243.60-			150.00	150.00-	
710508 Telephone Land Lines	11,800.00	8,528.64	3,271.36	72	12,510.00	8,539.04	3,970.96	68
710509 Seminars and Meetings	5,100.00	2,491.00	2,609.00	49	5,100.00	3,531.50	1,568.50	69
710512 Auto Expense	4,350.00	1,376.79	2,973.21	32	4,550.00	1,386.26	3,163.74	30
710519 Cellular Phone	350.00	91.44	258.56	26	383.00	356.41	26.59	93
710529 Dues	955.00	2,866.00	1,911.00-	300	955.00	1,310.00	355.00-	137

Washoe County Health District
 Administrative Health Services
 Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710546 Advertising	150.00	126.39	23.61	84		156.77	156.77-	
710600 LT Lease-Office Space	80,296.00	74,555.72	5,740.28	93	141,319.12	73,370.72	67,948.40	52
710872 Food Purchases	150.00		150.00		200.00	116.86	83.14	58
711010 Utilities		63.00	63.00-					
711113 Equip Srv Replace	2,122.20	2,218.50	96.30-	105		2,200.65	2,200.65-	
711114 Equip Srv O & M	1,043.60	859.24	184.36	82	1,623.64	960.93	662.71	59
711115 Equip Srv Motor Pool		515.00	515.00-			410.00	410.00-	
711117 ESD Fuel Charge	636.64	435.38	201.26	68				
711119 Prop & Liab Billings	11,798.00	9,831.70	1,966.30	83	10,693.00	8,910.90	1,782.10	83
711210 Travel	16,500.00	6,768.62	9,731.38	41	16,500.00	4,076.98	12,423.02	25
711504 Equipment nonCapital	1,700.00	4,847.32	3,147.32-	285	1,700.00	123.95	1,576.05	7
* Services and Supplies	237,749.73	152,026.05	85,723.68	64	281,037.76	144,068.86	136,968.90	51
** Expenses	3,011,285.11	2,088,424.72	922,860.39	69	3,299,221.95	2,112,509.83	1,186,712.12	64
*** Total	1,805,344.11	1,274,644.26	530,699.85	71	1,834,692.95	1,265,727.40	568,965.55	69

Washoe County Health District
 Air Quality Management
 Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422510 Air Pollution Permits	402,399.00-	307,656.50-	94,742.50-	76	420,550.00-	337,894.65-	82,655.35-	80
* Licenses and Permits	402,399.00-	307,656.50-	94,742.50-	76	420,550.00-	337,894.65-	82,655.35-	80
431100 Federal Grants	681,349.00-	440,030.95-	241,318.05-	65	759,349.00-	181,533.00-	577,816.00-	24
431105 Federal Grants - Indirect		18,473.05-	18,473.05					
432100 State Grants								
432311 Pol Ctrt 455B.830	280,000.00-	228,975.00-	51,025.00-	82	170,000.00-	170,000.00-	49,240.00-	100
* Intergovernmental	961,349.00-	687,479.00-	273,870.00-	72	1,209,349.00-	582,293.00-	627,056.00-	48
460513 Other Health Service Charges		992.00-	992.00		9,800.00-	551.10-	9,248.90-	6
460526 Plan Review-Air Quality	15,500.00-	25,645.00-	10,145.00-	165	14,837.00-	31,435.00-	16,598.00-	212
460527 NOE-AQM	32,900.00-	68,564.00-	35,664.00-	208	32,900.00-	47,561.05-	14,661.05	145
460528 NESHAP-AQM	62,000.00-	67,792.00-	5,792.00-	109	167,900.00-	66,176.00-	101,724.00-	39
460529 Assessments-AQM	22,000.00-	25,583.00-	3,583.00-	116	36,630.00-	24,144.00-	12,486.00-	66
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00-	197	2,100.00-		2,100.00-	
460531 Dust Plan-Air Quality	178,333.00-	195,750.00-	17,417.00-	110	178,333.00-	223,556.00-	45,223.00-	125
* Charges for Services	312,633.00-	388,061.00-	75,428.00-	124	442,500.00-	393,423.15-	49,076.85-	89
485300 Other Misc Govt Rev		90.00-	90.00					
* Miscellaneous		90.00-	90.00					
** Revenue	1,676,381.00-	1,383,286.50-	293,094.50-	83	2,072,399.00-	1,313,610.80-	758,788.20-	63
701110 Base Salaries	1,311,733.43	1,031,744.91	279,988.52	79	1,388,862.47	1,053,937.85	334,924.62	76
701130 Pooled Positions	8,000.00	7,226.41	773.59	90	8,000.00	3,050.71	4,949.29	38
701140 Holiday Work						166.02	166.02-	
701150 Contractual Wages	50,000.00	10,400.00	50,000.00	49	50,000.00	9,488.44	50,000.00	40
701200 Incentive Longevity	21,150.00	2,004.07	10,750.00	33	23,550.00	134.48	14,061.56	
701300 Overtime	6,057.21	409.82	4,053.14		4,535.34		4,400.86	
701408 Call Back			409.82-		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-	
* Salaries and Wages	1,396,940.64	1,051,785.21	345,155.43	75	1,484,556.59	1,122,871.55	361,685.04	76
705110 Group Insurance	156,554.89	124,099.61	32,455.28	79	142,279.60	108,969.87	33,309.73	77
705210 Retirement	285,871.82	223,139.25	62,732.57	78	289,544.99	216,843.15	72,701.84	75
705230 Medicare April 1986	17,726.98	13,801.43	3,925.55	78	18,901.05	14,921.30	3,979.75	79
705320 Workmens Comp	6,740.00	5,616.70	1,123.30	83	8,000.00	6,666.70	1,333.30	83
705330 Unemply Comp	1,300.00	1,300.00		100	1,300.00	1,300.00		100
* Employee Benefits	468,193.69	367,956.99	100,236.70	79	460,025.64	348,701.02	111,324.62	76
710100 Professional Services	176,599.41	19,082.60	157,516.81	11	261,928.54	97,611.89	164,316.65	37
710200 Service Contract	350.00	363.00	13.00-	104	350.00	312.84	37.16	89
710205 Repairs and Maintenance	7,000.00	3,755.10	3,244.90	54	8,792.63	143.00	8,649.63	2
710300 Operating Supplies	4,100.00	9,996.71	5,896.71-	244	4,500.00	1,529.13	2,970.87	34
710312 Special Dept Expense						25.00-	25.00-	
710334 Copy Machine Expense	4,387.20	3,505.94	881.26	80	4,387.20	3,996.52	390.68	91
710350 Office Supplies	3,500.00	3,717.84	217.84-	106	4,500.00	3,181.91	1,318.09	71
710355 Books and Subscriptions	224.00	250.86	26.86-	112	224.00	212.26	11.74	95
710360 Postage	2,200.00	3,324.15	1,124.15-	151	2,000.00	2,411.53	2,411.53-	
710361 Express and Courier	200.00	65.77	134.23	33	2,000.00	45.08	1,954.92	2
710500 Other Expense	200.00	567.77	367.77-	284	1,000.00	5,554.70	4,554.70-	555
710502 Printing	1,000.00	783.89	216.11	78	1,600.00	888.53	711.47	56
710503 Licenses & Permits	90.00	2,372.67	2,282.67-	2,636		90.00	90.00-	

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	1,800.00	1,800.00		100	1,700.00	1,800.00	100.00-	106
710508 Telephone Land Lines	9,000.00	5,419.10	3,580.90	60	12,600.00	6,404.11	6,195.89	51
710509 Seminars and Meetings	4,200.00	1,655.00	2,545.00	39	4,200.00	1,735.00	2,465.00	41
710512 Auto Expense	1,200.00	384.27	815.73	32	200.00	731.62	531.62-	366
710519 Cellular Phone	3,800.00	3,007.72	792.28	79	4,145.00	2,912.58	1,232.42	70
710529 Dues	435.00	2,185.00	1,750.00-	502	435.00	435.00		100
710535 Credit Card Fees	1,500.00	1,401.05	98.95	93		790.91	790.91-	
710546 Advertising	5,700.00	731.63	4,968.37	13	5,700.00	978.76	4,721.24	17
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space	74,490.12	24,688.00	49,802.12	33	74,490.12	68,070.40	6,419.72	91
710721 Outpatient	1,316.00		1,316.00		1,316.00	991.38	324.62	75
711113 Equip Srv Replace	30,340.92	16,139.99	14,200.93	53	24,384.00	28,984.46	4,600.46-	119
711114 Equip Srv O & M	13,520.37	8,573.25	4,947.12	63	33,132.40	19,318.82	13,813.58	58
711115 Equip Srv Motor Pool		262.50	262.50-		275.00	250.00	25.00	91
711117 ESD Fuel Charge	12,187.68	9,153.48	3,034.20	75				
711119 Prop & Liab Billings	7,940.00	5,783.30	2,156.70	73	5,780.00	4,816.70	963.30	83
711210 Travel	40,227.52	7,933.92	32,293.60	20	38,964.00	8,435.07	30,528.93	22
711504 Equipment nonCapital	4,000.00	65,157.93	61,157.93-	1,629	4,000.00	18,942.93	14,942.93-	474
* Services and Supplies	412,608.22	202,062.44	210,545.78	49	501,703.89	281,600.13	220,103.76	56
* 781004 Equipment Capital	91,708.35	54,809.68	36,898.67	60	165,850.05	51,560.50	114,289.55	31
* Capital Outlay	91,708.35	54,809.68	36,898.67	60	165,850.05	51,560.50	114,289.55	31
** Expenses	2,369,450.90	1,676,614.32	692,836.58	71	2,612,136.17	1,804,733.20	807,402.97	69
** 485192 Surplus Equipment Sales		12.60-	12.60					
** Other Financing Src/Use	693,069.90	293,315.22	399,754.68	42	539,737.17	491,122.40	48,614.77	91
*** Total								

Washington County Health District
Community and Clinical Health Services
Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	2,450,455.00-	1,695,668.03-	754,786.97-	69	2,343,949.20-	1,420,581.92-	923,367.28-	61
431105 Federal Grants - Indirect		5,640.42-	5,640.42					
432100 State Grants	552,556.00-	316,777.26-	235,778.74-	57	594,279.80-	550,215.42-	14,064.38-	98
* Intergovernmental	3,003,011.00-	2,018,085.71-	984,925.29-	67	2,908,229.00-	1,970,797.34-	937,431.66-	68
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	86,494.00-	57,359.59-	29,134.41-	66
460500 Other Immunizations	110,000.00-	76,250.69-	33,749.31-	69	165,000.00-	95,384.98-	69,615.02-	58
460501 Medicaid Clinical Services	36,500.00-	23,864.14-	12,635.86-	65	30,750.00-	39,971.82-	9,221.82	130
460503 Childhood Immunizations	190,000.00-	112,734.15-	77,265.85-	59	190,000.00-	174,113.03-	15,886.97-	92
460505 Non Title X Revenue		1,369.00-	1,369.00			4,297.93-	4,297.93	
460508 Tuberculosis	10,000.00-	6,961.48-	3,038.52-	70	8,000.00-	16,722.67-	8,722.67	209
460515 Medicare Reimbursement	500.00-	672.90-	172.90-	135	250.00-	892.07-	642.07	357
460516 Pgm Inc-3rd Prty Rec	9,000.00-	5,802.47-	3,197.53-	64	3,000.00-	12,058.53-	9,058.53	402
460517 Influenza Immunization	5,000.00-	25,602.06-	20,602.06	512	10,000.00-	11,292.00-	1,292.00	113
460518 STD Fees	30,000.00-	25,344.84-	4,655.16-	84	60,000.00-	34,169.22-	25,830.78-	57
460519 Outpatient Services	12,500.00-	57,859.90-	12,500.00-		11,500.00-	7,735.00-	3,765.00-	67
460524 Family Planning	100,000.00-	13,361.00-	42,140.10-	58	100,000.00-	84,438.19-	15,561.81-	84
460570 Education Revenue		373,731.84-	193,425.85-	66	664,994.00-	538,435.03-	126,558.97-	81
* Charges for Services	567,157.69-	3,360.00-	3,360.00					
484000 Donations, Contributions		100.00-	100.00					
484050 Donations Federal Pgm Income		6.00-	6.00					
485300 Other Misc Govt Rev		3,466.00-	3,466.00					
* Miscellaneous	3,570,168.69-	2,395,283.55-	1,174,885.14-	67	3,573,223.00-	2,509,232.37-	1,063,990.63-	70
** Revenue	3,064,334.37	2,071,884.46	992,449.91	68	3,350,766.90	2,559,651.29	791,115.61	76
701110 Base Salaries	640,119.02	481,491.73	158,627.29	75	966,243.97	606,564.21	359,679.76	63
701120 Part Time	120,571.14	82,396.40	38,174.74	68	37,818.00	39,562.98	1,744.98-	105
701130 Pooled Positions						110.68	110.68-	
701140 Holiday Work								
701150 Contractual Wages	54,703.00	27,332.98	27,370.02	50	17,302.73	17,302.73	17,302.73	58
701200 Incentive Longevity	2,175.00	4,902.19	2,727.19-	225	3,835.57	980.07	2,855.50	26
701300 Overtime	114,541.03	52,337.82	114,541.03		403,856.66-	89,427.11	403,856.66-	
701412 Salary Adjustment		7,925.32	7,925.32-			10,384.80	89,427.11-	
701413 Vac Payoff/Sick Pay-Term								
701417 Comp Time	329,645.39-		329,645.39-		162,541.00-	10,384.80	10,384.80-	
701500 Merit Awards	3,666,798.17	2,728,270.90	938,527.27	74	3,863,459.51	3,338,134.62	162,541.00-	86
* Salaries and Wages	524,221.04	363,637.20	160,583.94	69	558,482.31	395,101.89	525,324.89	71
705110 Group Insurance	805,955.04	563,651.93	242,303.11	70	896,036.24	652,259.71	163,380.42	73
705210 Retirement	49,010.59	35,949.62	13,060.97	73	53,887.66	41,867.69	243,776.53	78
705230 Medicare April 1986	21,231.00	17,692.30	3,538.70	83	30,000.00	24,999.80	12,019.97	83
705320 Workmens Comp	4,095.00	4,085.00	10.00	100	4,875.00	4,875.00	5,000.20	100
705330 Unemply Comp	1,505.00-		1,505.00-					
705360 Benefit Adjustment	1,403,007.67	985,016.05	417,991.62	70	1,543,281.21	1,119,104.09	424,177.12	73
* Employee Benefits	302,893.00	193,323.14	109,569.86	64	299,863.70	249,550.18	50,313.52	83
710100 Professional Services	13,000.00	11,123.00	1,877.00	86	13,350.00	9,274.50	4,075.50	69
710105 Medical Services	43,382.00	27,137.50	16,244.50	63	45,140.00	34,097.50	11,042.50	76
710108 MD Consultants	147,602.00	105,519.57	42,082.43	71	304,994.00	220,759.50	84,234.50	72
710119 Subrecipient Payments	12,200.00	9,559.69	2,640.31	78	10,954.00	9,376.34	1,577.66	86
710200 Service Contract	6,105.00	20,301.31	14,196.31-	333	5,410.00	1,680.22	3,729.78	31
710205 Repairs and Maintenance								

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710210 Software Maintenance	350.00	76,928.45	350.00	79	86,391.00	350.00	350.00	
710300 Operating Supplies	97,132.00	9,214.35	20,203.55		17,183.00	67,745.25	18,645.75	78
710312 Special Dept Expense	16,463.00	7,419.61	7,248.65	56	16,679.00	125.00	125.00	68
710334 Copy Machine Expense	14,405.00	907.62	6,985.39	52	4,595.00	11,634.39	5,548.61	84
710350 Office Supplies	1,730.00	4,519.82	822.38	52	4,350.00	1,488.14	2,679.72	32
710355 Books and Subscriptions	4,858.00	194.13	338.18	93	3,650.00	6,297.16	3,106.86	145
710360 Postage	535.00	19,166.72	340.87	36	43,298.75	245.48	1,947.16	7
710361 Express and Courier	59,424.30	4,253.25	40,257.58	32	16,784.00	19,166.39	3,404.52	44
710500 Other Expense	11,303.24	1,505.00	7,049.99	38	4,780.00	3,617.68	13,166.32	22
710502 Printing	3,800.00		2,295.00	40		2,864.20	1,915.80	60
710503 Licenses & Permits	900.00		900.00		469.00		469.00	
710504 Registration								
710505 Rental Equipment	273.40	1,950.75	273.40	130	455.00	2,687.22	2,232.22	591
710506 Dept Insurance Deductible	1,505.00	12,373.19	445.75	67	24,270.00	13,888.82	10,381.18	57
710507 Network and Data Lines	18,459.00	4,318.00	6,085.81	54	34,897.00	26,790.50	8,106.50	77
710508 Telephone Land Lines	8,050.00	8,027.33	3,732.00	54	20,542.00	9,021.50	11,520.50	44
710509 Seminars and Meetings	14,793.00	635.72	173.72	138	2,178.00	886.90	1,291.10	41
710512 Auto Expense	462.00	819.00	731.00	53	2,050.00	849.00	1,201.00	41
710519 Cellular Phone	1,550.00	3,118.06	2,816.94	53		4,044.37	4,044.37	
710529 Dues	5,935.00	29,014.72	982.28	97	29,092.00	32,308.53	3,216.53	111
710535 Credit Card Fees	29,997.00		350.00		450.00		450.00	
710546 Advertising	350.00	459.00	459.00					
710577 Uniforms & Special Clothing	286,952.00	93,023.22	193,928.78	32	282,109.61	162,580.84	119,528.77	58
710590 Bad Debt Expense	11,300.00	570.76	11,870.76	5	8,700.00	3,885.00	4,815.00	45
710703 Biologicals	109,576.00	81,836.00	27,740.00	75	140,067.88	88,295.74	51,772.14	63
710714 Referral Services	1,945.00	1,072.10	872.90	55	1,850.00	2,134.49	284.49	115
710721 Outpatient		228.00	228.00					
710872 Food Purchases	1,397.28	1,467.90	70.62	*105	1,800.00	1,473.02	326.98	82
711010 Utilities	904.60	252.16	652.44	28	3,129.54	1,159.08	1,970.46	37
711113 Equip Srv Replace	4,870.00	345.00	4,525.00	7	320.00	862.50	542.50	270
711114 Equip Srv O & M	538.69		538.69					
711115 Equip Srv Motor Pool	21,861.00	18,217.40	3,643.60	83	21,675.00	18,062.50	3,612.50	83
711117 ESD Fuel Charge	39,432.50	8,918.18	30,514.32	23	54,991.00	14,618.07	40,372.93	27
711119 Prop & Liab Billings		656.27	656.27					
711210 Travel	6,828.00	5,323.05	1,504.95	78	5,017.00	2,863.75	2,153.25	57
711213 Travel-Non Cnty Pers	1,301,262.01	762,557.45	538,704.56	59	1,511,485.48	1,038,683.04	472,802.44	69
711504 Equipment nonCapital	6,371,097.85	4,475,844.40	1,895,253.45	70	6,918,226.20	5,495,921.75	1,422,304.45	79
* Services and Supplies		2,080,560.85	720,338.31	74	3,345,003.20	2,986,689.38	358,313.82	89
** Expenses								
*** Total	2,800,899.16							

