

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

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

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH

Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada

January 27, 2011

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 January 27, 2011 Meeting (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the December 16, 2010 Meeting (action)	APPROVED AS AMENDED

6. Recognitions and Proclamations

YEARS-OF-SERVICE
WENDIE CATRON – 20 YEARS
DOUG COULTER – 30 YEARS

22ND ANNUAL HUMAN SERVICES AWARD –
STAFF MEMBER OF THE YEAR
WENDIE CATRON

INTERNATIONAL ASSOCIATION OF
ADMINISTRATIVE PROFESSIONALS –
CERTIFIED PROFESSIONAL SECRETARY –
CERTIFIED ADMINISTRATIVE PROFESSIONAL
LAURIE GRIFFEY

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. Monterey Somersett Investors LLC – Case No. 1059, NOV No. 4967 (action)

UPHELD, \$1250 FINE LEVIED

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. Retroactive Approval of Interim District Health Officer's Acceptance of the Grant Agreement from the US Environmental Protection Agency (EPA) to Provide Partial Funding in the Total Amount of \$441,106 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019, for the Period October 1, 2010 through September 30, 2011 (action)
2. Retroactive Approval of District Health Officer Acceptance of Subgrant Amendment #!2 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity(ELC) Grant Program in the Total Amount of \$69,557, for the Period of January 1, 2010 through December 31, 2010; and Approval of Amendments Totaling an Increase of \$7,207 in Both Revenue and Expenses to the Adopted FY 11 ELC-General Grant Program, IO 10677, to Bring the FY 11 Adopted Budget into Alignment with the Grant (action)
3. Approval of Notice of Subgrant Award from the Nevada State Health Division, Office of Health Planning and Emergency Response in the Amount of \$98,584 in Support of the Public Health Preparedness H1N1 Phase 1 and Phase 2 Grant Programs, IO780 and 10781, for the Period of July 31, 2010 through June 30, 2011; Approval of Amendments Totaling a Decrease of \$435,313 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 1 Grant Program, IO-10780; and Approval of Amendments Totaling an Increase of \$16,687 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 2 Grant Program, IO-10781, to Bring the FY 11 Adopted Budgets into Alignment with the Grant (action)
4. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$53,322 in Support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016) for the Period of January 1, 2011 through December 31, 2011 (action)

APPROVED

APPROVED

APPROVED

APPROVED

- | | | |
|-----|---|---------------------------------|
| 5. | Approval of Amendments Totaling an Increase of \$4,029.78 in Both Revenue and Expenses to the Adopted FY 11 Safe Drinking Water Grant Program, IO-10017, TO Bring the FY 11 Adopted Budget into Alignment with the Grant (action) | APPROVED |
| 6. | Approval of Amendments Totaling a Decrease of \$774,690 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 3 Grant Program, IO-10782, to Bring the FY11 Adopted Budget into Alignment with the Grant (action) | APPROVED |
| | D. Acceptance of the Washoe County Health District Client Donation Policy (action) | ACCEPTED |
| 8. | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
A. No Cases This Month | |
| 9. | Regional Emergency Medical Services Authority
A. Review and Acceptance of the Operations and Financial Report for November and December 2010 (action)
B. Update of REMSA's Community Activities Since November 2010 | ACCEPTED
PRESENTED |
| 10. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2010 (action) | ACCEPTED |
| 11. | Overview of Fiscal Year 12 Budget Process | PRESENTED |
| 12. | Public Hearing - Washoe County District Board of Health Regulations Governing Public Bathing Places
A. Presentation and Discussion of the Request from the Sun Valley General Improvement District (SVGID) for a Variance to the Nevada Administrative Code (NAC) 444.202(2), Specific to the Turnover Rate for the Wading Pool, Permit Number GL100017;
B. Recommendation for Approval of the Variance Request No. 1-11PB – Sun Valley General Improvement District (action) | PRESENTED
APPROVED |
| 13. | Discussion of the Recruitment for the New District Health Officer
A. Acceptance of the DBOH Personnel and Advisory Committee's Recommendation to Approve the Brochure and the Timeline for the Recruitment of the Washoe County District Health Officer (action)
B. Presentation and Review of the Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package (action) | APPROVED
APPROVED AS AMENDED |
| 14. | Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff (action) | ACCEPTED |
| 15. | Presentation and Discussion of the Washoe County Health District's Strategic Plan and Recommendation for Approval (action) | APPROVED |
| 16. | Update on the Board of County Commissioners' Multi-Stakeholder – EMS Task Force Membership | PRESENTED |
| 17. | Immunization Program Update | PRESENTED |
| 18. | Garbage Pick-Up Exemptions Program Update | CONTINUED |

19. Presentation and Possible Discussion of the Local Public Health Governance Performance Assessment Instrument - National Public Health Performance Standards Program
20. 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** – National Association of County and City Health Officials (NACCHO) ACHIEVE Grant – Amending the Truckee Meadows Regional Plan; Results of the 2010 CCHS Client Satisfaction Survey
 - C. **Director, Environmental Health Services** – No Report This Month
 - D. **Director, Air Quality Management** - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; 2008 Period Emissions Inventory – On-Road Mobile Sources for Submission to the US EPA
 - E. **Administrative Health Services Officer** – Inter-Hospital Coordinating Council (IHCC) 2010 Calendar Year Accomplishments
 - F. **District Health Officer** – Interim Health Officer's Plan Report on Progress to Date
21. Board Comment – Limited to Announcements or Issues for Future Agendas
22. Adjournment (**action**)

DISCUSSED WITH DIRECTION TO STAFF

PRESENTED

COMMENTS PRESENTED

ADJOURNED

NOTE: Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.
 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 Reno, NV 89520-0027 or by calling (775) 328-2416.

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

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George Furman, MD
Councilman Dan Gustin
Denis Humphreys, OD
Commissioner Kitty Jung
Councilwoman Julia Ratti

AGENDA

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Building B

South Auditorium
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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. Smith
	3.	Public Comment (3 minute time limit per person)	Mr. Smith
	4.	Approval/Deletions to the Agenda for the January 27, 2011 Meeting (action)	Mr. Smith
	5.	Approval/Additions/Deletions to the Minutes of the December 16, 2010 Meeting (action)	Mr. Smith

6. Recognitions and Proclamations Mr. Smith
- A. Years-of-Service
 - 1. Wendie Catron – CCHS – 20 Years
 - 2. Doug Coulter – EHS – 30 Years
 - B. 22nd Annual Human Services Award – Staff Member of the Year
 - 1. Wendie Catron – CCHS
 - C. International Association of Administrative Professionals – Certified Professional Secretary (CPS) and Certified Administrative Professional (CAP) Rating
 - 1. Laurie Griffey – AHS
7. Consent Agenda Mr. Smith
- 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. Monterey Somerset Investors LLC – Case No. 1059, NOV No. 4967 (action)
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
 - 1. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements
 - 1. Retroactive Approval of Interim District Health Officer's Acceptance of the Grant Agreement from the US Environmental Protection Agency (EPA) to Provide Partial Funding in the Total Amount of \$441,106 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019, for the Period October 1, 2010 through September 30, 2011 (action)
 - 2. Retroactive Approval of District Health Officer Acceptance of Subgrant Amendment #12 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity(ELC) Grant Program in the Total Amount of \$69,557, for the Period of January 1, 2010 through December 31, 2010; and Approval of Amendments Totaling an Increase of \$7,207 in Both Revenue and Expenses to the Adopted FY 11 ELC-General Grant Program, IO 10677, to Bring the FY 11 Adopted Budget into Alignment with the Grant (action)
 - 3. Approval of Notice of Subgrant Award from the Nevada State Health Division, Office of Health Planning and Emergency Response in the Amount of \$98,584 in Support of the Public Health Preparedness H1N1 Phase 1 and Phase 2 Grant Programs, IO780 and 10781, for the Period of July 31, 2010 through June 30, 2011; Approval of Amendments Totaling a Decrease of \$435,313 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 1 Grant Program, IO-10780; and Approval of Amendments Totaling an Increase of \$16,687 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 2 Grant Program, IO-10781, to Bring the FY 11 Adopted Budgets into Alignment with the Grant (action)
 - 4. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$53,322 in Support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016) for the Period of January 1, 2011 through December 31, 2011 (action)