Washoe County Health District
 Environmental Health Services
 Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	38,801.00-	30,199.00-	56	125,000.00-	97,236.21-	27,763.79-	78
422504 Pool Permits	33,000.00-	56,358.00-	23,358.00-	171	100,000.00-	109,342.00-	9,342.00-	109
422505 RV Permits	10,500.00-	8,653.00-	1,847.00-	82	15,000.00-	13,827.00-	1,173.00-	92
422507 Food Service Permits	355,000.00-	297,392.00-	57,608.00-	84	410,000.00-	333,369.00-	76,631.00-	81
422508 Wat Well Const Perm	44,000.00-	24,784.00-	19,216.00-	56	40,000.00-	24,137.00-	15,863.00-	60
422509 Water Company Permits	12,000.00-	4,387.00-	7,613.00-	37	25,000.00-	7,691.00-	17,309.00-	31
422511 ISDS Permits	90,000.00-	36,358.85-	53,641.15-	40	125,000.00-	66,194.00-	58,806.00-	53
422513 Special Event Permits	75,000.00-	60,347.20-	14,652.80-	80	80,000.00-	70,287.00-	9,713.00-	88
422514 Initial Applic Fee	38,000.00-	25,637.00-	12,363.00-	67	80,000.00-	22,960.00-	22,960.00-	
* Licenses and Permits	726,500.00-	552,718.05-	173,781.95-	76	920,000.00-	745,043.21-	174,956.79-	81
431100 Federal Grants	277,000.00-	189,239.46-	87,760.54-	68	277,000.00-	176,915.36-	100,084.64-	64
432100 State Grants	75,000.00-	56,500.00-	18,500.00-	75	75,250.00-	57,000.00-	18,250.00-	76
432310 Tire Fee NRS 444A.090	370,534.52-	395,702.34-	25,167.82	107	415,000.00-	354,911.70-	60,088.30-	86
* Intergovernmental	722,534.52-	641,441.80-	81,092.72-	89	767,250.00-	588,827.06-	178,422.94-	77
460162 Services to Other Agencies					109,365.10-	14,929.03-	94,436.07-	14
460509 Water Quality						280.00-	280.00-	
460510 IT Overlay	121,001.00-	93,256.00-	27,745.00-	77	150,000.00-	108,675.00-	41,325.00-	72
460513 Other Health Service Charges	8,000.00-	3,089.00-	4,911.00-	39	14,000.00-	5,872.00-	8,128.00-	42
460514 Food Service Certification	8,000.00-	12,991.00-	4,991.00	162	8,000.00-	6,563.00-	1,437.00-	82
460520 Eng Serv Health	90,500.00-	49,088.00-	41,412.00-	54	120,000.00-	118,467.00-	1,533.00-	99
460521 Plan Review - Pools & Spas	5,000.00-	5,643.00-	643.00	113	3,000.00-	4,474.00-	1,474.00	149
460523 Plan Review - Food Services	30,000.00-	17,401.15-	12,598.85-	58	40,000.00-	26,004.27-	13,995.73-	65
460525 Plan Review - Vector	64,000.00-	25,981.00-	38,019.00-	41	75,000.00-	50,024.00-	24,976.00-	67
460532 Plan Rvw Hotel/Motel		414.00-	414.00					
460533 Quick Start		344.00-	344.00					
460534 Child Care Inspection	9,000.00-	6,775.00-	2,225.00-	75				
460535 Pub Accomod Inspectn	21,000.00-	12,981.00-	8,019.00-	62				
460570 Education Revenue		3,778.00-	3,778.00					
* Charges for Services	356,501.00-	231,741.15-	124,759.85-	65	519,365.10-	335,288.30-	184,076.80-	65
485100 Reimbursements		150.00-	150.00					
485300 Other Misc Govt Rev		173.00-	173.00					
** Miscellaneous		323.00-	323.00					
** Revenue	1,805,535.52-	1,426,224.00-	379,311.52-	79	2,206,615.10-	1,669,258.57-	537,356.53-	76
701110 Base Salaries	3,399,403.84	2,370,764.63	1,028,639.21	70	3,324,778.61	2,618,500.48	706,278.13	79
701130 Pooled Positions	90,097.00	72,519.81	17,577.19	80	125,737.00	51,711.39	74,025.61	41
701140 Holiday Work	1,500.00	846.49	653.51	56	1,500.00	1,175.92	324.08	78
701150 Contractual Wages	9,500.00	6,121.44	3,378.56	64		7,113.35	7,113.35-	
701200 Incentive Longevity	52,100.00	23,246.17	28,853.83	45	53,900.00	24,389.24	29,510.76	45
701300 Overtime	34,288.00	21,681.65	12,606.35	63	55,000.00	20,638.17	34,361.83	38
701406 Standby Pay	30,000.00	27,742.15	2,257.85	92	35,000.00	27,887.50	7,112.50	80
701408 Call Back	3,000.00	3,185.65	185.65-	106	5,000.00	3,005.31	1,994.69	60
701412 Salary Adjustment	304.20-		304.20-					
701413 Vac Payoff/Sick Pay-Term		21,031.55	21,031.55-			39,358.83	39,358.83-	
701417 Comp Time		10,046.59	10,046.59-			5,606.42	5,606.42-	
* Salaries and Wages	3,619,584.64	2,557,186.13	1,062,398.51	71	3,600,915.61	2,799,386.61	801,529.00	78
705110 Group Insurance	480,654.08	339,425.34	141,228.74	71	411,165.33	319,467.31	91,698.02	78
705210 Retirement	740,272.62	519,675.60	220,597.02	70	692,578.60	546,032.96	146,545.64	79
705230 Medicare April 1986	43,911.91	32,365.79	11,546.12	74	42,676.59	35,327.07	7,349.52	83
705320 Workmens Comp	18,535.00	15,445.70	3,089.30	83	20,800.00	17,259.88	3,540.12	83

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
705330 Unemply Comp	3,575.00	3,575.00		100	3,380.00	3,453.32	73.32	102
* Employee Benefits	1,286,948.61	910,487.43	376,461.18	71	1,170,600.52	921,540.54	249,059.98	79
710100 Professional Services	179,930.29	76,575.00	103,355.29	43	131,160.62	62,560.08	68,600.54	48
710105 Medical Services	500.00	1,758.50	1,258.50	352	150.00	1,752.00	1,602.00	1,168
710115 Prof Eng Services						1,208.31	1,208.31	
710200 Service Contract	87,300.00	54,164.63	33,135.37	62	104,700.00	63,154.05	41,545.95	60
710205 Repairs and Maintenance	1,000.00	17,802.29	17,802.29	118	1,100.00	768.70	331.30	70
710210 Software Maintenance								
710300 Operating Supplies	23,593.05	5,337.89	18,255.16	23	14,392.81	10,561.49	3,831.32	73
710302 Small Tools & Allow	1,385.00	750.33	634.67	54	2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00	201.74	1,798.26	10
710312 Special Dept Expense						25.00	25.00	
710319 Chemical Supplies	560,707.00	360,810.19	199,896.81	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	1,280.00	456.65	823.35	36	4,550.00	673.12	3,876.88	15
710350 Office Supplies	9,150.00	8,711.09	438.91	95	9,075.00	7,763.74	1,311.26	86
710355 Books and Subscriptions	1,600.00	1,233.24	366.76	77	2,000.00	3,019.43	1,019.43	151
710360 Postage	5,900.00	7,954.96	2,054.96	135	1,250.00	5,977.48	4,727.48	478
710361 Express and Courier	300.00	93.38	206.62	31	7,100.00	151.66	6,948.34	2
710391 Fuel & Lube	100.00		100.00		100.00	123.60	23.60	124
710500 Other Expense	800.00	12.76	787.24	2	3,400.00	65.40	3,334.60	2
710502 Printing	3,225.00	1,588.01	1,636.99	49	4,060.00	2,351.32	1,708.68	58
710503 Licenses & Permits	2,335.00	1,965.00	370.00	84	3,135.00	2,180.00	955.00	70
710505 Rental Equipment					8,000.00		8,000.00	
710506 Dept Insurance Deductible		450.00	450.00			263.74	263.74	
710507 Network and Data Lines	3,200.00	1,950.75	1,249.25	61		3,084.94	3,084.94	
710508 Telephone Land Lines	11,425.00	8,079.92	3,345.08	71	22,845.00	8,266.61	14,578.39	36
710509 Seminars and Meetings	11,200.00	5,732.00	5,468.00	51	15,850.00	4,640.00	11,210.00	29
710512 Auto Expense	375.00	60.78	314.22	16	350.00	55.56	294.44	16
710519 Cellular Phone	8,405.00	5,901.67	2,503.33	70	16,813.00	6,598.61	10,214.39	39
710529 Dues	896.00	1,214.00	318.00	135	1,800.00	1,136.00	664.00	63
710535 Credit Card Fees	4,959.78	3,366.51	1,593.27	68	30,500.00	3,934.06	29,983.28	2
710546 Advertising	500.00	206.79	293.21	41	1,950.00	516.72	1,950.00	
710577 Uniforms & Special Clothing	1,700.00	1,094.08	605.92	64				
710590 Bad Debt Expense		444.40	444.40					
710600 LT Lease-Office Space	40,636.89	37,077.26	3,559.63	91	40,636.89	36,367.43	4,269.46	89
710721 Outpatient	6,048.00		6,048.00		4,922.00	3,073.50	1,848.50	62
711113 Equip Srv Replace	67,963.08	71,639.34	3,676.26	105	78,780.00	76,732.13	2,047.87	97
711114 Equip Srv O & M	56,517.86	29,936.54	26,581.32	53	123,072.96	59,012.01	64,060.95	48
711115 Equip Srv Motor Pool	7,000.00	5,290.00	1,710.00	76	18,500.00	3,195.00	15,305.00	17
711117 ESD Fuel Charge	39,610.63	24,569.19	15,041.44	62				
711119 Prop & Liab Billings	19,085.00	15,904.20	3,180.80	83	15,028.00	12,523.30	2,504.70	83
711210 Travel	35,650.00	11,860.64	23,789.36	33	44,136.62	8,612.98	35,523.64	20
711504 Equipment nonCapital	2,643.97		2,643.97		36,202.42	2,545.47	33,656.95	7
* Services and Supplies	1,198,921.55	765,175.30	433,746.25	64	1,372,098.32	754,674.64	617,423.68	55
** Expenses	6,105,454.80	4,232,848.86	1,872,605.94	69	6,143,614.45	4,475,601.79	1,668,012.66	73
** 621001 Transfer From General	350,000.00	89,711.67	260,288.33	26	350,000.00	79,428.02	270,571.98	23
** Other Financing Src/Use	350,000.00	89,711.67	260,288.33	26	350,000.00	79,428.02	270,571.98	23
*** Total	3,949,919.28	2,716,913.19	1,233,006.09	69	3,586,999.35	2,726,915.20	860,084.15	76

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	3,414,126.66	1,421,863.65	1,992,263.01	42	1,953,739.25	1,026,936.52	926,802.73	53
431105 Federal Grants - Indirect	31,540.00	16,970.08	14,569.92	54		11,320.41	11,320.41	
* Intergovernmental	3,445,666.66	1,438,833.73	2,006,832.93	42	1,953,739.25	1,038,256.93	915,482.32	53
460511 Birth and Death Certificates	215,000.00	184,746.00	30,254.00	86	230,000.00	181,105.20	48,894.80	79
* Charges for Services	215,000.00	184,746.00	30,254.00	86	230,000.00	181,105.20	48,894.80	79
485300 Other Misc Govt Rev		90.00	90.00					
* Miscellaneous		90.00	90.00					
** Revenue	3,660,666.66	1,623,669.73	2,036,996.93	44	2,183,739.25	1,219,362.13	964,377.12	56
701110 Base Salaries	1,123,682.40	802,702.08	320,980.32	71	1,128,945.85	808,047.59	320,898.26	72
701120 Part Time	35,577.94	62,259.97	26,682.03	175	54,341.12	45,977.71	8,363.41	85
701130 Pooled Positions	38,400.00	35,258.41	3,141.59	92				
701150 Contractual Wages	196,000.00	86,537.53	109,462.47	44	29,037.14	16,237.26	12,799.88	56
701200 Incentive Longevity	8,141.00	2,895.48	5,245.52	36	7,910.50	2,896.09	5,014.41	37
701300 Overtime	253,000.00	108,339.08	144,660.92	43	2,000.00	4,351.66	2,351.66	218
701412 Salary Adjustment	64,406.92		64,406.92		26,900.35		26,900.35	
701413 Vac Payoff/Sick Pay-Term		6,377.91	6,377.91			428.93	428.93	
701417 Comp Time		14,848.44	14,848.44					
* Salaries and Wages	1,719,208.26	1,119,218.90	599,989.36	65	1,249,134.96	877,939.24	371,195.72	70
705110 Group Insurance	140,445.78	110,607.75	29,838.03	79	135,468.26	87,161.82	48,306.44	64
705210 Retirement	250,368.19	174,343.68	76,024.51	70	244,228.49	172,674.51	71,551.98	71
705230 Medicare April 1986	15,824.28	14,362.00	1,462.28	91	16,553.27	11,667.07	4,886.20	70
705320 Workmens Comp	6,307.45	2,808.30	3,499.15	45	8,000.00	6,333.30	1,666.70	79
705330 Unemply Comp	1,170.00	1,160.00	10.00	99	1,300.00	1,235.00	65.00	95
705360 Benefit Adjustment	11,009.31		11,009.31					
* Employee Benefits	425,125.01	303,281.73	121,843.28	71	405,548.02	279,071.70	126,476.32	69
710100 Professional Services	1,366,450.02	56,299.83	1,310,150.19	4	409,145.21	171,026.53	238,118.68	42
710105 Medical Services	100.00	732.00	632.00	732	200.00		200.00	
710108 MD Consultants	12,000.00	10,000.00	2,000.00	83	12,000.00	8,000.00	4,000.00	67
710200 Service Contract	1,610.00	4,602.19	2,992.19	286	600.00	851.78	251.78	142
710205 Repairs and Maintenance	600.00	942.00	342.00	157	1,233.00	299.75	933.25	24
710210 Software Maintenance		9,000.00	9,000.00			9,000.00	9,000.00	
710300 Operating Supplies	93,666.88	18,329.57	75,337.31	20	45,397.85	22,540.12	22,857.73	50
710334 Copy Machine Expense	2,300.30	2,051.57	248.73	89	3,362.98	1,906.17	1,456.81	57
710350 Office Supplies	19,102.26	8,240.96	10,861.30	43	10,279.55	11,013.14	733.59	107
710355 Books and Subscriptions	2,663.00	1,700.49	962.51	64	1,799.50	1,549.53	249.97	86
710360 Postage	12,400.44	1,936.55	10,463.89	16	1,351.57	2,414.84	1,063.27	179
710361 Express and Courier					3,700.00		3,700.00	
710500 Other Expense	31,826.00	12,533.48	31,826.00		3,620.00	3,791.60	171.60	105
710502 Printing	24,573.00	869.00	12,039.52	51	9,029.48	3,807.24	5,222.24	42
710505 Rental Equipment	1,000.00	390.15	131.00	87				
710507 Network and Data Lines		390.15	390.15			406.17	406.17	
710508 Telephone Land Lines	10,124.05	3,631.26	6,492.79	36	2,680.48	4,405.14	1,724.66	164
710509 Seminars and Meetings	1,220.00	3,375.00	2,155.00	277	6,249.00	2,530.00	3,719.00	40
710512 Auto Expense	236.14	1,251.98	1,015.84	530	1,003.18	726.48	276.70	72
710519 Cellular Phone	580.00	2,168.82	1,588.82	374	686.00	1,431.26	745.26	209
710529 Dues	640.00	50.00	590.00	8	40.00	590.00	550.00	1,475
710535 Credit Card Fees		544.86	544.86					
710546 Advertising	700.00	1,126.39	426.39	161	334.52	1,000.00	665.48	299

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 10, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710585 Undesignated Budget	31,540.05		31,540.05					
710590 Bad Debt Expense		390.00	390.00-					
710620 LT Lease-Equipment					5,940.00	2,971.00	2,969.00	50
710703 Biologicals	4,300.68	224.22	4,076.46	5	4,900.00	34.95	4,865.05	1
710721 Outpatient	3,000.00	531.28	2,468.72	18	3,000.00	3,376.99	376.99-	113
711010 Utilities		1,071.00	1,071.00-					
711114 Equip Srv O & M	200.00	504.75	504.75-	31	100.00	470.38	470.38-	75
711115 Equip Srv Motor Pool	1,200.00	62.50	137.50			75.00	25.00	
711117 ESD Fuel Charge	6,246.00		1,200.00					
711119 Prop & Liab Billings	54,281.00	5,205.00	1,041.00	83	5,491.00	4,575.90	915.10	83
711210 Travel	61,364.14	7,046.62	47,234.38	13	33,453.60	10,901.25	22,552.35	33
711504 Equipment nonCapital	1,743,923.96	120,236.44	58,872.30-	196	57,061.61	29,442.95	27,618.66	52
* Services and Supplies	279,716.50	275,047.91	1,468,876.05	16	622,658.53	299,138.17	323,520.36	48
781004 Equipment Capital	279,716.50	87,704.12	192,012.38	31	404,326.00	83,688.59	320,637.41	21
* Capital Outlay	4,167,973.73	87,704.12	192,012.38	31	404,326.00	83,688.59	320,637.41	21
** Expenses		1,785,252.66	2,382,721.07	43	2,681,667.51	1,539,837.70	1,141,829.81	57
*** Total	507,307.07	161,582.93	345,724.14	32	497,928.26	320,475.57	177,452.69	64

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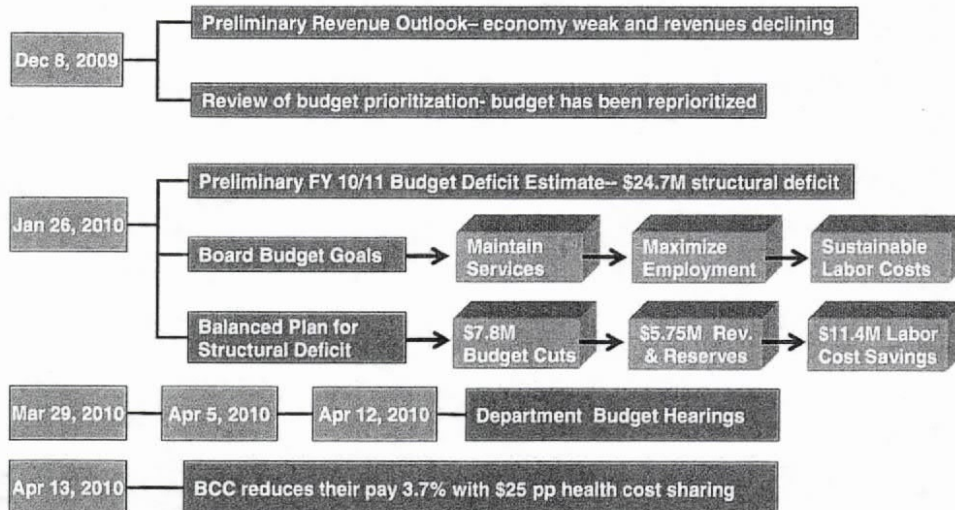
Washoe County Fiscal Year 2010/11 Recommended Final Budget

Board of County Commissioners
May 17, 2010

"Dedicated to Excellence in Public Service"

WASHOE COUNTY, NEVADA

Developing the FY 2010/11 Budget



Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5-17-2010

"Dedicated to Excellence in Public Service"

WASHOE COUNTY, NEVADA

A - 5/17/10
MORE #7

Developing the FY 2010/11 Budget



Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010

"Dedicated to Excellence in Public Service"

WASHOE COUNTY, NEVADA

Strategic Measures Maintaining Financial Stability

- Washoe County has taken strategic measures to maintain financial stability and plan for sustainability.
 - Cash Management Measures
 - Budget Management Measures
 - Health Insurance Cost Management Measures

Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010

"Dedicated to Excellence in Public Service"

WASHOE COUNTY, NEVADA

Cash Management Measures

- Prudent and timely use of liability reserves in the Risk Management Fund to manage cash flow needs of operating funds.
- Removal of restricted funds from the General Fund– creating a clearer picture of operating costs and operating cash needs.

Budget Management Measures

- Conservative budgeting and conservative spending by departments creating budget savings for FY 09/10
 - Budget to actual for FY 09/10 at 97% (projected)
 - No mid year reductions needed
 - Return on investment for PERS buyouts being achieved- 130 buyouts generating \$8.25M in savings each year
- Creation of a dynamic financial planning model to help inform better budget choices for FY 10/11 and the future

Health Insurance Cost Management Measures

- Cost growth targets to help contain unsustainable health insurance cost increases
- Work of the Insurance Negotiating Committee to adjust plan design to lower costs
- Creation of the Other Post Employment Benefits (OPEB) Trust for Retiree Health Benefits

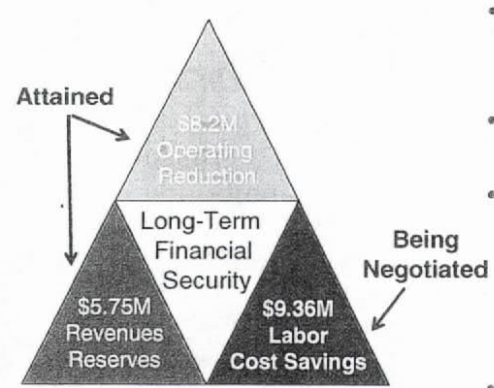
FY 10/11 Deficit Has Been Lowered

- Combined Work and Actions of Many
 - \$8.2M in operating reduction plans by departments
 - Redirection of \$5.75M in revenues and reserves by the Board
 - Lower growth in health insurance costs by Insurance Negotiating Committee
 - Conservative spending by Departments
- Have Lowered the FY 10/11 Deficit from \$24.7M to \$9.36M

Updated FY 2010/11 Deficit

	Jan 26, 2010	May 17, 2010
SOURCES: Beginning Fund Balance	\$30,623,975	\$21,883,882
Revenues and Transfers In	\$269,447,453	\$288,856,011
Total Sources	\$300,071,428	\$307,739,893
USES: Expenses	\$270,403,511	\$279,051,083
Contingency	\$1,500,000	\$1,500,000
Transfers Out	\$29,954,609	\$14,262,771
Ending Fund Balance 7.6%	\$22,941,194	\$22,291,853
Total Uses	\$324,799,014	\$317,105,707
SOURCES over (under) USES	\$(24,727,586)	\$(9,365,814)

Update Balanced Plan



Three Point Plan to Close FY 10/11 Deficit and Create Long-Term Security

- County must still realign its expenses with the rebased revenues.
- Structural Deficit still exists
- Board Goals
 - Maintain Services
 - Maximize Employment
 - Sustainable Labor Costs
- Balance Plan- two of three points attained
- Labor Cost Savings Being Negotiated

Labor Cost Savings Needed

- \$9.36M in Labor Cost Savings are still needed to balance the FY 10/11 Budget
- Labor Cost Savings Goals
 - Create a sustainable pay and benefits compensation plan
 - Reduce the cost for long-term liability associated with retiree health benefits

Labor Cost Savings Targets	
Current Compensation and Benefit Cost Savings	\$5.365M
Retiree Health Benefit Liability Cost Savings	\$4.000M
Totals	\$9.365M

Labor Cost Savings Plan to Attain

- Pursuant to NRS 288– savings are being negotiated with all employee associations
- Board direction is that all employees (represented and non-represented) are to be treated equally
- Each employee group (represented and non-represented) has been provided a savings target equal to that group's percent of total personnel costs
- Final Budget being recommended "anticipates" the savings needed by reducing salary and benefit budget authority
- Contingency budget reduction plans will need to be implemented should savings not be attained

Overview of Recommended General Fund Budget for FY 2010/11

- The FY 10/11 Budget reflects a reprioritized and resized organization.
- Budgets have been rolled back nearly to FY 04/05 levels.
- Full time equivalent positions at the lowest point since the early 2000^s
- FTE per 1,000 population at the lowest point in years
- Expenditures per capita below \$700

Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010

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Reprioritizing and Resizing Budgets

- Since the high point in FY 2008, the General Fund budget has been resized and reprioritized
- Reduction rates from FY 2008 to FY 2011 Recommended Budget reflect the prioritization:
 - > Public Safety -7%
 - > Jud/Health/Soc -7%
 - > Gen Gov -33%
 - > Culture/Recreation -39%

**General Fund Department Priority Groups
Adopted Budgets FY 2005 to FY2011**

Priority	FY 2005 Adopted	FY 2006 Adopted	FY 2007 Adopted	FY 2008 Adopted	FY 2009 Adopted	FY 2010 Adopted	FY 2011 Recommend
Public Safety	\$70,056,962	\$76,513,865	\$82,510,811	\$90,501,186	\$91,402,796	\$89,506,639	\$84,078,472
Jud./Health/ Soc.	\$66,350,317	\$71,362,380	\$78,570,275	\$81,524,432	\$84,078,372	\$78,629,960	\$76,106,076
Gen Gov.	\$72,971,051	\$81,903,163	\$86,988,684	\$91,669,815	\$83,699,071	\$68,317,379	\$61,229,572
Culture/Rec.	\$17,999,571	\$21,481,930	\$22,765,175	\$23,185,428	\$19,780,503	\$14,241,821	\$14,102,235
Totals	\$227,377,901	\$251,261,338	\$270,834,947	\$286,880,862	\$278,960,743	\$250,695,798	\$235,516,355

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Board of County Commissioners 5.17.2010

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Budget Reprioritization

General Fund Department Priority Groups Percent of Total Adopted Budgets FY 2005 to FY2011							
Priority	FY 2005 Adopted	FY 2006 Adopted	FY 2007 Adopted	FY 2008 Adopted	FY 2009 Adopted	FY 2010 Adopted	FY 2011 Recommend
Public Safety	30.8%	30.5%	30.5%	31.5%	32.8%	35.7%	35.7%
Judicial/ Health/ Social Serv.	29.2%	28.4%	29.0%	28.4%	30.1%	31.4%	32.3%
Gen Gov.	32.1%	32.6%	32.1%	32.0%	30.0%	27.2%	26.0%
Culture/ Recreation	7.9%	8.5%	8.4%	8.1%	7.1%	5.7%	6.0%
Totals	100%	100%	100%	100%	100%	100%	100%

Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5/17/2010

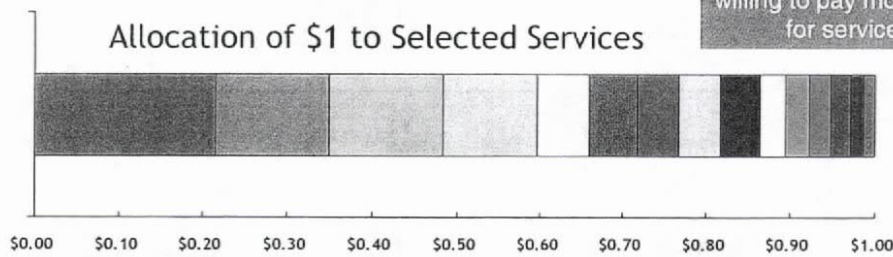
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Online Budget Survey

On average, 80%
of responses not
willing to pay more
for services.

Allocation of \$1 to Selected Services



- Prosecuting Crimes and Jail (21.55)
- Courts (11.42)
- Juvenile Detention Programs (5.01)
- Public Health (3.02)
- Animal Services (2.29)
- Child Protective Services (13.49)
- Public Libraries (6.24)
- Air Quality and Water Quality (4.96)
- Senior Services (2.70)
- Land Use Planning and Building Safety (1.62)
- Law enforcement (13.27)
- Streets and Roads (5.80)
- Social Services (4.74)
- Regional Parks and Open Space (2.58)
- Water and Natural Resource Planning (1.29)

- About 600 Respondents Informal and not statistically valid
- A data point to help understand priorities

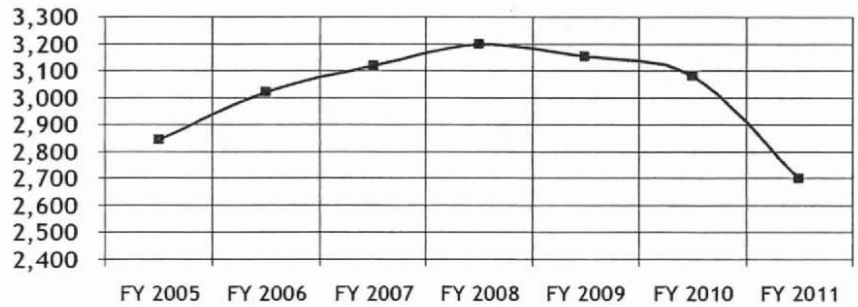
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Board of County Commissioners 5/17/2010

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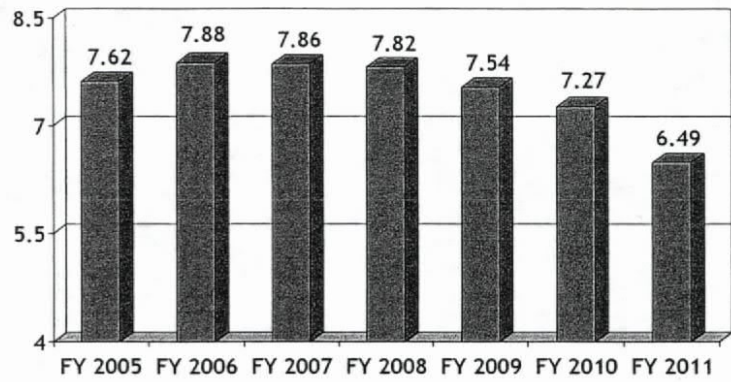
Full Time Equivalent Positions

Total Authorized Full Time Equivalent Positions (FTE) for Washoe County



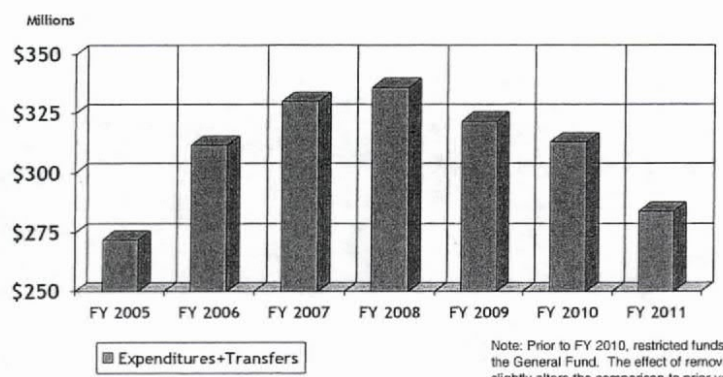
FTEs per 1,000 Population

Washoe County General Fund FTE's per 1,000 Population



Recommended Budget Comparison to Prior Adopted Budgets

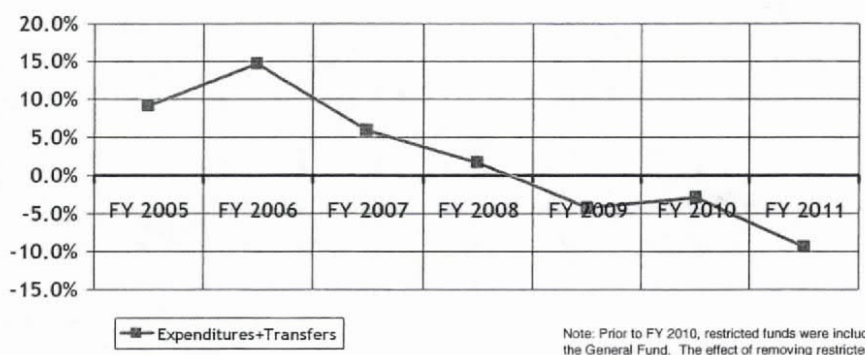
Comparison of Adopted Budgets General Fund FY 2005 to FY 2011 (Nominal \$\$)



Note: Prior to FY 2010, restricted funds were included in the General Fund. The effect of removing restricted funds slightly alters the comparison to prior years, but not materially.

Recommended Budget Comparison to Prior Adopted Budgets

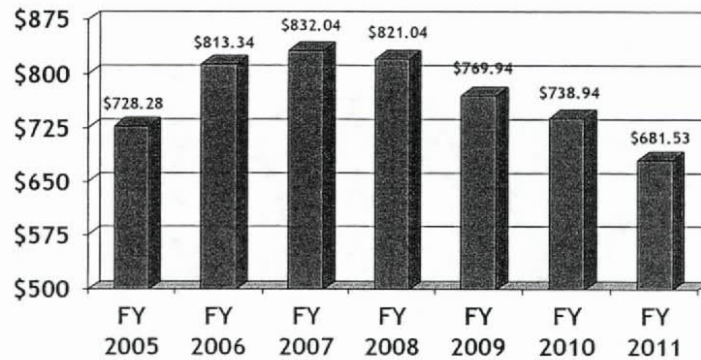
Annual Percent Change in Adopted Budget General Fund FY 2005 to FY 2011 (Nominal \$\$)



Note: Prior to FY 2010, restricted funds were included in the General Fund. The effect of removing restricted funds slightly alters the comparison to prior years, but not materially.

Expenditures Per Capita

Washoe County General Fund Expenditures per Capita (Nominal \$\$)



Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5-17-2010

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General Fund FY 10/11 Recommended Budget

Sources	
Taxes	\$147,906,225
Licenses and permits	8,540,544
Intergovernmental	87,579,499
Charges for services	13,839,582
Fines and forfeitures	7,134,355
Miscellaneous	5,009,260
SUBTOTAL REVENUE	271,483,901
Transfers In	14,372,110
Beginning fund balance	21,883,882
TOTAL SOURCES	\$ 307,739,893

Uses	
General Government	\$65,215,627
Judicial	49,378,684
Public Safety	101,538,348
Public Works	13,851,260
Welfare	16,440,662
Culture and Recreation	13,431,217
Community Support	411,466
Health and Sanitation	750,955
Intergovernmental	8,667,051
SUBTOTAL FUNCTIONS	269,685,269
Contingency	1,500,000
Operating Transfers	14,262,771
Ending Fund Balance	22,291,853
TOTAL USES	\$307,739,893

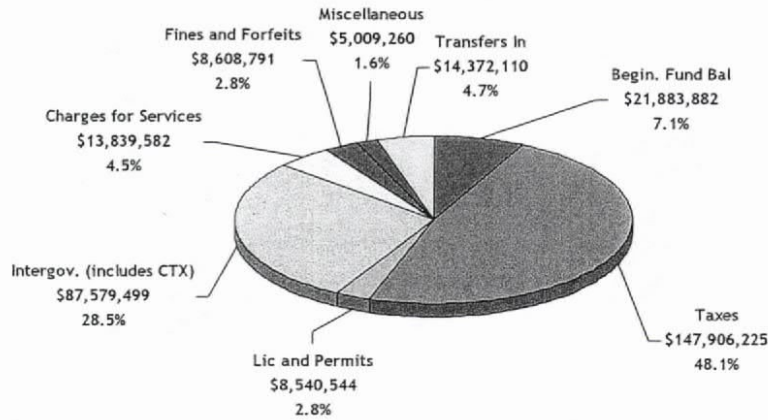
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FY 2010/11 General Fund Recommended Sources

General Fund Recommended Sources
FY 2010/11 (\$307,739,893)



Fiscal Year 2010-11 Recommended Budget
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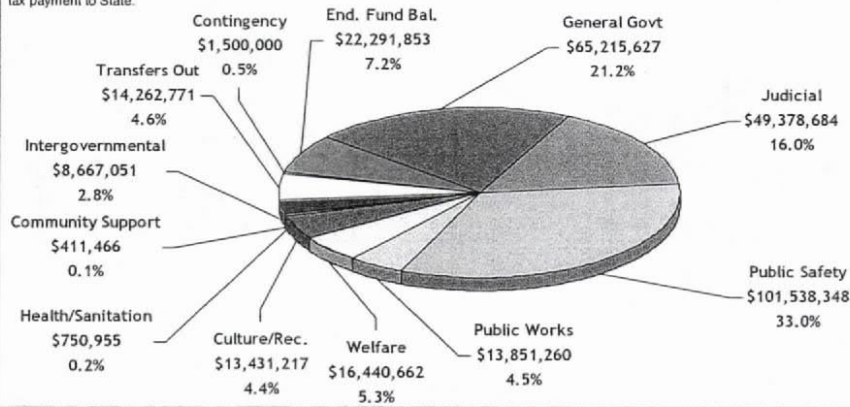
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FY 2010/11 General Fund Recommended Uses by Function

General Fund Recommended Uses by Function
FY 2010/11 (\$307,739,893)

Note: Intergovernmental contains the 4 cent property tax payment to State.

Note: General Government expenditures include the OPEB Trust payment for Retiree Health Benefits.



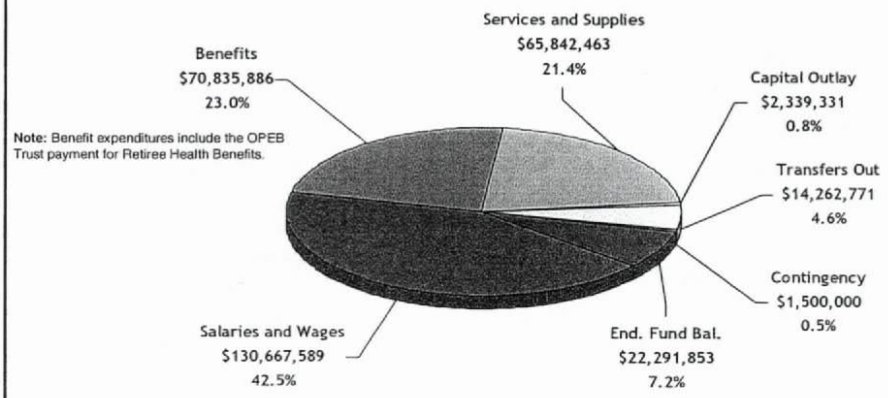
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FY 2010/11 General Fund Recommended Uses by Category

General Fund Recommended Uses by Function
FY 2010/11 (\$307,739,893)



Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010
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WASHOE COUNTY, NEVADA

Proposed FY 2010/11 Property Tax Rates

A New \$100,000 House



Total County Rate 1.3917
Cost \$487.10

No Change in the tax rate-
Washoe County is at the
overlapping legal limit of \$3.64

What the Property Tax Pays For

USE	RATE	ANNUAL COST
Washoe County Operations	.9461	331.14
Child Protective Services (BCC)	.0050	1.75
Cooperative Extension	.0100	3.50
Detention Center	.0774	27.09
Indigent Insurance Program	.0150	5.25
China Springs	.0088	3.08
Family Court	.0192	6.72
Indigent Tax Levy Fund	.0750	26.25
Capital Projects Fund (diverted to State)	.0500	17.50
AB 104 (shared w/ other entities)	.0272	9.52
Library Expansion Fund	.0200	7.00
Animal Services Fund	.0300	10.50
Child Protective Services Fund	.0400	14.00
Senior Services Fund	.0100	3.50
Debt Service Fund	.0580	20.30
Sub-total Washoe County	1.3917	487.10
State of Nevada	.1700	59.50
Washoe School District	1.1385	398.48
Totals	2.7002	\$945.08

Legislative Overrides (includes Indigent Insurance Program, China Springs, Family Court, Indigent Tax Levy Fund, Capital Projects Fund, AB 104, Library Expansion Fund, Animal Services Fund, Child Protective Services Fund, Senior Services Fund, Debt Service Fund)

Voter Overrides (includes Detention Center)

Fiscal Year 2010-11 Recommended Budget
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Summary for Other Funds

- Washoe County's recommended budget for all funds totals about \$700 million
- The General Fund comprises about 45% of the total budget
- Other funds include special revenue funds, internal service funds, and enterprise funds. In total there are 23 governmental funds and 6 proprietary funds

Summary for Other Funds

- There are 8 special revenue funds financed by voter approved property tax overrides or legislatively authorized property tax rates. These funds are not yet experiencing the same effects of the structural deficit seen in the General Fund. But, the early indicators are present of future financial changes for all but the Animal Services fund. Funds that will be monitored include:
 - Senior Services
 - Library Expansion Fund
 - Child Protective Services
 - Debt Service
 - Indigent Tax Levy
 - Building and Safety

Sources and Uses for All Funds ¹

Sources	
Taxes	\$189,437,474
Licenses and permits	9,784,544
Intergovernmental	137,562,598
Charges for services	114,394,103
Fines and forfeitures	10,591,363
Miscellaneous	22,470,713
SUBTOTAL REVENUE	484,240,795
Transfers/Other Sources	64,138,087
Beginning fund balance ³	155,632,246
TOTAL SOURCES	\$ 704,011,128

Notes:

1. This sources and uses statement for all funds is for illustration purposes only and does not accurately reflect the government-wide financial statement of activities.

2. Debt service does not include the principal portion of the debt payments in the proprietary funds.

3. Fund balances are the total for governmental funds only.

Uses	
General Government	\$141,457,432
Judicial	61,292,632
Public Safety	140,482,931
Public Works	21,088,260
Welfare	72,956,574
Culture and Recreation	51,410,721
Community Support	411,466
Health and Sanitation	58,152,901
Intergovernmental	16,812,591
Debt Service ²	33,754,828
SUBTOTAL FUNCTIONS	597,820,336
Contingency	1,500,000
Operating Transfers	64,038,087
Ending Fund Balance ³	54,007,723
TOTAL USES	\$717,366,146

Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010

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Funding for Mission Critical Services

- Prosecuting Crimes and Jail
- Child Protective Services
- Law enforcement
- Courts (criminal and civil)
- Public Libraries
- Streets and Roads
- Juvenile Detention Programs
- Air Quality and Water Quality
- Social Services
- Public Health
- Senior Services
- Regional Parks and Open Space
- Animal Services
- Water and Natural Resource Planning

Fiscal Year 2010-11 Recommended Budget
Board of County Commissioners 5.17.2010

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Thank You

- Questions and Discussion



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: May 27, 2010

TO: District Board of Health

FROM: Andy Goodrich, Director
Air Quality Management Division

SUBJECT: Public Hearing: Washoe County, Nevada, 2008 Periodic Emissions Inventory.
Agenda Item: 13

Recommendation

Staff recommends that the District Board of Health accept and adopt the periodic emissions inventory for point, non-point, and non-road mobile sources for submission to the U.S. EPA as an amendment to the Nevada State Implementation Plan (SIP) for carbon monoxide (CO), particulate matter (PM₁₀ and PM_{2.5}) and ozone (O₃).

Background

The U.S. EPA has designated the Truckee Meadows as a non-attainment area for the 24-hour particulate matter (PM₁₀) National Ambient Air Quality Standards (NAAQS). It has also designated the Truckee Meadows as a maintenance area for 8-hour CO NAAQS and Washoe County as a maintenance area for 8-hour O₃ NAAQS.

The Clean Air Act Amendments of 1990 require that air agencies in areas designated as non-attainment for specific air pollutants prepare and maintain a SIP. The requirements of the SIP vary depending on the pollutant and the severity of the problem.

One of the SIP requirements for the Truckee Meadows and Washoe County is the compilation of, and periodic updates to, the emissions inventory for CO, PM₁₀, and O₃ precursors. The periodic emissions inventory is a critical instrument for identifying sources of air pollution and the extent to which each source contributes to the total for a particular pollutant. The periodic emissions inventory is required to be updated every three (3) years.

Due to an EPA modeling and procedural change, the motor vehicle portion of the on-road mobile sources emissions will be calculated by EPA upon Washoe County's activity data submittal. The final on-road mobile sources emissions data will not be available to Washoe County until late July. Air Quality Management Division will present the on-road mobile sources emissions portion of the inventory at a later Board of Health meeting for approval.

Fiscal Impact

There will be no direct fiscal impact to the Health District associated with the acceptance of this periodic emissions inventory.

Alternative

The District Board of Health may decide not to accept and adopt the periodic emissions inventory at this time.