5. Approval of Amendments Totaling an Increase of \$4,029.78 in Both Revenue and Expenses to the Adopted FY 11 Safe Drinking Water Grant Program, IO-10017, TO Bring the FY 11 Adopted Budget into Alignment with the Grant **(action)**
 6. Approval of Amendments Totaling a Decrease of \$774,690 in Both Revenue and Expenses to the Adopted FY 11 H1N1 Phase 3 Grant Program, IO-10782, to Bring the FY11 Adopted Budget into Alignment with the Grant **(action)**
- D. Acceptance of the Washoe County Health District Client Donation Policy **(action)**
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health Mr. Bonderson
 - A. No Cases This Month
 9. Regional Emergency Medical Services Authority Mr. Smith
 - A. Review and Acceptance of the Operations and Financial Report for November and December 2010 **(action)**
 - B. Update of REMSA's Community Activities Since November 2010
 10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2010 **(action)** Ms. Coulombe
 11. Overview of Fiscal Year 12 Budget Process Ms. Coulombe
 12. Public Hearing - Washoe County District Board of Health Regulations Governing Public Bathing Places Mr. Coulter
 - A. Presentation and Discussion of the Request from the Sun Valley General Improvement District (SVGID) for a Variance to the Nevada Administrative Code (NAC) 444.202(2), Specific to the Turnover Rate for the Wading Pool, Permit Number GL100017;
 - B. Recommendation for Approval of the Variance Request No. 1-11PB – Sun Valley General Improvement District **(action)**
 13. Discussion of the Recruitment for the New District Health Officer Mr. Smith
 - A. Acceptance of the DBOH Personnel and Advisory Committee's Recommendation to Approve the Brochure and the Timeline for the Recruitment of the Washoe County District Health Officer **(action)** Ms. Fox
 - B. Presentation and Review of the Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package **(action)**
 14. Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff **(action)** Ms. Brown
Ms. Hadayia
 15. Presentation and Discussion of the Washoe County Health District's Strategic Plan and Recommendation for Approval **(action)** Ms. Brown
 16. Update on the Board of County Commissioners' Multi-Stakeholder – EMS Task Force Membership Ms. Brown
Ms. Akurosawa
 17. Immunization Program Update Ms. Brown
Mr. Kutz
Ms. Jordan
 18. Garbage Pick-Up Exemptions Program Update Mr. Sack

- | | | |
|-----|---|---|
| 19. | Presentation and Possible Discussion of the Local Public Health Governance Performance Assessment Instrument - National Public Health Performance Standards Program | Ms. Jung |
| 20. | <p>Staff Reports and Program Updates</p> <p>A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities</p> <p>B. Director, Community and Clinical Health Services – National Association of County and City Health Officials (NACCHO) ACHIEVE Grant – Amending the Truckee Meadows Regional Plan; Results of the 2010 CCHS Client Satisfaction Survey</p> <p>C. Director, Environmental Health Services – No Report This Month</p> <p>D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; 2008 Period Emissions Inventory – On-Road Mobile Sources for Submission to the US EPA</p> <p>E. Administrative Health Services Officer – Inter-Hospital Coordinating Council (IHCC) 2010 Calendar Year Accomplishments</p> <p>F. District Health Officer – Interim Health Officer’s Plan Report on Progress to Date</p> | <p>Dr. Todd</p> <p>Ms. Hadayia</p> <p>Mr. Sack</p> <p>Mr. Dick</p> <p>Ms. Coulombe</p> <p>Ms. Brown</p> |
| 21. | Board Comment – Limited to Announcements or Issues for Future Agendas | Mr. Smith |
| 22. | Adjournment (action) | Mr. Smith |