Andy Goodrich
Director, Air Quality Management Division

AG:ylb

AGENDA ITEM # 13.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

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SECTION 1

INTRODUCTION

This document presents a summary of the 2008 periodic State Implementation Plan (SIP) emissions inventory for Washoe County, Nevada's maintenance area (MA) for ozone (O₃) precursors. It also includes a summary of the emissions inventory for the Truckee Meadows Area, or Hydrographic Area 87, which is a non-attainment area (NAA) for carbon monoxide (CO) and particulate matter less than 10 microns in diameter (PM₁₀). This inventory documents emissions of volatile organic compounds (VOC), oxides of nitrogen (NO_x), CO, PM₁₀, as well as particulate matter less than 2.5 microns in diameter (PM_{2.5}). It also documents oxides of sulfur (SO_x), ammonia (NH₃), and lead (Pb) wherever data were available for these pollutants. All stationary point, stationary non-point, and non-road mobile sources are included in this inventory. The on-road mobile sources portion of the inventory contains fugitive emissions from various road types, diesel idling, and on-road motor vehicle emissions. Due to an EPA on-road motor vehicle modeling and procedural change, EPA will calculate the on-road motor vehicle emissions based on Washoe County's activity data. The calculated emissions will be released to Washoe County approximately 2 months after the activity data submittal, for Washoe County to incorporate into the entire emissions inventory. Therefore, the Air Quality Management Division will finalize the report for another Board of Health meeting later this year.

Table 1 is a summary of emissions for the point, non-point, non-road mobile sources, and portions of the on-road mobile sources. Table 2 illustrates the activity data for the on-road motor vehicles. Table 3 describes the O₃ and CO/PM₁₀ seasons. Please note that the blank cells indicate no data available, per EPA's direction.

Table 1 – 2008 Washoe County Point, Non-Point, & Non-Road Emissions Summary

Sources	Washoe County Annual Emissions (tpy)									O ₃ Season Emissions (lbs/day)								
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	CO ₂	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	CO ₂
Point	289	17	0	362	4,857	729	3,401		173,313	1,590	91	2	1,990	26,684	4,006	18,685		952,268
Non-Point	3,346	1,428	2	22	1,055	9,000	7,766	2		15,222	4,447	11	199	3,570	41,209	21,925	24	
Non-Road Mobile	273	260		3	3,432	3,026	28,224			1,889	1,685		17	22,290	21,313	221,643		2,260,963
On-Road Mobile*	7,755	754								36,057	3,569							
Total	11,664	2,459	2	387	9,343	12,756	39,391	2	493,493	54,758	9,793	14	2,206	52,544	66,527	262,253	24	3,213,231

Sources	Truckee Meadows Annual Emissions (tpy)									CO/PM ₁₀ Season Emissions (lbs/day)								
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	CO ₂	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	CO ₂
Point	12	12	0	76	680	169	3,030		171,249	68	67	0	416	3,738	931	16,650		940,931
Non-Point	2,544	832	2	19	936	5,075	3,172	2		16,454	7,739	34	166	8,297	44,331	42,878	24	
Non-Road Mobile	136	130		1	1,474	2,111	16,662			702	671		4	8,422	85,624	61,097		876,809
On-Road Mobile*	3,451	332								18,501	1,748							
Total	2,693	974	2	96	3,091	7,355	22,864	2	338,802	17,224	8,477	34	586	20,457	130,886	120,625	24	1,817,740

* On-Road Mobile section contains all mobile emissions except on-road vehicle emissions, which will be included at a later time upon data receipt from EPA.

Table 2 – 2008 Washoe County On-Road Motor Vehicle Activity Data

Road Class	Vehicle Miles Traveled (VMT)	
	Washoe County	Truckee Meadows
Local	950,534	680,219
Collector	711,478	364,942
Minor	1,485,233	1,146,255
Major	2,555,960	1,889,899
Freeway	3,868,496	2,153,256
Ramps	297,716	264,074
Total	9,869,417	6,498,645

Table 3 - Peak Seasons

MA/NAA	Peak Season
CO	November, December, January
PM ₁₀	November, December, January
O ₃	June, July, August

SECTION 2

POINT SOURCES

Point sources are those facilities for which individual source records are maintained in an emissions inventory. For areas in attainment or maintenance for O₃, the EPA's Consolidated Emissions Reporting Rule (CERR) has designated thresholds of 100 tons/year for VOC. For attainment of other pollutants, CERR has designated 100 tons/year for NO_x, PM_{2.5} and NH₃ point sources and 5 tons/year for Pb point sources. In addition, CERR has designated thresholds of 100 tons/year for CO point sources in all NAA and 70 tons/year for PM₁₀ point sources in serious PM₁₀ nonattainment areas. All sources above this threshold must be inventoried as individual point sources. Sources with emissions below these levels may also be treated as point sources if the responsible agency elects to do so.

In addition to point sources determined by thresholds designated by CERR, the EPA has also designated all airports to be point sources, starting with the 2008 emissions inventory. Airport point sources include aircraft landings and takeoffs (LTOs), as well as auxiliary power units, and ground support equipment occurring on the runways.

Table 4 lists the emissions from point sources in Washoe County, as well as buffer zone data, which is data from point sources within 25 miles of the Washoe County boundary.

Table 4 – 2008 Washoe County Point Source Emissions Summary

Facility Name	Washoe County Annual Emissions (tpy)								O ₃ Season Em. (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	CO ₂	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	CO ₂
ORMAT Steamboat Facilities	1	0	0	1	12	244	3		5	1	0	4	67	1,339	14	
R.R. Donnelly & Sons Co.	9	4	0	0	13	194	11		50	23	2	0	71	1,066	60	
Reno-Tahoe Airport Authority	0	0	0	0	0	13	0		0	0	0	0	2	73	1	
Reno-Tahoe International Airport	12	12		76	680	169	3,030	171,249	68	67		416	3,738	931	16,650	940,931
Reno/Stead Airport	0	0		1	4	12	46	1,970	0	0		5	20	65	252	10,823
Spanish Springs Airport	0	0		0	0	1	31	94	0	0		0	1	3	169	514
Yuba Cement Company - Fernley Plant	228			282	3,060	108	241		1,255			1,547	16,812	592	1,324	
Sierra Pacific Power Co. - Tracy Generating Station	38			3	1,087	2	39		211			17	5,974	9	215	
Total	289	17	0	362	4,857	742	3,401	173,313	1,590	91	2	1,990	26,687	4,079	18,686	952,268
Note: blank indicates no data available																
Facility Name	Truckee Meadows Annual Emissions (tpy)								CO/PM ₁₀ Season Em. (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	CO ₂	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	CO ₂
Reno-Tahoe Airport Authority	0	0	0	0	0	13	0		0	0	0	0	2	73	1	0
Reno-Tahoe International Airport	12	12	0	76	680	169	3,030	171,249	68	67	0	416	3,738	931	16,650	940,931
Total	12	12	0	76	681	183	3,031	171,249	68	67	0	416	3,741	1,004	16,651	940,931

SECTION 3

STATIONARY NON-POINT SOURCES

Stationary non-point sources include all sources which are too small or too numerous to be treated individually as point sources. These source categories and their emissions are shown in Tables 5 & 6.

Table 5 – 2008 Stationary Non-Point Sources Emissions Summary for Washoe County & Ozone Season

Source Category	Annual Emissions (tpy)								O ₃ Season Emissions (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO ₂	NO _x	VOC	CO	Pb	PM ₁₀	PM _{2.5}	NH ₃	SO ₂	NO _x	VOC	CO	Pb
Stationary Fuel Combustion Sources (External and Internal)																
Industrial/Commercial Fuel Combustion																
Natural Gas	23.0	23.0			302.5	16.6	254.1		65.7	65.7			864.7	47.6	726.4	
Distillate Oil	3.4	3.2	1.0	4.3	49.4	3.9	10.7		22.3	20.8	6.3	27.7	319.2	25.2	69.3	
LPG	1.1	1.1			34.2	0.5	0.2		7.0	7.0			220.8	3.5	1.0	
Residential Fuel Combustion																
Natural Gas	32.9	32.9			406.6	23.8	173.0		66.6	66.6			824.1	48.2	350.7	
Distillate Oil	0.5	0.5			24.0	1.0	6.7		3.0	2.8			133.0	5.3	36.9	
LPG	1.0	1.0			34.1	0.7	4.6		5.4	5.4			189.1	4.1	25.7	
Category Total	61.9	61.6	1.0	4.3	850.9	46.6	449.4		170.0	168.3	6.3	27.7	2,550.9	133.8	1,210.0	
Residential Wood Combustion																
Firesplaces	225.8	225.8			17.0	1,494.3	1,648.2		0.0	0.0			0.0	0.0	0.0	
Woodstoves/Inserts - Certified	69.7	69.7			12.8	54.7	642.4		0.0	0.0			0.0	0.0	0.0	
Woodstoves/Inserts - Non-certified	101.0	101.0			9.2	174.9	761.5		0.0	0.0			0.0	0.0	0.0	
Pellet Stoves	12.8	12.8			42.2	0.0	120.5		0.0	0.0			0.0	0.0	0.0	
Category Total	409.3	409.3			81.2	1,723.9	3,172.6		0.0	0.0			0.0	0.0	0.0	
Industrial Processes																
Chemical Manufacturing	0.5	0.1	0.0	0.0	0.0	1.9	0.0	0.2	3.8	1.0	0.0	0.0	0.0	14.5	0.0	1.6
Food & Kindred Products - Commercial Food Establishments	25.5	16.4	0.0	0.1	0.6	71.8	68.8	0.0	140.3	90.3	0.0	0.5	3.4	394.4	377.8	0.0
Food & Kindred Products - Manufacturing	18.1	7.3	0.4	0.0	0.1	0.5	0.3	0.0	139.3	56.2	2.8	0.0	0.6	3.5	2.0	0.0
Mineral Processes (Concrete, Gypsum, & Plaster Products)	13.8	1.7	0.1	0.2	25.0	1.4	21.0	0.0	106.2	13.2	0.9	1.2	192.1	10.5	161.2	0.0
Rubber/Plastic Processes	36.8	12.4	0.0	0.0	0.1	12.8	0.1	0.0	283.1	95.5	0.0	0.0	0.9	98.4	0.8	0.0
Fabricated Metals	4.6	0.1	0.0	0.0	0.3	5.3	0.2	0.2	47.1	0.7	0.0	0.0	3.0	54.8	2.5	2.4
Construction - Portable	2.2	0.6	0.0	0.0	0.4	0.1	0.1	0.0	30.2	8.4	0.0	0.5	5.5	0.7	1.7	0.0
Construction - Stationary	1,776.3	371.2	0.0	1.7	5.3	0.3	1.1	0.0	6,990.6	1,479.7	0.1	23.7	71.7	4.3	15.0	0.0
Machinery	0.4	0.1	0.0	0.1	0.3	0.1	0.0	0.0	4.4	0.8	0.2	0.9	3.2	1.2	0.4	0.1
Mining and Quarrying - Portable	175.3	30.5	0.0	1.2	12.0	1.6	5.4	0.0	1,797.7	N/D	0.0	11.8	122.9	16.3	54.9	0.0
Mining and Quarrying - Stationary	233.7	39.6	0.0	1.2	12.0	1.6	3.6	0.0	2,397.4	N/D	0.0	11.8	122.9	16.3	37.2	0.0
Misc. Industrial Processes	17.8	3.8	0.1	10.6	45.8	199.4	6.9	1.9	183.0	N/D	0.9	109.0	469.3	2,045.6	71.2	19.9
Category Total	2,305.2	483.9	0.6	15.0	101.8	296.7	107.5	2.4	12,123.2	1,745.8	4.9	159.5	995.5	2,660.4	724.7	23.9
Solvent Utilization, Surface Coating																
Architectural Coatings	0.0	0.0	0.0	0.0	0.0	1,022.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7,306.6	0.0	0.0
Auto Refinishing	0.0	0.0	0.0	0.0	0.0	85.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	659.9	0.0	0.0
Electronic & Other Electrical	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.4	0.0	0.0
Paper	0.0	0.0	0.0	0.0	0.0	12.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	95.0	0.0	0.0
Plastic Products	0.0	0.0	0.0	0.0	0.0	6.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.2	0.0	0.0
Machinery & Equipment	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	46.5	0.0	0.0
Misc. Finished Metals	0.0	0.0	0.0	0.0	0.0	22.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	174.9	0.0	0.0
Misc. Manufacturing	0.0	0.0	0.0	0.0	0.0	22.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	173.5	0.0	0.0
Wood Furniture	0.0	0.0	0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	0.0	0.0
Category Total	0.0	0.0	0.0	0.0	0.0	1,181.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8,524.1	0.0	0.0
Other Solvent Utilization																
Degreasing	0.0	0.0	0.0	0.0	0.0	2.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.6	0.0	0.0
Dry Cleaning	0.0	0.0	0.0	0.0	0.0	22.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	169.3	0.0	0.0
Graphic Arts	0.0	0.0	0.0	0.0	0.0	60.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	468.7	0.0	0.0
Misc. Industrial Processes	0.0	0.0	0.0	0.0	0.0	2.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.5	0.0	0.0
Misc. Non-Industrial Processes	0.0	0.0	0.0	0.0	0.0	74.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	572.4	0.0	0.0
Consumer/Commercial Solvent Use	0.0	0.0	0.0	0.0	0.0	1,250.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6,868.4	0.0	0.0
Pesticide Application	0.0	0.0	0.0	0.0	0.0	7.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	51.2	0.0	0.0
Emulsified/Cutback Asphalt Application	0.0	0.0	0.0	0.0	0.0	79.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.8	0.0	0.0
Category Total	0.0	0.0	0.0	0.0	0.0	1,499.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8,177.8	0.0	0.0
Storage and Transport																
Organic Chemical Storage	0.0	0.0	0.0	0.0	0.0	87.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	517.3	0.0	0.0
Gasoline Service Station (UST & Stages I & II)	0.0	0.0	0.0	0.0	0.0	308.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1,830.5	0.0	0.0
Category Total	0.0	0.0	0.0	0.0	0.0	395.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2,347.8	0.0	0.0
Waste Disposal, Treatment, and Recovery																
Publicly Owned Treatment Works	0.00	0.00			0.00	3,522.47	0.00		0.00	0.00			0.00	17,928.61	0.00	
Commercial/Industrial Incineration	2.4	1.5	0.0	1.1	1.8	0.2	1.5	0.0	13.0	8.2	0.0	6.0	9.9	0.8	8.2	0.2
Remediation/Reclamation/Recycle	0.0	0.0	0.0	0.0	0.0	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	62.6	0.0	0.0
Category Total	2.4	1.5	0.0	1.1	1.8	3,534.0	1.5	0.0	13.0	8.2	0.0	6.0	9.9	17,992.1	8.2	0.2
Miscellaneous Area Sources																
Wildfires	55.9	40.4			16.7	75.0	583.2		6.7	6.0			2.0	8.9	69.4	
Structure Fires	0.8	0.5			0.1	1.0	5.3		3.4	3.2			1.3	3.3	53.6	
Vehicle Fires	8.2	1.5			0.1	0.6	3.2		2.6	2.4			0.1	0.8	3.3	
Firefighting Training	0.0	0.0			0.0	0.0	0.2		0.0	0.0			0.0	0.0	0.0	
Open/Permit Burning	38.5	27.7				29.2	275.8		4.0	3.5				1.2	27.4	
Uncontrolled Burning	460.7	399.3				211.9	3,163.8		2,886.0	2,501.2				1,327.6	19,817.1	
House Fires	1.0	1.0			0.2	0.2	2.3		0.6	0.5			0.2	1.0	3.0	
Automotive & Misc. Repair Shops	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Health Services, Hospitals	0.0	0.0	0.0	0.0	0.0	5.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.9	0.0	0.0
Health Services, Pathological Incineration	2.4	1.5	0.0	1.1	1.8	0.2	1.5	0.0	13.0	8.2	0.0	6.0	9.9	0.8	8.2	0.2
Category Total	567.5	471.9	0.0	1.1	18.9	323.4	4,035.3	0.0	2,916.3	2,525.0	0.0	6.1	13.5	1,372.6	19,981.9	0.2
Total - All Stationary Area Sources	3,346	1,428	2	22	1,055	9,000	7,766	2	15,222	4,447	11	199	3,570	41,209	21,925	24

Table 6 – 2008 Stationary Non-Point Sources Emissions Summary for Truckee Meadows & CO/PM₁₀ Season

Source Category	Annual Emissions (tpy)								CO/PM ₁₀ Season Emissions (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO ₂	NO _x	VOC	CO	Pb	PM ₁₀	PM _{2.5}	NH ₃	SO ₂	NO _x	VOC	CO	Pb
Stationary Fuel Combustion Sources (External and Internal)																
Industrial/Commercial Fuel Combustion																
Natural Gas	19.79	19.79			260.42	14.32	218.75		167.78	167.78			2,207.68	121.42	1,854.45	
Distillate Oil	3.45	3.22	0.97	4.28	3.90	49.38	10.72		22.27	20.79	20.8	6.3	25.23	319.16	69.31	
LPG	0.00	0.00			0.02	0.00	0.00		0.00	0.00			0.15	0.00	0.03	
Residential Fuel Combustion																
Natural Gas	23.36	23.36			288.94	16.91	122.95		191.83	191.83			2,372.61	138.82	1,009.62	
Distillate Oil	0.00	0.00			0.02	0.00	0.01		0.00	0.00			0.11	0.00	0.03	
LPG	0.00	0.00			0.01	0.00	0.00		0.00	0.00			0.08	0.00	0.01	
Category Total	46.60	46.37	1.0	4.3	553.31	80.61	352.44		381.89	380.41	20.8	6.3	4,605.85	579.41	2,933.45	
Residential Wood Combustion																
Firesplaces	175.37	175.37			13.18	1,160.70	1,280.32		3,083.48	3,083.48			231.71	20,408.00	22,511.18	
Woodstoves/Inserts - Certified	41.55	41.55			7.73	33.12	388.67		730.49	730.49			135.90	582.42	6,833.67	
Woodstoves/Inserts - Non-certified	65.07	65.07			5.95	112.69	490.75		1,144.00	1,144.00			104.68	1,981.44	8,628.63	
Pellet Stoves	6.34	6.34			20.84	0.00	59.51		111.54	111.54			366.49	0.00	1,046.34	
Category Total	288.33	288.33			47.70	1,306.52	2,219.25		5,069.51	5,069.51			838.77	22,971.86	39,019.82	
Industrial Processes																
Chemical Manufacturing	0.49	0.14	0.00	0.00	1.89	0.00	0.00	0.20	3.78	1.05	0.00	0.00	14.52	0.00	0.00	1.57
Food & Kindred Products - Commercial Food Establishments	25.53	16.44	0.00	0.10	71.78	0.62	68.76	0.00	140.27	90.33	0.00	0.52	394.37	3.40	377.80	0.00
Food & Kindred Products - Manufacturing	18.11	7.31	0.36	0.00	0.46	0.08	0.26	0.00	139.34	56.24	2.77	0.00	3.51	0.61	2.02	0.00
Mineral Processes (Concrete, Gypsum, & Plaster Products)	13.81	1.71	0.12	0.15	1.36	24.97	20.96	0.00	106.20	13.15	0.92	1.15	10.46	192.08	161.23	0.00
Rubber/Plastic Processes	36.81	12.42	0.00	0.00	12.79	0.12	0.10	0.00	283.13	95.52	0.00	0.01	98.38	0.91	0.77	0.00
Fabricated Metals	4.60	0.07	0.00	0.00	5.34	0.29	0.24	0.23	47.14	0.67	0.01	0.02	54.76	2.95	2.45	2.39
Construction - Portable	2.21	0.61	0.00	0.04	0.05	0.40	0.12	0.00	9.07	2.52	0.00	0.16	0.22	1.65	0.50	0.00
Construction - Stationary	1,614.75	337.58	0.01	1.74	0.31	5.25	1.10	0.00	5,832.05	1,232.27	0.06	17.84	3.22	53.89	11.28	0.00
Machinery	0.43	0.08	0.02	0.08	0.12	0.31	0.04	0.01	4.43	0.78	0.16	0.86	1.24	3.18	0.42	0.08
Mining and Quarrying - Portable	175.27	30.53	0.00	1.15	1.59	11.99	5.36	0.00	1,797.67	313.16	0.00	11.84	16.26	122.95	54.93	0.00
Mining and Quarrying - Stationary	233.75	39.56	0.00	1.15	1.59	11.99	3.63	0.00	2,397.43	405.73	0.00	11.84	16.26	122.95	37.21	0.00
Industrial Processes	17.85	3.83	0.09	10.63	199.45	45.76	6.94	1.94	183.03	39.27	0.92	109.01	2,045.62	469.34	71.22	19.89
Category Total	2,143.60	450.27	0.6	15.0	296.71	101.78	107.51	2.38	10,943.53	2,250.68	4.9	153.2	2,658.81	973.90	719.83	23.94
Solvent Utilization, Surface Coating																
Paper	0.00	0.00	0.00	0.00	12.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	95.05	0.00	0.00	0.00
Category Total	0.0	0.0	0.0	0.0	12.4	0.0	0.0	0.0	0.00	0.00	0.00	0.00	95.05	0.00	0.00	0.00
Waste Disposal/Treatment/Recovery																
Publicly Owned Treatment Works	0.00	0.00	0.0	0.0	0.00	3,522.47	0.00		0.00	0.00	0.0	0.0	0.00	19,759.57	0.00	
Commercial/Industrial Incineration	2.37	1.49	0.00	1.10	0.15	1.80	1.50	0.04*	13.00	8.20	8.2	0.0	0.83	9.91	8.21	0.20
Remediation/Reclamation/Recycle	0.00	0.00	0.00	0.00	11.40	0.00	0.00	0.00	0.00	0.00	0.0	0.0	62.65	0.00	0.00	0.00
Category Total	2.37	1.49	0.0	0.0	11.55	3,524.27	1.50	0.04	13.00	8.20	8.20	0.00	63.48	19,769.48	8.21	0.20
Miscellaneous Area Sources																
Wildfires	27.97	20.18			8.33	37.49	291.59		14.99	10.82			4.47	20.10	156.31	
Structure Fires	0.45	0.32			0.07	0.58	3.14		1.39	1.00			0.23	1.79	9.76	
Vehicle Fires	5.56	4.01			0.28	1.69	8.80		14.05	10.14			0.71	4.27	22.23	
Firefighting Training	0.02	0.01			0.00	0.02	0.12		0.00	0.00			0.00	0.00	0.00	
Open/Permit Burning	25.79	18.60				19.58	184.96		0.00	0.00			0.00	0.00	0.00	
Refuse Fires	0.71	0.65			0.11	0.26	1.59		2.80	0.00			0.00	0.00	0.00	
Automotive & Misc. Repair Shops	0.01	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.07	0.03	0.00	0.03	0.00	0.04	0.01	0.03
Health Services, Hospitals	0.00	0.00	0.00	0.00	5.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.92	0.00	0.00	0.00
Health Services, Pathological Incineration	2.37	1.49	0.00	1.10	0.15	1.80	1.50	0.04	13.00	8.20	0.00	6.04	0.83	9.91	8.21	0.20
Category Total	62.87	45.28	0.0	0.0	14.22	61.43	491.70	0.04	46.30	30.19	0.00	6.07	35.16	36.11	196.51	0.23
Total - All Stationary Area Sources	2,544	832	2	19	936	5,075	3,172	2	16,454	7,739	34	166	8,297	44,331	42,878	24

SECTION 4

NON-ROAD MOBILE SOURCES

Non-road mobile sources include recreational vehicles, construction equipment, farm equipment, railroad locomotives, etc. The types of sources considered for this inventory were identified from EPA document. The non-road mobile source categories and their emissions are listed in Tables 7 & 8.

Emissions from all non-road mobile sources addressed in this inventory were calculated using level-of-activity emission factors. For a number of sources, an estimate of vehicle population was required to complete these calculations. Local data were used when available, as with Railroad emissions; however, for the majority of the other non-road gasoline, compressed natural gas (CNG), diesel, and liquefied petroleum gas (LPG) vehicles/equipment, Washoe County utilized the EPA NONROAD 2008 Model to obtain the data.

Table 7 – 2008 Non-Road Mobile Sources Emissions for Washoe County & O₃ Season

Source Category	Washoe County Annual Em. (tpy)							O ₃ Season Em. (lbs/day)						
	PM ₁₀	PM _{2.5}	SO _x	NO _x	VOC	CO	CO ₂	PM ₁₀	PM _{2.5}	SO _x	NO _x	VOC	CO	CO ₂
NR2008														
CNG Engines	0	0	0	15	0	73	1,387	1	1	0	93	13	463	8,797
Diesel Engines	164	159	2	2,049	212	1,045	219,653	1,170	1,135	12	14,526	1,515	7,455	1,557,641
Gasoline Engines	86	79	0	320	2,733	26,117	84,241	587	540	3	1,732	19,299	207,449	598,809
LPG Engines	1	1	0	165	45	902	14,900	9	9	2	1,060	291	5,794	95,715
Subtotal	251	239	3	2,548	2,991	28,137	320,180	1,767	1,685	17	17,411	21,118	221,161	2,260,963
Locomotives														
Diesel Freight	21	20		826	32	81		113	109		4,540	177	447	
Switch Yard	1	1		34	2	4		5	5		209	13	22	
Diesel Passenger	1	1		24	1	2		3	3		129	5	13	
Subtotal	22	21		884	35	87		121	118		4,879	195	482	
	273	260	3	3,432	3,026	28,224	320,180	1,889	1,803	17	22,290	21,313	221,643	2,260,963

Table 8 - 2008 Non-Road Mobile Sources Emissions for Truckee Meadows & CO/PM₁₀ Season

Source Category	Truckee Meadows Annual Em. (tpy)							CO/PM ₁₀ Season Em. (lbs/day)						
	PM ₁₀	PM _{2.5}	SO _x	NO _x	VOC	CO	CO ₂	PM ₁₀	PM _{2.5}	SO _x	NO _x	VOC	CO	CO ₂
NR2008														
CNG Engines	0	0	0	10	0	50	943	1	1	0	63	3	315	5,978
Diesel Engines	85	83	0	1,040	111	541	112,220	474	460	2	5,787	615	3,019	625,644
Gasoline Engines	46	42	0	151	1,963	15,446	44,335	197	181	1	909	84,773	53,853	182,143
LPG Engines	1	1	0	111	31	608	10,056	6	6	1	699	191	3,814	63,045
Subtotal	132	126	1	1,312	2,104	16,645	167,553	678	648	4	7,457	85,583	61,000	876,809
Locomotives														
Diesel Freight	3	0		110	4	11		17	16		676	26	67	
Switch Yard	1	0		34	2	4		5	5		187	11	20	
Diesel Passenger	0	0		18	1	2		3	2		101	4	10	
Subtotal	4	0		162	7	16		24	23		964	42	96	
Total	136	0	130	1,474	2,111	16,662	167,553	702	671	4	8,422	85,624	61,097	876,809

SECTION 5

ON-ROAD MOBILE SOURCES

This section addresses on-road mobile sources emissions from vehicles using gasoline and diesel fuels. In addition, this section also addresses diesel idling and fugitive emissions from vehicles traveling on paved roads, paved roads during sanding and salting events, and unpaved roads.

Historically, on-road motor vehicle emissions were calculated using the EPA model MOBILE6 and activity data supplied by local agencies. However, due to EPA modeling requirement and procedural change for the 2008 inventory year, MOBILE6 data will no longer be accepted by EPA. Instead, EPA will collect motor vehicle activity data and calculate the on-road motor vehicle emissions then release the information to State and Local agencies for review and incorporation into their respective emissions inventory.

Vehicle miles traveled (VMT) is the common measure of motor vehicle activity. The Regional Transportation Commission of Washoe County (RTC) ran all transportation models used to generate VMT estimates for Washoe County/O₃ MA and the Truckee Meadows/CO/PM₁₀ NAA. VMT estimates were provided for each of the six (6) facility (roadway) types in both Washoe County and the Truckee Meadows. Table 9 illustrates emissions from mobile sources other than on-road motor vehicles, and Table 10 lists the activity data for on-road motor vehicles in 2008.

Table 9 – 2008 On-Road Mobile Source Emissions*

Source Category	Washoe County Annual Emissions (tpy)								O ₃ Season Emissions (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb
Paved Road Fugitive Emissions	2,665.7	243.4							5,093.1	460.3						
Paved Road Fugitive Emissions, Sanding & Salting	38.7	3.1							0.0	0.0						
Unpaved Road Fugitive Emissions	5,045.9	502.8							30,935.9	3,082.9						
Diesel Idling Emissions	5.1	4.8							28.0	26.0						
On-Road Motor Vehicle Emissions*																
Total - All On-Road Mobile Sources	7,755	754	0	0	0	0	0	0	36,057	3,569	0	0	0	0	0	0

Source Category	Truckee Meadows Annual Emissions (tpy)								CO/PM ₁₀ Season Emissions (lbs/day)							
	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb	PM ₁₀	PM _{2.5}	NH ₃	SO _x	NO _x	VOC	CO	Pb
Paved Road Fugitive Emissions	1,760.5	161.5							9,255.7	849.3						
Paved Road Fugitive Emissions, Sanding & Salting	16.5	1.3							1,718.1	137.6						
Unpaved Road Fugitive Emissions	1,671.0	166.4							7,512.6	748.2						
Diesel Idling Emissions	2.6	2.4							14.1	13.0						
On-Road Motor Vehicle Emissions*																
Total - All On-Road Mobile Sources	3,451	332	0	0	0	0	0	0	18,501	1,748	0	0	0	0	0	0

* Due to a modeling & procedural change, On-Road motor vehicle emissions will be calculated by EPA upon receipt of activity data from WCAQMD. The final emissions data will be received from EPA at a later time and incorporated into Washoe County's total emissions for a final report

Table 10 – 2008 On-Road Mobile Source Activity Data

Facility Class	Vehicle Miles Traveled (VMT)	
	Washoe County	Truckee Meadows
Local	950,534	680,219
Collector	711,478	364,942
Minor	1,485,233	1,146,255
Major	2,555,960	1,889,899
Freeway	3,868,496	2,153,256
Ramps	297,716	264,074
Total	9,869,417	6,498,645

2008 Washoe County Top Pollutant Emissions by Source Categories (On-road Sources not included)

DBOH 5/27/09
 21-10-13

Pollutant	Non-Point Source Category (cont'd)	Annual Emission (tpy)	% of Total Non-Point Source Emissions
CO	Prescribed burning	3,164	41%
	Fireplaces	1,648	21%
	Non-Certified Woodstoves/Inserts	761	10%
	Wildfires	583	8%
PM10	Diesel Construction and Mining Equipment	133	49%
	Gasoline Lawn and Garden Equipment (Com)	37	14%
	Railroad Diesel Emissions	22	8%
	Gasoline Pleasure Craft	16	6%
	Gasoline Recreational Equipment	16	6%
PM2.5	Diesel Construction and Mining Equipment	129	50%
	Gasoline Lawn and Garden Equipment (Com)	34	13%
	Railroad Diesel Emissions	21	8%
	Gasoline Pleasure Craft	15	6%
	Gasoline Recreational Equipment	15	6%
NOx	Diesel Construction and Mining Equipment	1,658	48%
	Railroad Diesel Emissions	884	26%
	LPG Industrial Equipment	137	4%
	Diesel Commercial Equipment	117	3%
VOC	Gasoline Pleasure Craft	943	31%
	Gasoline Lawn and Garden Equipment (Com)	714	24%
	Gasoline Recreational Equipment	494	16%
	Gasoline Lawn and Garden Equipment (Res)	281	9%
CO	Gasoline Lawn and Garden Equipment (Com)	11,003	39%
	Gasoline Commercial Equipment	4,968	18%
	Gasoline Lawn and Garden Equipment (Res)	4,277	15%
	Gasoline Pleasure Craft	3,113	11%

2008 Washoe County Top Pollutant Emissions by Source Categories (On-road Sources not included)

Pollutant	Point Source Facility Type	Annual Emission (tpy)	% of Total Point Source Emissions
VOC	Geothermal Power Plant	244	39%
	Printing/Rotogravue	194	31%
	Reno-Tahoe Int'l Airport	169	27%
NOx	Reno-Tahoe Int'l Airport	680	96%
	Printing/Rotogravue	13	2%
	Geothermal Power Plant	12	2%
CO	Reno-Tahoe Int'l Airport	3,030	97%
	Reno/Stead Airport	46	1%
	Spanish Springs Airport	31	1%

Pollutant	Non-Point Source Category	Annual Emission (tpy)	% of Total Non-Point Source Emissions
PM10	Construction	1,776	53%
	Prescribed burning	461	14%
	Mining & Quarrying	234	7%
	Fireplaces	226	7%
PM2.5	Prescribed burning	399	28%
	Construction	372	26%
	Fireplaces	226	16%
	Non-Certified Woodstoves/Inserts	101	7%
NOx	Stationary Fuel Combustion (NG)	709	67%
	Stationary Fuel Combustion (Distillate Oil)	73	7%
	Stationary Fuel Combustion (LPG)	68	6%
	Pellet Stoves	42	4%
VOC	POTW	3,522	39%
	Fireplaces	1,494	17%
	Consumer/Commercial Solvents	1,250	14%
	Architectural Coating	1,023	11%

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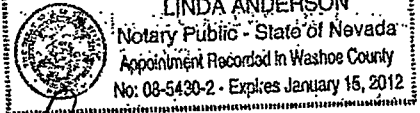
STATE OF NEVADA
COUNTY OF WASHOE

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper of general circulation published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the dates: **04/23/2010 - 05/21/2010**, for exact publication dates please see last line of Proof of Publication below.

Signed:

Kari J. Orrell

Subscribed and sworn to before me



Linda Anderson

MAY 21 2010

Proof of Publication

NOTICE OF PUBLIC HEARING The Washoe County District Board of Health does hereby declare 1:00 p.m., May 27, 2010, at the District Health Department Auditorium B, Building B, 1001 East 9th Street, Reno, as the time, date and place to consider the: 2008 Washoe County Emissions Inventory for carbon monoxide, ozone precursors, and particulate matter. If accepted and approved, the Emission Inventory will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the Carbon Monoxide, Ozone, and Particulate Matter State Implementation Plans (SIPs). Interested persons who may be affected or wish to comment on any action being considered on the above date should appear at the public hearing to submit oral testimony or may address comments, data, views, or arguments in written form to the Washoe County District Board of Health - Air Quality Management Division, P. O. Box 11130, Reno, NV 89520. Copies of the Emission Inventory are available at the Air Quality Management Division office, 1001 East Ninth Street #A115, Reno NV for inspection by any interested person. Denis M. Humpreys, OD, Chairman District Board of Health No. 694539
Apr 23, May 10, 21, 2010

SCANNED
MAY 27 2010

Legals

Legals

NOTICE OF PUBLIC HEARING

The Washoe County District Board of Health does hereby declare 1:00 p.m., May 27, 2010, at the District Health Department Auditorium B, Building B, 1001 East 9th Street, Reno, as the time, date and place to consider the:

2008 Washoe County Emissions Inventory for carbon monoxide, ozone precursors, and particulate matter.

If accepted and approved, the Emission Inventory will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the Carbon Monoxide, Ozone, and Particulate Matter State Implementation Plans (SIPs).

Interested persons who may be affected or wish to comment on any action being considered on the above date should appear at the public hearing to submit oral testimony or may address comments, data, views, or arguments in written form to the Washoe County District Board of Health - Air Quality Management Division, P. O. Box 11130, Reno, NV 89520. Copies of the Emission Inventory are available at the Air Quality Management Division office, 1001 East Ninth Street #A115, Reno NV for inspection by any interested person.

Denis M. Humphreys, OD, Chairman
District Board of Health

No. 694539 Apr 23, May 10, 21, 2010

**Nevada State Health Division
Teen Outreach Program
(TOP) Partner Provider
Request**

DBOH Check List for Newly
Proposed
Programs/Initiatives

Executive Summary

The Nevada State Health Division is in the process of applying for a five-year cooperative agreement from the Office of Adolescent Health for **Teenage Pregnancy Prevention: Replication of Evidence-Based Programs**. The **Wyman Teen Outreach Program™ (TOP)** has been selected for replication in a statewide program.

Executive Summary Continued

TOP is a national youth development program designed to prevent adolescent problem behaviors by helping adolescents develop a positive self-image, effective life management skills, and achievable goals. The program is directed toward reducing rates of teenage pregnancy, school failure, and school suspension.

Checklist – Do we need this?

Identify Statute or Regulation Which Mandates Program

None

Checklist – Do we need this?

- **Identify Which of the “Ten Essential Services” is Addressed** (National Public Health Performance Standards, 2002)
 - #2: Diagnose and investigate health problems and health hazards
 - #3: Inform, educate, and empower people about health issues
 - #4: Mobilize community partnerships to identify and solve health problems

Checklist – Do we need this?

- **List District Board of Health Strategic Priorities**
 - Give people information they need to make healthy choices
 - Monitor health status and understand health issues facing the community
 - Protect population from health problems and health hazards

Checklist – Do we need this?

☐ Describe Verifiable Public Health Need

- Washoe County 2008 Teen Birth Rate: 42.67* per 1,000 for 15-19 year old adolescent females. Center for Health Data & Research, Bureau of Health Planning & Statistics at the Nevada State Health Division
- Nevada is ranked 2nd in the nation for teen pregnancy rates for girls age 15-19 year old (2005). January 2010 Report from National Campaign for Teen and Unintended Pregnancy Prevention.

*Preliminary

Checklist – Do we need this?

☐ Describe Verifiable Public Health Need

- 1.6% of Very Low Birth Weight (VLBW) infants were born to teenagers 15-19 years in Washoe County. Washoe County Vital Statistics(Final Approval Pending)
- The number of Washoe County high school students that report having had sexual intercourse has increased 8.2% (44.3% in 2007 to 52.5% in 2009). Washoe County Youth Risk Behavior Survey (YRBS) 2009

Checklist – Do we need this?

- Describe Impact if Program not Implemented**
 - Missed opportunity to participate in program aimed at reducing teen pregnancy and risky youth behaviors.
 - Community program partners are needed to successfully implement program.

Checklist – Can we do this?

- Identify Assets to Accomplish Program**
 - Staff education, experience and expertise
 - Established community partners
 - Potential linkage to other Health District and County Programs/Services
- Could Other Community Partners Provide the Service?**
 - Health Districts have been identified as one of multiple partners by the Nevada State Health Division

Checklist – Can we do this?

❑ Would Other Community Partners Assist?

The program can be integrated into the curriculum of schools and is also implemented as an out-of-school program through community –based youth organizations, public health departments and social services agencies. Additionally teens in the program participate in community service activities which can vary in nature involving private sector, government agencies and non-profits.

Checklist – How much will it cost?

❑ Provide a Detailed Proposed Budget

Pending funding announcement. Detailed program scope of work from TOP required to create budget.

┆ List Any Associated Subcontractors

Staffing plan may include non permanent employees due to economic environment.

Checklist – How will we measure success?

☐ Describe Evaluation Process

- List performance measurements used
 - TOP has national longitudinal outcome data and requires participation in an rigorous evaluation and outcomes program.
 - National TOP outcome data reported includes:
 - Pregnancy Rates (53% decrease)
 - School Suspension (52% reduction)
 - School Drop Out (60% reduction)
 - Course Failure (60% reduction)

(12 year Study Philliber Research)

Checklist-How will we measure success?

☐ Indicate Frequency of Reporting to DBOH

- In Division reports, program updates and as requested by DBOH

☐ List Outcomes or Products that will Result

- Positive impact on teens enrolled in program (number to be determined based on model requirements and funding)
- Staff trained and certified to provide TOP program
- Program specific and aggregate reports on outcomes

POSSIBLE MOTION

- “Move to approve that staff apply to become a Teen Outreach Program (TOP) provider and implement the program as a community partner if selected and the Nevada State Health Division is funded.”

Wyman's TOP™ is a Success Story that Creates Success Stories



Wyman's Teen Outreach Program™ (TOP™) is one of the most successful, cost-effective, and highly respected programs for teens nationally. Its innovative community service learning approach is a proven "best practice" for dramatically **lowering high school dropout rates and teen pregnancy rates** while **improving student performance**.

Wyman TOP™ Addresses an Urgent Need

- There are approximately 1.2 million high school dropouts in the US each year.
- Students who drop out of high school are twice as likely to go to prison.
- The country would save approximately \$17 billion in health care costs over the lifetimes of each class of dropouts had they earned their diplomas.
- Teen childbearing in the US costs taxpayers at least \$9.1 billion annually. This includes costs for public health care, child welfare, increased incarceration rates and decreases in earnings and spending.
- Teen parents are more likely to drop out of school and live in poverty.
- Children of teen parents are more likely to be born low birth weight, grow up poor, and experience abuse and neglect.
- Daughters of teen mother are more likely to become teen moms themselves and the sons are more likely to become incarcerated.

**Source for drop-out data: Friedman Foundation, 2008 and Alliance for Excellent Education, 2007; source for teen pregnancy data: The National Campaign to Prevent Teen and Unwanted Pregnancy, 2006*

Wyman TOP™ is an Effective, Affordable Solution

- Wyman TOP emphasizes community service learning.
- Wyman TOP focuses on youth development - building skills, hopes, and healthy behaviors.
- Over 15,000 youth nationwide currently participate in Wyman TOP.
- Wyman TOP sites receive continuous support to maintain the quality and outcomes of their programs.
- Grown steadily for 30 years, Wyman TOP is currently active or is in the process of establishing programs in over 28 states.

Wyman TOP™ Produces Real Results

- 53% lower risk of teen pregnancy;
- 52% reduction in school suspension; and
- 60% lower rate of course failure.

**Results verified by Philiber Research over 12 years.*

Wyman TOP™ is Nationally Recognized

- Listed by HHS as an Evidence-based Program Model
- Under review by National Registry of Evidenced-Based Programs and Practices
- Rand Corporation – Promising Practices Network
- The Brookings Institution; “Cost effective Investments in Children” (The Brookings Institution estimates that for every dollar communities spend on Wyman TOP – they gain \$1.29 back.)
- Office of Juvenile Justice and Delinquency: Prevention Model Programs Guide
- The New York City Commission for Economic Opportunity “Increasing Opportunity and Reducing Poverty in New York City”
- National Campaign to Prevent Teen Pregnancy
- Harvard Family Research Project
- The National Academy of Science’s National Institutes of Medicine, “Community Youth Development Programs that work”
- “What Works in Character Education”; Dr. Marvin Berkowitz, Co-Director, UMSL Center for Character and Citizenship, Sanford N. McDonnell Endowed Professor of Character Education

For More Information

For more information contact: Felice McClendon, TOPnet Manager, 636-549-1238 or visit www.wymancenter.org.