NOTE: Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.
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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
 Board Room - Health Department Building
 Wells Avenue at Ninth Street

January 27, 2011

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January 27, 2011

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
January 27, 2011

PRESENT: Mr. Matt Smith, Chairman; Amy Khan, MD, Vice Chairman; George Furman, MD; Councilman Dan Gustin; and Commissioner Jung

ABSENT: Denis Humphreys, OD; and Councilwoman Julia Ratti

STAFF: Mary-Ann Brown, Interim District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Kevin Dick, Director, Air Quality Management Services; Jennifer Hadayia, Acting Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, EMS Coordinator; Noel Bonderson, Air Quality Specialist; Steve Fisher, Department Computer Application Specialist; Tracie Douglas, Public Information Officer; Laurie Griffey, Administrative Assistant; Doug Coulter, PE, Senior Engineer; Bev Bayan, WIC Program Manager; Amber English, Environmental Health Specialist; Krista Hunt, Environmental Health Specialist; Teresa Long, Hazardous Materials Specialist; Jeff Whitesides, Public Health Program Manager; Jeanne Rucker, Environmental Health Specialist Supervisor; Steve Kutz, RN Public Health Nurse Supervisor; Margot Jordan, Public Health Nurse; Sharon Clodfelter, Biostatistician; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Chairman Smith called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Commissioner Kitty Jung, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Dr. Humphreys and Ms. Ratti are excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – JANUARY 27, 2011

Chairman Smith called for any deletions or amendments to the agenda.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the agenda of the District Board of Health January 27, 2011 meeting be approved as presented.
Motion carried unanimously.**

APPROVAL/ADDITONS/CORECTIONS – MINUTES – DECEMBER 16, 2010

Chairman Smith called for any additions or corrections to the minutes of the December 16, 2010 meeting of the District Board of Health.

Dr. Khan

Advised that on page nineteen, within Ms. Ratti's discussion it refers to "Ms. Jung spoke...".

Ms. Smith advised that will be corrected. The sentence should read: "Advised that Ms. Jung spoke to being 'very careful in making...'. "

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the minutes of the District Board of Health December 16, 2011 meeting, be approved as amended.
Motion carried unanimously.**

RECOGNITIONS

Chairman Smith and Ms. Mary-Ann Brown, Interim District Health Officer, presented a Certificate of Recognition to Mr. Doug Coulter for **30 Years-of-Service**.

Ms. Brown advised that Ms. Wendie Catron, Public Health Nurse and Nurse Practitioner, has retired; however, she will receive her Certificate of Recognition for **20 Years-of-Service**.

Ms. Brown advised that Ms. Catron was recognized at the 22nd Annual Human Services Awards Breakfast on January 20, 2011, as the "Staff Member of the Year" for "the tremendous energy and

care she provided to families in Washoe County. The lives she touched were improved by her compassion and excellent nursing care; and her clients are healthier as a result. As a twenty-year veteran of Public Health Nurse and Nurse Practitioner for Adolescent Health Clinic at the Washoe County Health District, Ms. Catron exemplifies excellence in nursing with her compassionate approach to people in need of health care."

Chairman Smith and Ms. Brown introduced Ms. Laurie Griffey advising Ms. Griffey earned her Certified Professional Secretary (CPS) in June of 2010; that the International Association of Administrative Professionals (IAAP) recently notified Ms. that she has also earned her "Certified Administrative Professional (CAP)" certification. This required many, many hours of studying and testing on Laurie's part. She is to be commended to taking the initiative to pursue these certifications on her own time.

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – MONTEREY SOMERSETT INVESTORS LLC – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4967, Case No. 1059** was issued to **MONTEREY SOMERSETT INVESTORS LLC** on November 19, 2010, for , for failure to control visible dust emissions generated by windy conditions with no controls and for failure to renew the expired dust control permit at Somersett Village 5D located at the corner of Heavenly Trail and Star Wish Lane, Reno, in violation of Section 040.030 (Dust Control), Subsections C (1) and (3) of the District Board of Health Regulations Governing Air Quality Management. Staff advised that Monterey Somersett Investors LLC was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4967, Case No. 1059 be **upheld** and a fine in the amount of **\$1250** be levied as a **negotiated settlement**.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that Citation No. 4967, Case No. 1059 (Monterey Somersett Investors LLC), be upheld and a fine in the amount of **\$1250** be levied as a negotiated settlement.
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/ INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the Interim District Health Officer's **acceptance** of the **Grant Agreement** from the **US Environmental Protection Agency (EPA)** to provide partial funding in the **total amount** of **\$441,106**, for the **Air Quality Management, EPA Air Pollution Control Program, IO 10019**, for the period of October 1, 2010 through September 30, 2011.

The Board was advised that Staff recommends **retroactive approval** of the District Health Officer's **acceptance** of the **Subgrant Amendment #2** from the **Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program**, in the **total amount of \$69,557**, for the period of January 1, 2010 through December 31, 2010; and **approval of amendments totaling an increase of \$7,207** in both revenue and expenses to the **adopted FY 11 ELC-General Grant Program, IO 10677**, to bring the FY 11 adopted budget into alignment with the Grant.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division, Office of Health Planning and Emergency Response** in the amount of **\$98,584** in support of the **Public Health Preparedness H1N1Phase 1 and Phase 2 Grant Programs, IO-10780 and IO-10781**, for the period of July 31, 2010 through June 30, 2011; **approval of amendments totaling a decrease of \$435,313** in both revenue and expenses to the **adopted FY 11 H1N1 Phase I Grant Program, IO-10780**; and **approval of amendments totaling an increase of \$16,687** in both revenue and expenses to the **adopted FY 11 H1N1 Phase 2 Grant Program, IO-10781**, to bring the FY 11 adopted budgets into alignment with the grant.

The Board was advised that Staff recommends **approval** of the **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$53,322** in support of the **Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program, (IN 10016)**, for the period of January 1, 2011 through December 31, 2011.

The Board was advised that Staff recommends **approval** of **amendments totaling an increase of \$4,029.78** in both revenue and expenses to the **adopted FY 11 Safe Drinking Water Grant Program, IO-10017**, to bring the FY 11 adopted budget into alignment with the grant.

Mr. Gustin

Stated the benefits of the Safe Drinking Water Program "are note worthy, as issues regarding water, the safety of the community related to the Health Department and the Health Department is doing warrants some type of recognition in the media"; that perhaps the Public Information Officer could address this.

The Board was advised that Staff recommends **approval** of **amendments totaling a decrease of \$774,690** in both revenue and expenses to the **adopted FY 11 H1N1 Grant Program, IO-10782**, to bring the FY 11 adopted budget into alignment with the grant.