OUTCOMES

COMPONENTS THAT LEAD TO SUCCESS IN YOUTH

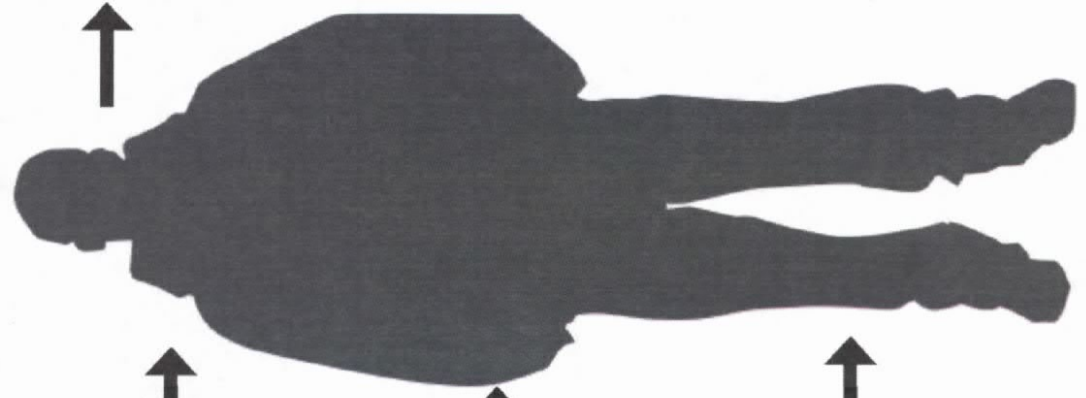
Wyman knows the following from empirical research and over 112 years of experience.

COMPONENTS

Community Service Learning

Peer experiences

Adult resource network



MEDIATORS

CHANGE IN YOUTH'S

- attitudes toward community engagements
- knowledge and skill in service learning
- sense of supportive relationships
- sense of physical and emotional safety
- interpersonal skills
- knowledge and skill development

OUTCOMES

YOUTH EXHIBIT:

- On-time High School graduation
- Ongoing positive relationships with their peers
- Healthy choices
- Involvement in service

Youth develop into young adults capable of **self-sufficiency**, building and maintaining **diverse and healthy relationships** and **actively engaging in service to their communities.**

CHANGE IN YOUTH'S

- sense of purpose
- sense of autonomy and competence
- positive social norms
- sexual and relational decisions

DBOH 5/27/10
Item No. 18

Join Together Northern Nevada (JTNN)
1325 Airmotive Way Suite 325
Reno, NV 89502

www.jtnn.org

"Building Partnerships for a Healthy Community"

JTNN's Mission is to build successful partnerships to create healthy, drug free communities.

JTNN's work consists of

- Needs assessment
- Comprehensive Community Prevention Plan (CCPP)
- Prevention funding
 1. ACCEPT: Positive Action
 2. Big Brothers Big Sisters: School Based Mentoring
 3. Boys and Girls Club: SMART Moves Programs
 4. Children's Cabinet: Parenting Wisely
 5. Crisis Call Center: Substance Abuse Help Line
 6. Health Access Washoe County: Creating Lasting Family Connections
 7. Nevada Hispanic Services: Project Toward No Drug Abuse
 8. Quest Counseling and Consulting: Positive Action
 9. UNR, Student Services: BASICS and Directed Patrols
 10. Washoe County School District Family Resource Center: Parenting Wisely and Strengthening Families
 11. Washoe County School District: Too Good for Drugs

- **Media**

 - "Most of Us" and "I Am One of Many" social norming campaigns**

- **Coalition Activities and Initiatives in the Community**

 - 1. Environmental Strategies Group (underage drinking prevention)**

 - 2. Meth Community Response Alliance**

 - 3. Community Prescription Round Up**

 - 4. Community Coalition Action Board (CCAB)**

 - 5. Also involved in many other groups such as the Chronic Disease Coalition, Ready for Life, and more...**



- [Announcements](#)
- [Calendar](#)
- [Community Assessment](#)
- [National Data](#)

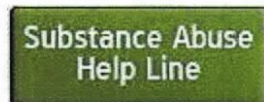
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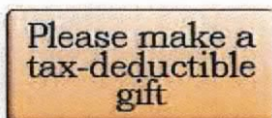
Welcome to Join Together Northern Nevada (JTNN), a nonprofit organization dedicated to reducing the impact of substance abuse on Washoe County by improving access to prevention, intervention and treatment services. Since 1998, JTNN has successfully engaged local law enforcement, the Washoe County School District, the University of Nevada, Reno, local businesses, human service professionals and community members as partners in defining and addressing substance abuse-related problems in the community.

JTNN will continue to strive to make a difference in Washoe County. We invite you to join us in this important work.



I am
one
of many

LISTEN TO OUR NEW RADIO AD
HERE.



Latest News

- [All Asian-Americans Not Equal When it Comes to Alcohol and Other Drug Use](#)
In general, alcohol and other drug use is lower among Asians than most other ethnic...
- [Mexican President Petitions U.S. to Curb Illegal Drug Use](#)
Mexican President Felipe Calderon asked members of the U.S. Congress to ramp up action to...
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A small research study indicates that teenagers may experience the release of the brain's pleasure-and-reward...

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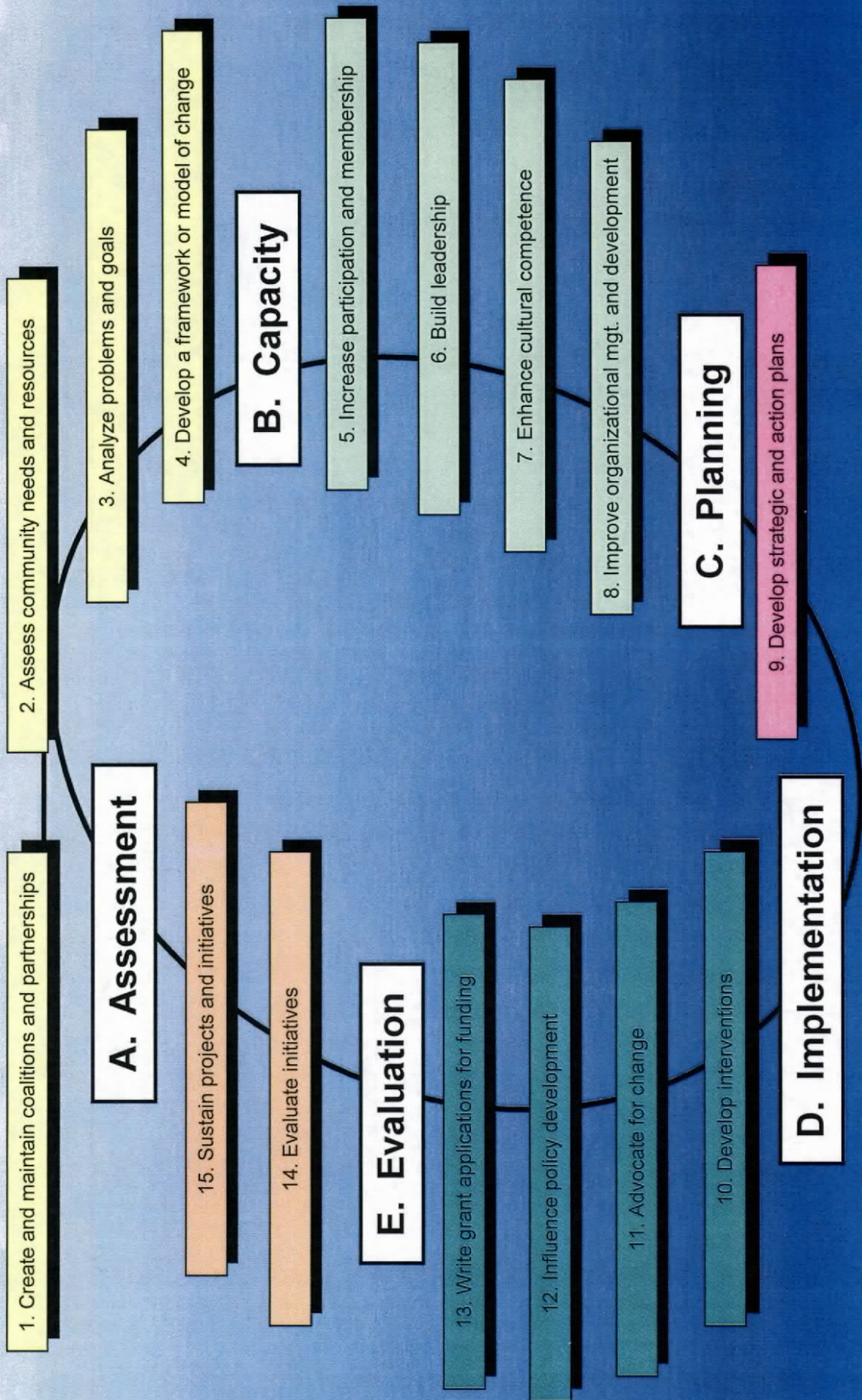


Helpful Hints for Successful Coalition Work

- Your community is perfectly engineered to get the results you are currently getting.
- Think comprehensively even if you cannot act comprehensively.
- In order to have a successful meeting, bring food and talk about money.

Skills Required to Implement the Strategic Prevention Framework

The relationship between SAMHSA's Strategic Prevention Framework and the Core Competencies* supported by



CADCA AND COALITIONS: **CHAMPIONS FOR CHANGE**

*Core Competencies 2004 © University of Kansas. Used by permission.

Strategic Prevention Framework



CARNEVALE ASSOCIATES LLC

Information Brief

January 2005

SAMHSA's Strategic Prevention Framework

Overview

The five steps that comprise SAMHSA's Strategic Prevention Framework will enable States and communities to build the infrastructure necessary for effective and sustainable prevention. Each step contains key milestones and products that are essential to the validity of the process. The SPF is conceived of in systemic terms and reflects a public health, or community-based, approach to delivering effective prevention. This information brief examines each of the five steps used to promote understanding of the requirements to successfully implement the strategic prevention framework. A matrix of milestones and products for each of the five SPF steps can be found on the second page of this brief. Carnevale Associates, LLC will discuss the relationship between the SPF and other best-practice prevention processes in a future *Information Brief*.

Step #1: Assessment

Assessment involves the collection of data to define problems within a geographic area. Assessment also involves mobilizing key stakeholders to collect the needed data and foster the SPF process. Part of this mobilization, and a key component of SAMHSA's SPF State Incentive Grant program, is the creation of an epidemiological workgroup. The epidemiological workgroup should spearhead the data collection process and is responsible for defining the problems and the underlying factors that will be addressed in Step 4: Implementation. Assessing resources includes assessing cultural competence, identifying service gaps, and identifying the existing prevention infrastructure in the State and/or community. Step 1 also involves an assessment of readiness and leadership to implement policies, programs, and practices.

Step #2: Capacity

Capacity involves the mobilization of

Quick Facts

The Five Steps of SAMHSA's Strategic Prevention Framework:

- Step #1: Profile population needs, resources, and readiness to address needs and gaps
- Step #2: Mobilize and/or build capacity to address needs
- Step #3: Develop a Comprehensive Strategic Plan
- Step #4: Implement evidence-based prevention programs, policies, and practices
- Step #5: Monitor, evaluate, sustain, and improve or replace those that fail

resources within a geographic area (state/community). A key aspect of Capacity is convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts in Steps 3-4 of the SPF. The mobilization of resources includes both financial and organizational resources as well as the creation of partnerships. Readiness, cultural competence, and leadership capacity are addressed and strengthened through education and training. Additionally, Capacity should include a focus on sustainability as well as evaluation capacity.

Step #3: Planning

Planning involves the development of a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified in Step 1 of the SPF. The planning process produces Strategic Goals, Objectives, and Performance Targets as well as Logic Models and in some cases preliminary Action Plans. In addition to the Strategic Goals, Objectives, and Performance Targets, Step 3 can also involve the selection of evidence based policies, programs, and practices.

Step #4: Implementation

Implementation involves taking action guided by the Strategic Plan created in

Step 3 of the SPF. If action planning, or the selection of specific policies, programs, and practices, was not part of the planning process in Step 3, it should occur in Step 4. Step 4 also includes the creation of an evaluation plan, the collection of process measure data, and the ongoing monitoring of implementation fidelity.

Step #5: Evaluation

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Step 5 also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices. Evaluation also includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the Strategic Plan, relevant Action Plans, and measures.

Implications of the SPF

The SPF highlights SAMHSA's intent to enable states and communities to build prevention infrastructure. SAMHSA is expanding its resources for States and communities beyond programs, policies, and practices to include a focus on infrastructure development and sustainability.

SAMHSA's Strategic Prevention Framework

SPF Step	Key Milestones	Key Products
Step 1: Assessment	<ul style="list-style-type: none"> • Formation of an Epidemiological Workgroup • Collaboration with advisory groups (SPF SIG Advisory Council) • Collection of epidemiological data • Analysis of epidemiological data • Development of problem statements • Identification of potential geographic target areas and populations • Assessment of readiness, external factors, and potential barriers to success • Assessment of organizational, fiscal, and leadership capacity • Assessment of cultural competence • Analysis of service gaps 	<ul style="list-style-type: none"> • Epidemiological Workgroup Report with quarterly updates • Clear, concise, and data-driven problem statement(s) • Data sources for ongoing assessment • Gap analysis and community program, resource, and service baseline inventory
Step 2: Capacity	<ul style="list-style-type: none"> • Creation and continuation of partnerships • Introduction of training and education to promote readiness, cultural competence, leadership, and evaluation capacity • Meetings and workshops with key stakeholders, coalitions, and service providers 	<ul style="list-style-type: none"> • Capacity Report with quarterly updates • Directory of key stakeholders, leaders, and service providers • Partnership agreements/memorandums
Step 3: Planning	<ul style="list-style-type: none"> • Planning meetings and strategy development sessions • Strategic Goals, Objectives, and Performance Targets • Logic Model development • Draft Strategic Plan • Selection of policies, programs, and practices • Preliminary Action Plan development • Creation of evaluation plan and identification of measures 	<ul style="list-style-type: none"> • Comprehensive Strategic Plan • Logic Models • Preliminary Action Plans • Performance Outcomes • Evaluation plan and performance measures
Step 4: Implementation	<ul style="list-style-type: none"> • Implementation of Strategic Plan • Full Action Plan development • Acquisition of relevant materials for implementing policies, programs, and practices • Consultation and collaboration with an evaluation team • Development of an Evaluation Plan • Implementation of an Evaluation Plan • Collection of process data and additional pre-implementation data 	<ul style="list-style-type: none"> • Action Plans • Identified effective policies, programs, and practices • Evaluation Plan
Step 5 Evaluation	<ul style="list-style-type: none"> • Consultation and collaboration with evaluation team • Process Evaluation • Collection of required data • Review of effectiveness of policies, programs, and practices • Development of recommendations for quality improvement 	<ul style="list-style-type: none"> • Evaluation Report and updates • Recommendations for quality improvement



This *Information Brief* is a publication of the Research and Policy Analysis Group of Carnevale Associates, LLC. Carnevale Associates provides strategic leadership to public and private organizations through its three practice groups: Strategic Planning, Research and Policy Analysis, and Integrated Communications.

www.carnevaleassociates.com

Prescription Drug Round Up

Saturday, April 24

9:00 AM - 2:00 PM

A Prescription for a Healthy Community



Proper disposal of medications protects teens, children, pets and the environment

Acceptable items: *Unused or expired prescription drugs, over-the-counter pills, prescription liquids, pet medications in their original containers (mark out the patient's name on the bottle), and residential sharps.*

Drop-off locations

Family Resource Center

- 115 W. 6th Ave., Sun Valley

Sak 'N Save - 1000 Plumb Lane, Reno

Scolari's - 1300 Disc Drive, Sparks

Scolari's - 8165 So. Virginia St., Reno

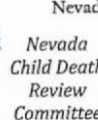
Scolari's - 200 Lemmon Valley Rd., Reno



Unable to drop by on April 24?

Dispose of unused drugs by crushing them in a seal-tight plastic bag, add kitty litter or coffee grounds, seal the bag and dispose in the trash.

Sponsors



Nevada Children's Trust Fund





News Release
Reno Police Department
Contact: Sgt. Mac Venzon
(775) 745-7803
General Media Inquiries
(775) 334-2226
April 27, 2010

www.cityofreno.com/res/police

FOR IMMEDIATE RELEASE

Release written by: Sgt. Mac Venzon

Case No. 10-11601

RPD Prescription Drug Round-up nets more than 93,000 Prescription Pills


On April 24, 2010, Officers of the Reno Police Department in conjunction with Join Together Northern Nevada, held a prescription drug round up. The round-up of old medications was created to removed old medications from homes to eliminate the potential for abuse or dependence by anyone who can get them from medicine cabinets, including young children and teenagers. The effort is also designed to help minimize the potential for pollution of water supplies and the impact on pets and wildlife as a result of improper disposing of medications by flushing them down toilets.

The event was sponsored by Join Together Northern Nevada, the Reno Police Department, Washoe County School District, Nevada Attorney General's Office, Truckee Meadows Water Authority, Washoe County Department of Water Resources, the Retail Association of Northern Nevada, The Nevada Prevention Resource Center, Scolari's Food & Drug, the Sparks Police Department, The Washoe County Sheriff's Office, local pharmacists and others.

This event was a great success, as a result of the operation, Police Department Officials were able to collect and categorize over 93,000 prescription pills (188 Lbs.), multiple over the counter medications and liquid preparations. None of the over 93,000 pills collected will have the opportunity to find their way into the hands of our community youth, nor into the water system of the Truckee Meadows. In comparison, the Round-up Held in October, 2009, netted 39,000 pills.



For those community members who did not have a chance to participate in the event, information on the proper disposal of unused or unwanted prescription drugs can be located at www.jtnn.org . More collection dates will be scheduled in the future.



Most of us don't use meth.

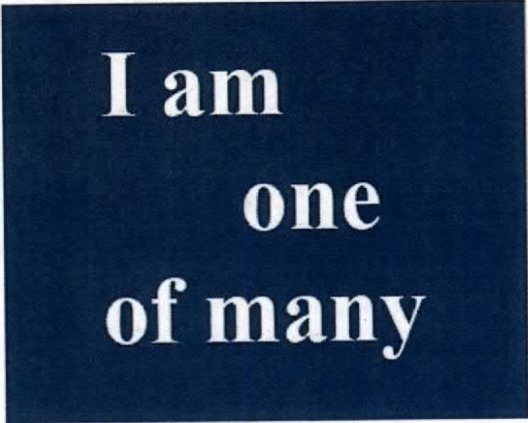
Be one of the many who
talk to their kids about
substance abuse.



JTNN

Join Together Northern Nevada
Building Partnerships for a Healthy Community

324-7557 • www.JTNN.org



Find your community below

- Carson City
- Churchill County
- Clark County
- Douglas County
- Elko County
- Lyon/Storey/Mineral Counties
- Nye/Esmeralda Counties
- Pershing/Lander/Humboldt Counties
- Southern Latino Coalition
- Statewide Native American Coalition
- Washoe County
- White Pine, Lincoln, Eureka Counties

86.5% of Carson City middle school students have never used marijuana (2007 Youth Risk Behavior Survey).

I Am One of Many

It is easy to fall into the trap of thinking that everyone is doing drugs, that underage drinking is a rite of passage. But the truth is, most teens do not drink, do not smoke, and do not use other drugs. Most parents do not allow teenagers access to alcohol in their home. Most of us live and play drug free. From this idea, the I Am One Of Many campaign has sprung. This campaign encourages people to make a statement declaring that they are one of many who do not use drugs. It also informs adults that most local youth make good choices and positively contribute to our Nevada communities.

The Nevada Statewide Coalition Partnership is a collaborative effort of twelve partner coalitions with a focus on substance abuse prevention. The coalitions are made up of concerned citizens, city officials, business leaders, school district personnel, members of law enforcement and many others. The Statewide Coalition Partnership and each of its members are nonprofit, 501(c)(3) organizations. The primary function of the partnership is to work together to address statewide issues relating to substance abuse, share information, and develop statewide strategies.

Media Messages

Radio

TV

Print Ads

Other

Blog

Contact Us

An advertisement featuring a man with a beard and a young man. The man is wearing a dark blue button-down shirt and has his arm around the young man's shoulder. The young man is wearing a red polo shirt. The background is dark. Text is overlaid on the right side of the image.

I am one of many
who will not host
teenage
drinking
parties.

Talk to your kids about
substance abuse.

 **JTNN** Join Together Northern Nevada
Building Partnerships for a Healthy Community

(775) 324-7557 • www.JTNN.org

Join Together Northern Nevada

Presents:

The 2009 My Anti-Drug
Young Artist Showcase



ARTIST RECEPTION

When: June 7th 1:00pm-4:00pm

Where: Artist Co-Operative of Reno
627 Mill Street, Reno



What: Enjoy some refreshments as you
view the winning art from the
My Anti Drug young artist showcase.