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Interim District Health

**Officer's acceptance of the Grant Agreement, and Subgrant Amendment #2 with the corresponding budget amendments; the Notice of Subgrant Awards with the corresponding budget amendments; the amendments to the Safe Drinking Water Grant Program; and the amendments to the FY 11 H1n1 Phase 3 Grant Program be approved as presented and the Chairman be authorized to execute on behalf of the Board.
Motion carried unanimously.**

CONSENT AGENDA – WASHOE COUNTY HEALTH DISTRICT DONATION POLICY

The Board advised that Staff recommends acceptance of the Washoe County District Health Client donation Policy, as presented.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County Health District Client Donation Policy, be accepted and approved as presented.
Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

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

Mr. Jim Gubbels, Vice President of REMSA

Advised the Board members have been provided with a copy of the November 2010 Operations and Financial Report; that the overall emergency response times for life-threatening calls in November 2010 was 93% and 96% for non-life threatening calls; that within the eight (8) minute zone it was 92%; within the fifteen (15) minute zone it was 96%; and within the twenty (20) minute zone it was 100%. The overall average bill for air ambulance for November was \$7,352, with a year-to-date average of \$7,298. The overall average bill for ground ambulance for December was \$991, with a year-to-date total of \$988.

The Board members have been provided with a copy of the December 2010 Operations and Financial Report; that the overall emergency response times for life-threatening calls in December was 92% and 94% for non-life threatening calls; that within the eight (8) minute zone it was 91%; within the fifteen (15) minute zone it was 100%; and within the twenty (20) minute zone it was 96%. The overall average bill for air ambulance for December was \$6,685, with a year-to-date average

of \$7,220. The overall average bill for ground ambulance for December was \$998, with a year-to-date average of \$990.

In response to Mr. Gustin

Regarding the "differences" in the monthly averages for air ambulance services, Mr. Gubbels advised "mileage is the major component for the differences"; that patients transported from the outlying areas (i.e., Gerlach), "will have a greater impact than those transported from areas which are closer (i.e., Pyramid Lake or Incline Village); that it is a mileage component."

In response to Chairman Smith

Regarding the "shorter flights", Mr. Gubbels advised that patients transported shorter distances are charged less, as the fee "is per loaded [patient transported] mile."

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for the months of November and December 2010 be accepted as presented.

Motion carried unanimously.

B. Update – REMSA'S Community Activities Since November 2010

Mr. Gubbels

Advised, he reviewed REMSA's statistics for "year-end standby events (i.e., UNR football, basketball, boxing; Special Olympics, fund-raising events, etc.)"; that for 2010 REMSA provided standby coverage at 545 events. Approximately 15% of these events "are donated coverage" in an effort to support these events for non-profit/not for profit. Previously REMSA provided standby services to a minimal number of special events; that the number of events has greatly increased, and will include track and field, and swimming events in the future.

REMSA will be participating in the 4th Annual "Save a Heart Day", which will be hosted by and held at Scheels on February 12, 2011; that REMSA will be conducting the CPR (cardio-pulmonary resuscitation) classes. These classes will be held at 10:00 am, 11:00 am, 12:00 Noon, 1:00 pm, and 2:00 pm; REMSA will be conducting the child safety seat checkpoint beginning at 10:00 am. "Save a Heart Day" has become a community event with REMSA and a number of community partners, including American Heart Association, Care Flight, Milan Institute of Cosmetology, Northern Nevada Medical Center, *Point of Impact*; Regional Parks and Open Space, and Washoe

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County Child ID Program; that it has become "more of a health care event and not just a CPR event." He would encourage everyone to attend the event.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – DECEMBER 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

Advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of December 2010; that, as of January 18, 2011, there was \$163,179.71 in the Environmental Oversight Account. Staff recommends the Board accept the Report as presented.

Advised Staff is beginning the Budget process, and, in conjunction with Division Directors and Program Managers, will be conducting a complete review of each Program's budget.

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

Motion carried unanimously.

FISCAL YEAR 12 BUDGET UPDATE

Ms. Brown

Advised that the Board member have been provided with a copy of a press release, dated January 25, 2011, from the Manager's Office, regarding Washoe County's projected deficit of \$33.5 million for 2011-12 (a copy of which was placed on file for the record). Ms. Katy Simon, Washoe County Manager, has "communicated this information with all County employees; that she and Ms. Coulombe shared this information during the General Staff meeting this morning during the discussion of the budget process for 2011/2012." The County has identified the following four (4) methods for addressing the deficit: 1) restructuring of labor costs to negotiate permanent reductions of \$13.8 million in 2011/2012, including wages and benefits; 2) achieve structural service cost savings in the amount of \$5 million through alternative, less costly service delivery, including consolidation of shared services by transitioning those services to the community through community collaboration; provide services in a different method; and/or phased service elimination; that "this process will be driven by the Organizational Effectiveness Committee (OEC)"; 3) attain

\$5 million savings through additional efficiencies from department operating budgets; and 4) investing in fund balances of \$9.75 million to achieve long-term changes.

In previous years the County has utilized a tiered-system to identify reductions; that in this year's budget process the County has identified core services as a "key strategy", with the delineation of three (3) types of services: core services, non-core services; and services in transition. "Services in transition can be either core or non-core services; that the definition of core services is: services central to the fulfilling the BCC's mission of making Washoe County a safe, secure, and healthy community."

It is important to be aware during Ms. Coulombe's discussion, the reference to the reductions of the Health District's operating budget are "only one piece of how the \$33.5 million" reduction will be achieved at the County level. Achieving the \$13.8 million in the labor-cost concessions will be a lengthy process in negotiating with the various employee associations throughout the County; that achieving the \$5 million in savings will require a review of "which services have to be provided, how can those services be provided; how can those services be provided differently; or which services can no longer be provided."

Ms. Coulombe

Advised, as everyone is aware "the FY 12 Budget process will be extremely challenging"; however, "in past years the Board has done a lot of work reviewing mandated services" in preparing for these challenges. The Board members have been provided with a copy of the memo from the Finance Director, dated January 24, 2011, addressed to the County Manager (a copy of which was placed on file for the record), which is very specific as to the initial estimated deficit in the General Fund, of \$33.5 million. It is important to note that "any deficits from the impacts from the State are not included in these numbers at this point in time"; that the approach of the County will be to "monitor this closely, being vigilant to be aware of what can and can't be done."

The Board of County Commissioners did "accept and approve the staff report with the direction to compile the details and the elements of those plans for execution for FY 12." The first page of the summary delineates the four (4) specific actions the County be taking versus the tiered-system methodology"; that it was the consensus the tiered-system approach "worked when it was applied, it is no longer sustainable"; that that continued approach would be detrimental to some departments and programs.

The Health Fund operating reduction towards achieving the \$5 million reduction in services would be approximately 1.7%, which equates to approximately of \$136,000. Staff has received the template and will have to "provide a description of how that reduction will be implemented, the impact of those reductions, how [the Health District] will offset that impact to the public"; that this is similar to the process Staff has done in previous years.

The Health District's Finance Team (herself, Ms. Patsy Buxton, and Ms. Lori Cooke) will be meeting with the Interim Health Officer, the Division Directors, and Program Managers to review the staffing plans. The Program Managers received a request specific to the status of the Program budgets for this year to review "the assumptions regarding the staffing plans; that the Finance team will be collecting the data through February 8, 2011; that this will include reviewing Permit Fees, Grants, charges for services and expenditures." It is known the Health District's "grants will be impacted; that "if there is a *known* Staff will apply that *known*; that Staff is always very conservative" in this process. Staff will review "every single line item in the estimates to complete for Fiscal Year 11, as those resources can be used for Fiscal Year 12"; that the Health District "has to look at what it does, how it is done, what the District can stop doing; and what can be done differently."

Staff will prepare the proposed Budget for presentation to the Board of Health; that the Board of Health's Budget meeting is scheduled for Thursday, March 3, 2011, beginning at 1:00 pm. The District Health "plans must be submitted to the County by March 7, 2011"; however, time will be allowed for "other adjustments." Staff does have a compressed time frame in which to prepare the data. The Interlocal Agreement requires Staff present the Health District's Budget to the three (3) entity Managers every year; that the meeting with the Managers is scheduled for Tuesday, March 1, 2011, beginning at 9:00 am; that Ms. Brown will present the comments of the Managers to the Board of Health during the Board's Budget meeting.