*Winning art pieces will be shown at the
gallery and will be for sale the whole*



month of June

(775) 324-7557

 **JTNN** Join Together Northern Nevada
Building Partnerships for a Healthy Community

Please Join us for 9th annual Recovery Picnic

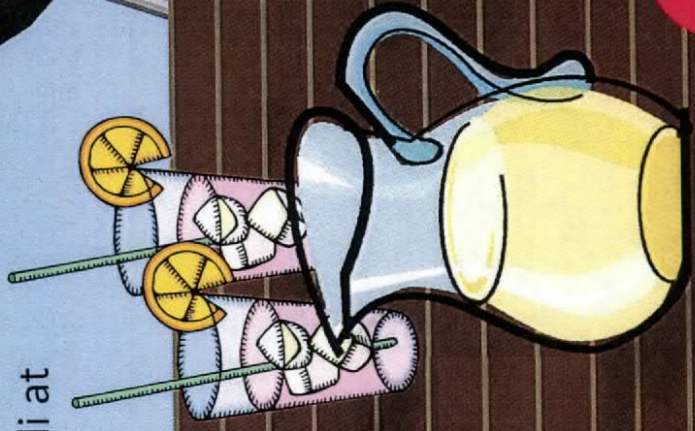
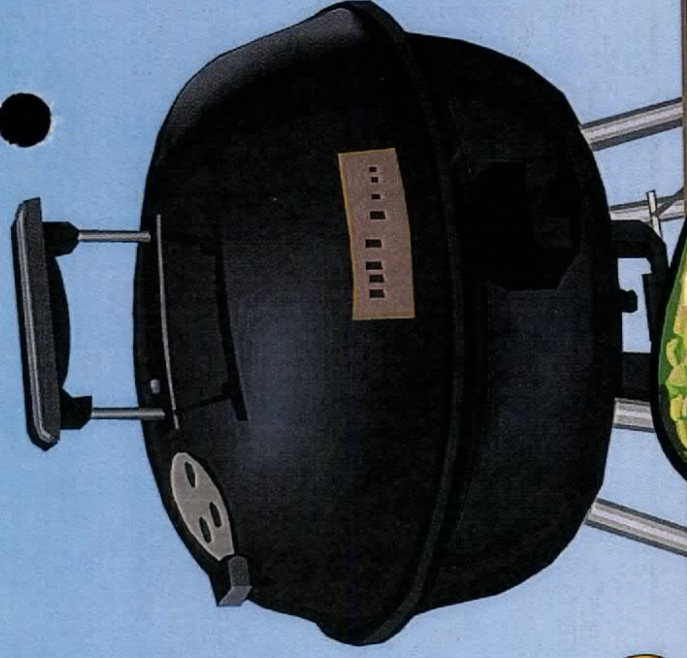
Celebrating National Alcohol & Drug Addiction Recovery Month

When: September 26th 2009 11:00am-3:00pm

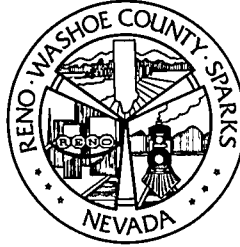
Where: Cottonwood Park, 777 Spice Island Dr. Sparks, NV

What: Food, Live music, Information, and Fun.

For more information call or email Brandi at
324-7557, brandi@jtnn.org



Bristlecone Family Services, Center for the Application of Substance Abuse Technologies (CASAT), Family Counseling Services,
Join Together Northern Nevada, Nevada Hispanic Services, Quest Counseling and Consulting, Ridge House, Step 2,
Substance Abuse Prevention and Treatment Agency (SAPTA), Washoe County School District, WestCare, Willow Springs



DISTRICT HEALTH DEPARTMENT

May 19, 2010

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, May 2010

Communicable Disease Program -

General communicable diseases: Between April 15 and May 18, staff investigated 23 cases of eight different communicable diseases including meningococcal disease, salmonellosis, campylobacteriosis, and others. Standard protocols are being followed to investigate these cases.

Influenza: For the week ending May 8 (week 18), six of seven participating providers reported a total of 39 patients with influenza-like-illness (ILI) out of 3,976 total patients. This yields a total ILI percentage of 1.0%, which is below the regional baseline of 2.8%. Laboratory surveillance did not yield positive isolates for influenza during the time period between week 14 and week 18 ending on May 8.

Outbreaks: Communicable disease, staff along with staff from EHS, have investigated a gastroenteritis outbreak among three extended care facilities. CD staff is also working with Immunization program staff to investigate a chickenpox outbreak at a job training campus. Outbreak protocols are being followed in responding to these outbreaks.

Public Health Preparedness (PHP) Activities-

Volunteer Liability Issue

At the April 27th Board of County Commissioners meeting, the Board bifurcated the issues presented in the staff report, which separated the issue of workers' comp from the issue of liability coverage. The Commission then agreed to provide workers' comp insurance to all volunteers, including Medical Reserve Corp (MRC) volunteers, just as they have been providing it for the CERT (Citizen Emergency Response Team) members. This type of coverage will allow the MRC to participate in upcoming disaster drills and exercises. The MRC's ability to once again resume participation in multi-agency disaster drills

and exercises is essential for the foundation of a well-organized disaster response effort in the future. The workers' comp coverage will also allow the MRC volunteers to participate in upcoming POD's (point of distribution) and/or flu vaccine clinics, such as future H1N1 or seasonal flu clinics.

The liability coverage portion of the staff report was somewhat more complex. Therefore, the Board asked that this issue be tabled until more research can be presented regarding the immunity from civil liability provided by NRS 41, NRS 414, and the federal Volunteer Protection Act.

Furthermore, the Board asked the County's Risk Management office to present the Board with information on how the MRC will purchase any required additional liability insurance coverage, including information about the policy's cost, coverage provided, and projected annual premiums. It is the Health District's position that if an additional insurance policy is purchased the indemnity clause, which is part of the current MRC application should be removed. The current requirement to "defend" the county from civil liability is an impediment to physician willingness to volunteer under the MRC.

Annual MRC Meeting/Training Seminar

On April 21, the annual MRC Meeting/Training Seminar was held in the Commission chambers. Captain Rob Tosatto, MRC Program Director for the U.S. Public Health Service, gave the opening remarks. Following an introduction by Dr. Mary Anderson, Capt. Tosatto presented a moving PowerPoint presentation on the origins of the MRC and how it's grown to 200,000 + members. Ana-Marie Jones, Executive Director of CARD, Collaborating Agencies Responding to Disasters, was the keynote speaker. Bringing a wealth of disaster preparedness information, Ms. Jones addresses meaningful topics including the top 15 items for your "go kit" and provided detailed information and statistics about why "fear based" education does not result in personal preparedness. An example Ana-Marie used to emphasize this point is that after millennium preparations by the general public, stores were inundated the following week with the return of generators and emergency supplies, once the "disaster" failed to materialize. In addition, at a presentation held later in the day, Ana-Marie Jones spoke with a group of Health District employees as well as to Emergency Management personnel on the same topic.

Mobile Medical Facility

The Health District's Public Health Preparedness staff, along with Nevada State Health Division and Carson City Health and Human Services staff took part in a hands-on instructional demonstration of the new mobile medical facility. The demonstration provided an important learning opportunity for those on our staff, teaching us how to set up our mobile medical facility in the event of an emergency.

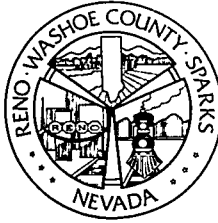
This 22' x 42' inflatable tent along with an 8'X10 anteroom, is part of the County's public health preparedness strategy that provides for quick deployment of county health resources to assist local hospitals in patient surge capacity, in the event of a natural disaster, public health emergency or terrorist attack. It can also be used as a portable vaccination clinic or secure staging area where our clinic staff could administer mass vaccinations, such as H1N1, should we need to deploy a portable "point of distribution" or "POD" clinic to just about any location within our service area.

This durable structure has an inner wall, middle wall and outer wall, with an insulation factor of R-7, and comes with its own portable heating/air conditioning unit, lighting, inner wall partitions for 'isolation' patients, inflation compressor, and a portable generator. Because of its construction, it can accommodate 'negative pressure' isolation patients, in the event of an outbreak of a highly communicable disease. This

tent is similar to the mobile medical tents used during the Haiti post-earthquake disaster response effort in January. The tent can inflate to its full size in about 5 minutes, but takes about 20 minutes to deflate, roll and stow. It is stored in a small trailer (about 12' long, 6' high), which can be quickly hooked to a pickup truck for efficient deployment. All of the above-mentioned equipment (generators, etc) is also stored in this trailer, along with eighteen hospital cots. Carson City Health and Human Services also has two mobile medical facilities made by the same manufacturer, therefore this provides us the flexibility to assemble both medical facilities together and create a large-capacity mobile medical unit.

R. L. Todd for Randall Todd 5/19/2018

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



DISTRICT HEALTH DEPARTMENT

May 17th, 2010

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *ml*
Division Director, Community and Clinical Health Services

SUBJECT: Report for May, 2010 District Board of Health Meeting

1. Update on Child Abuse and Neglect Campaign Activities and Loss of Funding
2. Recent Immunization Community Activities
3. Increase in Family Planning Title X Base Funding

1. **Update on Child Abuse and Neglect Campaign Activities and Loss of Funding**

The Child Abuse and Neglect Prevention Campaign grant ends June 30th 2010 and will not be renewed by the state. The State of Nevada Grants Management Unit is concentrating limited dollars on direct service delivery. Although the grant is ending there are several highlights to present to the Board on campaign activities achieved within the last grant cycle. Most notable is a report to the Board of County Commissioners on March 23rd, 2010 by Washoe County Social Services Director Kevin Schiller noting that the partnership between the Health District and Social Services has resulted in an 8% reduction in the number of reported child abuse and neglect cases over the last two years.

Highlights of other recent achievements of the Child Abuse and Neglect Prevention Campaign include:

- The Program Development Officer worked with Washoe County Senior Services in securing \$30,000 to prevent elder abuse and help promote Washoe County's and Nevada's Aging and Disabilities Resource Centers.
- The Program Development Officer worked with the Child Abuse and Neglect Prevention (CAN Prevent) Committee in securing \$90,000 in additional funding from the Child Death Review Committee for cooperative prevention efforts in "Safe Sleeping", drowning prevention, securing weapons, and prevention of

prescription drug abuse. A portion of the funding also went to start CAN Prevent's new website www.canpreventnv.org.

- Program staff also assisted in planning and coordinating the 9th annual CAN Prevent Conference held on Thursday, November 17, 2009 at the University of Nevada. Speakers were Nevada Attorney General Catherine Cortez-Masto and acclaimed author Lundy Bancroft. Over 300 people attended the conference. Attendees included judges, attorneys, social workers, marriage and family counselors, nurses, health educators and crisis call center employees.
- Program staff worked again with Prevent Child Abuse (PCA) Nevada in coordinating April Child Abuse Prevention Month activities which began with proclamations from the Washoe County Commission, the Reno and Sparks City Councils and the Health District. Other activities included planting nearly 6,000 pinwheels at the Washoe County Courthouse, at Wooster High School, and at the Children's Cabinet. The program also provided 10,000 pinwheel templates to the Child Assault Prevention program conducted in Washoe County elementary schools where children handmade pinwheels. To conclude the month long schedule of activities the Washoe County Child Abuse Prevention Program took a lead role in coordinating the first High Sierra Family Kitefest held on May 1, at Rancho San Rafael Park. An estimated 2,300 – 2,500 children and adults enjoyed a day in the park flying kites, making pinwheels, and visiting information booths.
- Statewide over 40 news stories, live interviews and taped public service programs can be attributed to the work of the Child Abuse Prevention Program. By the end of the grant cycle Nevadans will have been exposed to over 413,395,021 child abuse and neglect prevention messages.

2. Recent Immunization Community Activities

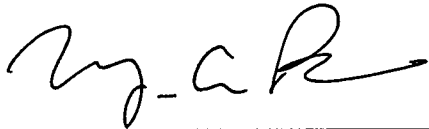
The Washoe County Health District's immunization program recently partnered with the Northern Nevada Immunization Coalition (NNIC) for two immunization outreach events. The first was on Saturday May 1st, at the Sun Valley Health and Safety Fair, where 205 clients received 522 doses of vaccine. This included 99 doses of H1N1 vaccine. Of interest was that of the 143 individuals who provided demographic information, 99 stated they had no insurance and 15 had insurance that did not pay for immunizations.

The second event was held on Saturday, May 15th, the Project Protect Health Fair which focused on 11 to 18 year olds. 53 adolescents were immunized, and a total of 182 doses of vaccine were given, including 33 doses of H1N1, and 49 doses of Tdap which is now required for 7th grade entry. 27 teens had no insurance, and 6 had insurance that did not pay for immunizations.

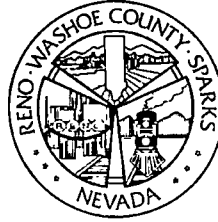
The immunization program is proud to partner and collaborate with NNIC and other providers of children and teen services, to protect our community against vaccine-preventable diseases.

3. Increase in Family Planning Title X Base Funding

The Family Planning Program was notified by the US Department of Health and Human Services Office of Family Planning Region IX that Title X received \$10 million additional in funding which was distributed to the regions. When deciding how to distribute the funds within the region emphasis was placed on the Title X legislative mandates and program priority that services be directed to low income families. Region IX also considered the lack of additional funding sources and grantee performance. The Family Planning program is happy to announce that the Washoe County Health District Family Planning Program will receive and increase in base funding of \$30,922.



Mary-Ann Brown RN MSN
Division Director
Community and Clinical Health Services



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: May 20, 2010
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. 19.C.

ILLEGAL VENDORS

The warm weather will bring increased problems with illegal vendors, which continue to grow each year. Staff continues to work with the community to develop a program which will provide guidance for individuals who wish to use single vending carts. Staff is also working to provide a more permanent presence in the high traffic areas where these vendors work, in an attempt to curb this type of illegal business.

SPECIAL EVENTS

The Special Events Program is on track to reach a record number of permits issued and venues inspected, following the course set in previous years. Several thousand permits are issued for each and every special and/or outdoor event held in Washoe County each year. Currently, there are two positions assigned full-time to this program. Other staff participates when necessary, including inspecting events like Hot August Nights and the Best in The West Rib Cook-Off.

POOLS AND SPAS

The State of Nevada is poised to adopt new regulations pertaining to public pools and spas, which WCHD staff believes will benefit our community and tourist population.

PUBLIC INFORMATION AND OUTREACH

Staff continues to promote the "iRefill" program, which encourages the use of refillable bottles instead of single-use plastic bottles. Approximately 60 million single-use plastic bottles are used in the US every day, with only a small portion going to recycling.

Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sn



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: May 27, 2010
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 April, 2010 and includes the following sections:

- Air Quality
- Monitoring Activity
- Planning Activity
- Permitting Activity
- Compliance/Inspection Activity
- Enforcement Activity
- Public Information

AGENDA ITEM NO. # 19.D.

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health



Director's Report

April 2010

Oxygenated Gasoline

In 1988 the Washoe County District Board of Health adopted an oxygenated gasoline (oxy-fuel) regulation. The Health District was one of the first agencies in the nation to do so due to frequent wintertime violations of the national air quality standard for carbon monoxide (CO). The oxy-fuel regulation has proved to be very successful in reducing CO emissions. However, we cannot assume the entire credit for the reduction in motor vehicle emissions; federal motor vehicle emissions standards have become progressively more stringent. Motor vehicles are significantly cleaner than just 10 years ago and without the need for oxygenated fuels. The benefit of blending oxygenates in fuel is declining as the technology is advancing.

So why keep the oxy-fuel regulation? First, Nevada has a relatively old fleet of cars and trucks on the road and it takes many years to replace old technology with new. In addition, the EPA has an obligation to review the air quality standards on a regular basis to ensure they adequately protect public health. Recent scientific review of the CO standard indicates that a lower, or more stringent, standard is likely in the near future. On the other hand the federal government has moved forward with a renewable fuels standard that essentially ensures gasoline products with a minimum oxygenate level. The Air Quality Division will be reviewing the current oxy-fuel regulation for its appropriateness and effectiveness; we will be providing our recommendation to the District Board of Health in the near future. The Division has completed the annual oxygenated fuels report and it is attached for your review.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR APRIL

Air Quality Index Range		# OF DAYS APRIL 2010	# OF DAYS APRIL 2009
GOOD	0 to 50	28	29
MODERATE	51 to 100	2	1
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		30	30

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	APRIL 2010	Highest for 2010	APRIL 2009	Highest for 2009
CARBON MONOXIDE (CO)	12	29	12	37
OZONE 8 hour (O3)	74	40	74	93
PARTICULATES (PM _{2.5})	43	112	37	149
PARTICULATES (PM ₁₀)	37	83	38	94

For the month of April, 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 April was seventy-four (74) for 8-hour Ozone. There were twenty-eight (28) days in the month of April where the Air Quality was in the good range and two (2) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance and data submission activities continued throughout the month of April. Work has begun on the Network Monitoring Plan and the Network Assessment Plan, both of which are due to EPA by mid-year.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The county-wide green-house gas emissions inventory was completed and staff continues to develop the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2010		2009	
	APRIL	YTD	APRIL	ANNUAL TOTAL
Renewal of Existing Air Permits	136	439	132	1320
New Authorities to Construct	1	8	5	80
Dust Control Permits	11 (353 acres)	48 (859 acres)	15 (318 acres)	128 (1550 acres)

Wood Stove Certificates	20	88	11	170
WS Dealers Affidavit of Sale	3 (2 replacements)	24 (15 replacements)	2 (2 replacements)	250 (145 replacements)
WS Notice of Exemptions	389 (3 stoves removed)	923 (8 stoves removed)	475 (25 stoves removed)	5358 (145 stoves removed)

Asbestos Assessments	25	200	74	740
Asbestos Removal Notifications	19	71	16	263

Compliance &
Inspection Activity

Staff reviewed twenty-five (25) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted seventy-two (72) stationary source renewal inspections and fifty-five (55) gas station inspections in April, 2010. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting &
Enforcement Activity

Staff conducted an "asbestos seminar" on May 4th for local consultants and contractors. Topics included the proper completion of paperwork for federal compliance, information to be included in an asbestos survey, proper handling and disposal requirements, and local/federal reporting requirements. The seminar was attended 23 individuals from local firms.

The great windstorm of April 27th only resulted in four citizen dust complaints. Staff attributes the low complaint count to ongoing dust controls at local jobsites, along with "natural vegetation" now covering a good portion of the previously graded large parcels. Staff will continue to work with local developers to implement the most cost effective dust controls possible.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2010*		2009		
	APRIL	YTD	APRIL	YTD	Annual Total
Asbestos	5	4	2	6	21
Burning/Smoke	2	2	0	3	16
Dust	13	9	12	36	134
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	1	1	3	4	7
Odor	1	1	2	7	30
Painting (spray painting)	2	2	0	0	6
Permit Violation	1	4	0	3	12
TOTAL	25	48	19	59	226
NOV'S	APRIL	YTD	APRIL	YTD	Annual Total
Warnings	0	4	1	4	13
Citations	2	5	2	4	10
TOTAL	2	9	3	8	23

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were a total of two (2) Notice of Violations (NOVs) issued in April 2010. Both were NOV Citations issued for failure to control dust. There were no NOV Warnings issued in April, 2010.

Air Quality Management Division Assists Industry

A big thank you out to Ms. Charlene Albee, Environmental Engineer II, for assisting local auto body shops understand and comply with new EPA air quality regulations. On April 27 and 28, 2010, Ms. Albee coordinated with the Nevada Collision Industry Association and Barrett Paint Supply, to present a free training workshop series to provide local businesses with the guidance necessary to comply with the new EPA Area Source Rules regulating Surface Coating Operations. The first session was designed to provide a general overview of the regulations and was attended by 38 local owners and managers. The second session provided training for painters which fulfilled the certification requirement of the rule for a period of 5 years. The training session included a classroom lecture, written test and issuance of a certificate of completion for 98 participants. An EPA brochure describing the rule and a copy of the workshop announcement are attached. Kudos goes to Charlene for a job well done in providing exemplary service to the citizens and industry of Washoe County.

Andy Goodrich



AREA SOURCE RULE Refinisher Training & Certification

presented by

Washoe County Air Quality Management Division

in association with

The Nevada Collision Industry Association

The Washoe County District Health Department's Air Quality Management Division will present FREE training designed to give **Collision Shop Owners and Managers** an understanding of the Environmental Protection Agency's **National Emission Standards for Hazardous Air Pollutants (NESHAP) Final Rule**, also known as the *Area Source Rule* or *Refinisher Rule*, on Tuesday, April 27.

In a separate 90-minute class on Wednesday, April 28, **Paint Technicians** will receive training which fulfills the certification requirement of the Rule for a period of 5 years. This course will cover equipment selection, spray techniques and environmental compliance.

Don't miss this convenient opportunity to understand and comply with the new Rule, which applies to all collision repair shops and spray coatings operations in Washoe County. The compliance deadline is January 10, 2011.

Rule Overview for Owner/Mgrs

Tuesday, April 27 5:30 – 7 pm

Cost: *Free*

Painter Training & Certification

Wednesday, April 28 5:30 – 7pm

Cost: *Free*

Both classes will take place at the Washoe County Health District Complex, 1001 E. 9th Street, Building B, Conference Room A (enter the complex and park off North Wells Ave. for easy access to Bldg. B, Conf. Room A).



What Is The Compliance Date?

Existing Sources: January 10, 2011.
 New Sources: Upon startup after January 9, 2008.
 An affected source is a new source if you commenced construction of the source after September 17, 2007 by installing new paint stripping or surface coating equipment at a source not actively engaged in paint stripping and/or miscellaneous surface coating prior to September 17, 2007.

An affected source is an existing source if it is not a new source or a reconstructed source (An affected source is reconstructed if it meets the definition of reconstruction in section 63.2.).

What are the Permitting Requirements?

Affected facilities are exempt from Title V permit requirements provided they are not required to obtain a permit for another reason.

What Reporting/Recordkeeping is Required?

Reporting:

Initial Notification (informs EPA that the facility is subject to the standards and when the source will be in compliance).

New Sources: July 7, 2008 or 180 days after startup

Existing Sources: January 11, 2010

Notification of Compliance (certifies that the source is in compliance with the applicable requirements).

New Sources: As part of the Initial Notification

Existing Sources: March 11, 2011

Annual notification of changes report—required each calendar year any reportable changes occur.

Recordkeeping (keep these records on file)

- Records to include copies of Notifications submitted to EPA.
 - Painter training certifications.
 - Spray booth filter efficiency documentation.
 - Spray gun transfer efficiency.
 - MeCl content information such as MSDS.
 - Annual usage of MeCl for paint stripping, and written MeCl minimization plan if annual usage > 1 ton per year.
 - Deviation and corrective action documentation.
- Records to be maintained in a form suitable and readily available for expeditious review.

You can also contact your regional EPA air toxics office at the following numbers:

Address	States	Website/Phone Number
Region 1 1 Congress Street Suite 1100 Boston, MA 02114-2023	CT, MA, ME, NH, RI, VT	www.epa.gov/region1 (888) 372-7341 (617) 918-1650
Region 2 290 Broadway New York, NY 10007-1866	NJ, NY, PR, VI	www.epa.gov/region2 (212) 637-4023
Region 3 1650 Arch Street 61 Forsyth Street, SW Philadelphia, PA 19103-2029	DE, MD, PA, VA, WV, DC	www.epa.gov/region3 (215) 814-2069
Region 4 Atlanta Federal Center 61 Forsyth Street, SW Atlanta, GA 30303-8960	FL, NC, SC, KY TN, GA, AL, MS	www.epa.gov/region4 (404) 562-9131 (800) 241-1754
Region 5 77 West Jackson Blvd. Chicago, IL 60604-3507	IL, IN, MI, WI, MN, OH	www.epa.gov/region5 (312) 886-6812 (312) 353-6684 (312) 886-6798
Region 6 1445 Ross Avenue Suite 1200 Dallas, TX 75202-2733	AR, LA, NM, OK, TX	www.epa.gov/region6 (800) 887-6063* (214) 665-7250 (214) 665-7224
Region 7 901 North Fifth Street Kansas City, KS 66101	IA, KS, MO, NE UT, WY	www.epa.gov/region7 (800) 223-0425 (913)-551-7003
Region 8 1595 Wynkoop St. Denver, CO 80202-4129	CO, MT, ND, SD, UT, WY	www.epa.gov/region8 (800) 227-8917* (303) 312-6460
Region 9 75 Hawthorne Street San Francisco, CA 94105	CA, AZ, HI, NV, GU, AS, MP	www.epa.gov/region9 (415) 947-8715
Region 10 1200 6th Ave. Suite 900, AWT-107 Seattle, WA 98101	AK, ID WA, OR	www.epa.gov/region10 (800) 424-4372* (206) 553-6220

* For sources within the region only.

For More Information

Copies of the rule and other materials are located at:
<http://www.epa.gov/ttn/atw/area/arearules.html>

For more information on state requirements, please contact your state representatives at:
http://www.epa.gov/ttn/atw/area/table_state_contacts.doc or,
<http://www.4cleanair.org/contact/UsaLevel.asp>



Summary of Regulations Controlling Air Emissions from

PAINT STRIPPING AND MISCELLANEOUS SURFACE COATING OPERATIONS



NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS NESHAP (SUBPART HHHHHH)

FINAL RULE



PAINT STRIPPING AND MISCELLANEOUS SURFACE COATING OPERATIONS (SUBPART HHHHHH)

What Is an Area Source?

- Any source that is not a major source. (A major source is a facility that emits, or has the potential to emit in the absence of controls, at least 10 tons per year (TPY) of individual hazardous air pollutants (HAP) or 25 TPY of combined HAP.)

Who Does This Rule Apply To?

- Area sources that engage in any of the following:
 - Paint stripping operations that use methylene chloride (MeCl)-containing paint stripping formulations;
 - Spray application of coatings to motor vehicles and mobile equipment;
 - Spray application of coatings to a plastic and/or metal substrate where the coatings contain compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd).

This rule does not apply to:

- Surface coating or paint stripping performed on site at installations owned or operated by the Armed Forces of the United States.
- Surface coating or paint stripping of military munitions or equipment directly and exclusively used for the purposes of transporting military munitions.
- Surface coating or paint stripping performed by individuals on their personal vehicles, property or possessions, either as a hobby or for maintenance of their personal vehicles, possessions, or property provided they coat no more than two vehicles per year.
- Surface coating or paint stripping that meets the definition of "research and laboratory activities."
- Surface coating or paint stripping that meets the definition of "quality control activities."

- Surface coating or paint stripping that meets the definition of "quality control activities."
 - Surface coating or paint stripping activities that are covered under another area source NESHAP
- Motor vehicle or mobile equipment surface coating operations may petition the Administrator for an exemption from this subpart if you can demonstrate, to the satisfaction of the Administrator, that you spray apply no coatings that contain compounds of chromium (Cr), lead (Pb), manganese (Mn), nickel (Ni), or cadmium (Cd).

What Am I Required To Do?

- Paint Stripping Operations—implement management practices that minimize emissions of MeCl.
 - Evaluate the need for paint stripping (e.g., is it possible to re-coat without stripping?).
 - Evaluate each application to identify potential alternative stripping methods.
 - Reduce exposure of strippers to air.
 - Optimize application conditions.
 - Practice proper storage and disposal.

- For each paint stripping operation with > 1 ton MeCl annual usage, develop and implement a written MeCl minimization plan. No implementation plan is needed if usage is < 1 ton MeCl; however, sources must still utilize work practices to minimize emissions of MeCl. Consult the MSDS sheet to identify the amount of MeCl contained in the paint stripper, but note that annual usage should not exceed 181 gallons of MeCl.

- Maintain records of annual usage of paint strippers containing MeCl.

- Motor Vehicle/Mobile Equipment/Miscellaneous Surface Coating Operations.

- Train/certify all painters on spray gun equipment selection, spray techniques, maintenance, and environmental compliance (consult 73 FR 1738, pg. 1762, section 63.11173(f)(2)(i)-(iv)).
- Install/operate filter technology on all spray booths/stations/enclosures to achieve at least 98% capture efficiency.

- Spray booths/stations used to refinish complete motor vehicles or mobile equipment must be fully enclosed and ventilated at negative pressure or up to 0.05 inches water gauge positive pressure for booths that have seals on all doors and other openings and an automatic pressure balancing system.

- Spray booths/stations used to coat miscellaneous parts or products or vehicle subassemblies must have a full roof, at least three complete walls or side curtains, and ventilated so that air is drawn into the booth.

- Spray-applied coatings must be applied with a high volume, low pressure (HVLP) spray gun, electrostatic application, airless or air-assisted airless spray gun, or an equivalent technology.
- Paint spray gun cleaning must be done so that an atomized mist or spray of the cleaning solvent is not created outside a container that collects used gun cleaning solvent.

- Train and certify all personnel who spray apply surface coatings no later than 180 days after hiring or by July 7, 2008 (new sources) or by January 10, 2011 (existing sources).

What are the Impacts?

- Most paint stripping facilities already comply with the rule requirements. Estimate 1,000 facilities will need to take action to comply.
 - Reduce 1,000 tons MeCl annually.
 - Capital costs = \$1.5 million.
 - Annual benefit = \$0.9 million.
- Most surface coating facilities already comply with the rule requirements. Estimate < 25% of existing facilities will need to take some action to comply.
 - Reduce 6,900 tons of HAP annually including 11 tons of metal HAP.
 - Capital costs = \$20 million; however, initial cost to be offset and recovered over time by cost savings as a result of more efficient use of labor and materials.

**2009 – 2010 OXYGENATED FUELS PROGRAM
FOR WASHOE COUNTY**

Prepared by

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Washoe County Health District
Air Quality Management Division

April 2010

Background

The oxygenation of gasoline reduces carbon monoxide (CO) emissions from motor vehicles during the winter months, when climatic factors tend to exacerbate carbon monoxide problems. The U.S. Environmental Protection Agency (EPA), under authority of the Clean Air Act Amendments of 1990, mandated an oxygenated fuel (oxy-fuel) program for 39 urban areas, including Washoe County, which had exceeded federal health standards for CO. In 1992, the first year of the federal mandate, only two days were recorded on which any of the participating urban areas exceeded the CO health standard: one day in Provo, Utah and the other day in Missoula, Montana.¹

Washoe County began its oxy-fuel program in December 1989. It is estimated that oxy-fuels reduce CO emissions by 5 to 30%. Since the first year of the oxy-fuel program in Washoe County, decreases have been observed in concentrations of CO during the winter months. The 2009-2010 season, the 21st year of the program, continued the success that is achieved with minimal cost and inconvenience to motorists.

According to the Washoe County 2005 Carbon Monoxide Emissions Inventory, gasoline-powered on-road motor vehicles accounted for approximately 62% of the CO emissions in the Truckee Meadows. This portion amounts to over 78,000 tons of CO emissions per year. Based on the EPA MOBILE6.2 computer model, the oxy-fuel program reduced CO emissions by approximately 2,000 tons in Washoe County during the 2009-10 oxy-fuel season.

In addition to on-road mobile sources, non-road mobile sources contributed an additional 39,000 tons, or 30%, of the total CO emissions according to the 2005 CO emissions inventory. Since non-road mobile sources contribute the second largest amount of CO emissions in Washoe County, the Air Quality Management Division (AQMD) also calculated the non-road CO emissions reduction for the 2009-2010 oxy-fuel season. The AQMD used the EPA's NONROAD 2008 model to calculate non-road mobile sources CO emissions. This is the same method used to calculate the 2005 emissions inventory, but it is with a newer version of the software. Non-road CO emissions accounted for another 1,400 tons of CO reduction from oxy-fuel usage during the oxy-fuel season.

This report was prepared in accordance with Section 040.095.D.1 of the District Board of Health Regulations Governing Air Quality Management.

Air Quality

No exceedances of either the 8-hour or 1-hour National Ambient Air Quality Standards (NAAQS) for CO were observed at any of the air quality monitors in Washoe County this season. This totals to 18 seasons of clean data for Washoe County. The last CO exceedance of the federal health standard occurred on December 13, 1991. Figure 1 illustrates the number of CO exceedances since 1988 at the Sparks, Galletti, and Reno monitoring sites. These are the sites in the AQMD's air quality monitoring network that usually record the highest CO levels.

¹ "Oxygenated fuel cuts emissions, EPA data show," 1993. The Oil and Gas Journal 91: 32.

The federal health standards for CO are based on one-hour and eight-hour averages. The AQMD has never measured an exceedance of the 1-hour average of 35 ppm. As illustrated below in Figure 1, the District has not had an exceedance of the eight-hour average of 9 ppm since December 1991.

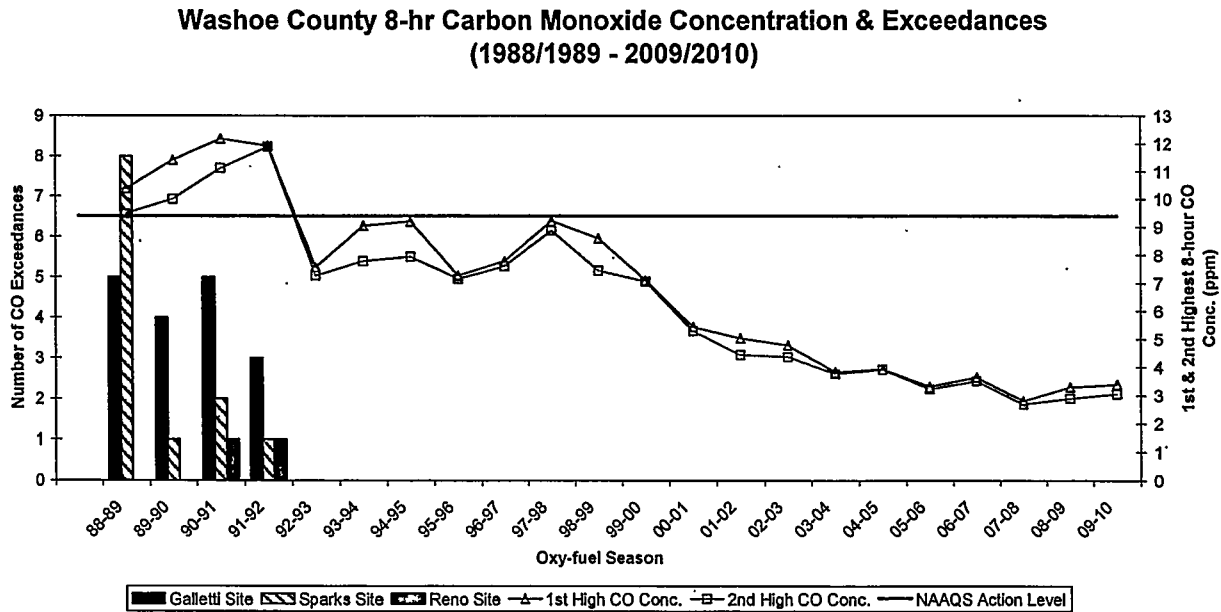


Figure 1

Additionally, Figure 1 graphically depicts the highest and second highest eight-hour CO concentrations from the 1988-1989 to 2009-2010 oxy-fuel season. Although Washoe County has not exceeded the federal standard for CO since 1991, CO levels in 1994-95 and 1997-98 oxy-fuel seasons were very close to the standard and probably would have exceeded the standard if not for the oxy-fuel program. The 2009-10 oxy-fuel season was a clean season for CO, and levels were comparable to those seen in the 2008-09 season, due to continuing improvement of motor vehicle technology and fleet turnover.

2009 - 2010 Program Details

For the 18th year since the federal mandate, the oxy-fuel season began on October 1 and ended on January 31. According to the State of Nevada, Department of Motor Vehicles, approximately 56.8 million gallons of gasoline were delivered in Washoe County between October 1, 2009, and January 31, 2010. Ethanol again was the only oxygenate fuel in the market this year. The oxygenate Methyl Tertiary Butyl Ether (MTBE) was not found in any of the tested stations.

On October 25, 2000, the District Board of Health adopted revisions to Section 040.095 (Oxygen Content of Motor Vehicle Fuels) of the District Board of Health Regulations Governing Air Quality Management. The revised regulation phases out the use of MTBE to satisfy the 2.7% oxygen requirement “effective the same date as the phase-out of MTBE in California.” The original first

phase-out date for California was December 31, 2002, but the California Governor extended that date to December 31, 2003. In 2004, MTBE in California gasoline was fully phased out.

Section 040.095 was revised on September 22, 2005. This revision primarily addressed enforceability issues during emergency fuel supply interruptions.

Normal fluctuations in market prices make it difficult to isolate the increase in gasoline prices due to the oxy-fuel program. According to Western Energetix, LLC, a major local gasoline distributor, oxygenates has not contributed to any gasoline price increase in the last few years thus amounts to no extra cost incurred for CO emissions reduced by the oxy-fuel program. In comparison, the maximum reasonable cost for CO emission reductions per year for implementation of Best Available Control Technology in Washoe County is \$2,000 per ton.²

Compliance and Investigation

To ensure compliance, the AQMD collected a total of 128 random fuel samples of all available grades of gasoline during routine on-site inspections of gasoline stations. The AQMD also took eight additional control samples during this season, bringing the total up to 136 oxy-fuel samples to be tested. Gasoline samples collected by AQMD are tested by the Petroleum Laboratory of the Nevada Department of Agriculture (Dept. of Ag), which is responsible for testing gasoline octane and Reid Vapor Pressure (RVP) year round. The Dept. of Ag also tests for oxygenates during the oxy-fuel season. For the 2009-10 oxy-fuel season, the Dept. of Ag tested 82 additional samples separate from AQMD's samples. The Dept. of Ag's sample results cannot be used for AQMD enforcement; however, they indicate if a station's fuel supply contains any oxygenate thus determining whether a follow-up inspection needs to be conducted. Altogether, the Dept. of Ag tested 218 samples of gasoline in Washoe County for oxygenates this past season.

The Dept. of Ag analyzed all samples using gas chromatography. As a quality assurance measure, some samples were split and submitted to the lab as blind samples to ensure the analysis of each sample was accurate.

All gasoline sold during the program period is required by regulation to contain a minimum of 2.7% oxygen by weight. The AQMD accepts a testing tolerance, used by the laboratories, which allows for minor variations in percent oxygen due to problems of test reproducibility.

Among the 218 samples tested, 11 samples were below the required oxygen content level. Based on delivery receipts, AQMD confirmed that the low oxygen content in most of those samples were from low sales of existing inventories due to low throughput. Therefore, no action will be taken. However, two of the 11 failed samples were devoid of oxygen content. Since these samples came from two gasoline stations where the samples were collected by the Dept. of Ag, they are outside the jurisdiction of AQMD so no action will be taken.

The AQMD received no formal complaints from the public regarding oxygenated fuel this season.

² "Procedures for determining BACT emission controls," Washoe County District Health Dept. Air Quality Management Division, Policy # P-1-92, February 13, 1992

Summary

Washoe County's oxy-fuel program is effective. Since the federal mandate of the oxy-fuel program in 1992:

- The population has increased 54%;³
- Vehicle miles traveled has increased 50%;⁴ and
- The amount in gallons of gasoline sold in Washoe County has peaked at over 40% (2003-04 season) and over 28% (2009-2010 season) during oxy-fuel season.⁵

While at the same time:

- The AQMD has not recorded an exceedance of the CO NAAQS since December 13, 1991;
- Oxy-fuel accounted for 3% annual reduction of CO emissions from on-road mobile sources; and
- Oxy-fuel also accounted for 4% annual reduction of CO emissions from non-road mobile sources.

Since older vehicles have less efficient pollution control devices, oxy-fuel provides the greatest benefit to these older vehicles. In future years, as the Washoe County fleet turns over and these older vehicles are replaced with newer vehicles with more efficient pollution control equipment, the oxy-fuel program may have diminishing returns.

In November 2005, the Washoe County AQMD submitted a request to EPA for redesignation of the Truckee Meadows from a "moderate" CO non-attainment area to an "attainment/maintenance" area. The submittal also included the September 2005 revisions to Section 040.095 of the Washoe County District Board of Health Regulations Governing Air Quality Management. The redesignation to attainment/maintenance became effective on August 4, 2008. The oxy-fuel program will be reevaluated for its effectiveness in maintaining the CO NAAQS in the future. If the oxy-fuel program is removed from the State Implementation Plan, it will become a contingency measure to be reconsidered if the Truckee Meadows violates the CO NAAQS.

³ Population information obtained from the State of Nevada, Demographer's website.

⁴ Vehicle Miles Traveled information obtained from RTC Planning Dept - Supporting data for 2040 RTP, Approved November 21, 2008.

⁵ Gasoline Sale information for Washoe County obtained from the State of Nevada, Dept. of Motor Vehicle, Motor Carrier Division.



REPORTED CASES OF SELECTED COMMUNICABLE DISEASES WASHOE COUNTY January - March 2010

To report a communicable
disease please call:
(775) 328-2447
or fax reports to:
(775) 328-3764

DISEASE	1 st Quarter			Year To Date (Cumulative)		
	2008	2009	2010	2008	2009	2010
AIDS	4	5	0	4	5	0
Campylobacteriosis	14	13	18	14	13	18
Chlamydia	346	336	366	346	336	366
Cryptosporidiosis	2	5	1	2	5	1
E. coli 0157:H7	0	0	0	0	0	0
Giardiasis	7	4	2	7	4	2
Gonorrhea	61	47	19	61	47	19
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	0	1	0	0	1	0
Hepatitis B (acute)	3	2	0	3	2	0
Hepatitis B (chronic)	7	15	7	7	15	7
Hepatitis C (acute)	0	1	1	0	1	1
Hepatitis C (Past or Present)	223	216	177	223	216	177
HIV	4	7	3	4	7	3
Influenza (Type A, B, or unknown)	794	357	24	794	357	24
Meningitis, Viral or Aseptic	5	3	3	5	3	3
Meningococcal Disease	3	1	0	3	1	0
Mumps	2	0	0	2	0	0
Pertussis (confirmed only)	0	0	0	0	0	0
Pneumococcal Disease, Invasive	21	12	16	21	12	16
Rabies (bat)	0	0	0	0	0	0
Rotavirus	14	9	6	14	9	6
RSV	203	244	143	203	244	143
Salmonellosis	8	12	2	8	12	2
Shigellosis	1	0	0	1	0	0
Syphilis (Primary & Secondary)	0	1	0	0	1	0
Tuberculosis	2	3	0	2	3	0
West Nile Virus	0	0	0	0	0	0