The County must file its tentative budget with the State by April 15, 2011; and the final budget by June 1, 2011; however, due to the 2011 Legislative Session there may be "extensions for any [Legislative] impacts." The salary concession "currently in-place for FY 11 sunsets on June 30, 2011"; therefore, in the financial system where salaries were reduced employee salaries will increase to the previous levels. The \$13.8 million in labor cost reductions will be "reset; however, that will be subject to collective bargaining." Staff is "committed to keeping the Board informed of any budget developments."

Ms. Jung

Advised that page eight (8) of Mr. Sherman's report, delineates the "*Department Operating Reductions: Core, NonCore, and Admin Services FY 11/12 Initial Funding Level*"; that the Health District's "General Fund Support is included in the Core-Related Priority Group." This was based on the "determination of the Organizational Effectiveness Committee (OEC), after conducting a fundamental review of Washoe County's resource allocation process." The OEC is essentially the County Manager's cabinet, which since November has been reviewing "what must the County do; what should the County do; what would be 'nice to do', but not necessary to do"; that it was through this review process it was determined that the services of the Health District are a priority. There are eight (8) elected officials/Department Heads within the priority group; that within the NonCore Related group there are nine (9) elected officials, including the Board of County Commissioners.

The OEC considered those services which are "core and NonCore"; however, the OEC "did not take into consideration the constituents demands during a downturn as compared to the demands during an upswing." She would recommend Staff review "the trend lines regarding demands for services during this economic downturn, as demands for public health services increase during an economic downturn"; therefore, "it would helpful for Staff to provide that information during the budget presentation."

Ms. Coulombe

There will also be discussions specific to "the Ending Fund Balance, as per the Interlocal Agreement the County does have the right to sweep those funds; that currently the [Health District] has approximately \$3 million" that previously the Health District has been able to utilize the Ending Fund Balance as a resource. The Ending Fund Balance has been "driven by the Health District's vacancies"; however, after a number of Staff accepted the voluntary separation incentive the Health District eliminated those positions thus reducing the expenditures of the District. She will be meeting with Mr. Conforti, Washoe County Finance, to discuss "utilizing the Ending Fund Balance as opposed to adjusting the transfer." Any "policy statements" will be presented to the District Board.

Ms. Brown

Stated the Health District received instructions today regarding "how to achieve two (2) of these four (4) actions; that the labor costs issue will be determined through collective bargaining"; however, the Health District will be responsible for addressing the efficiencies in the District's operating budget. "The decisions regarding the \$5 million reduction through 'doing things differently' will be driven by direction of the OEC"; that "the processes for that are being developed.

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There was a Department Head's special meeting the day after this report was accepted by the Board of County Commissioners; and there will be a Department Heads Retreat on Tuesday, February 1, 2011, to discuss this process and what needs to be achieved."

Ms. Coulombe

Advised that all of this information is being posted on the County's website; that she has been keeping Ms. Brown advised as to any updates on that information.

Dr. Furman

Stated, on January 11, 2011, as a citizen representing himself, he attended the Board of County Commissioners meeting, advising "he presented some projections and suggestions regarding scenarios pertaining to County government, including the future of County government and how it impacts or will be impacted by the Federal government, State and local governments, and other organizations." He "believes the budgets of the counties and the cities are going to be profoundly affected by Federal and State shortfalls and push-downs; that hopefully the County will have more information within the next few months and will be able to act on it at future meetings."

In response to Dr. Furman

Chairman Smith

Stated, "it is important to remember the reason the members are on the Board of Health is the public believes the Board members opinions are important': therefore, "while it is important everyone have their opinion, it is only one (1) of seven (7) on the Board. When all seven (7) voice their opinions and discuss issues together as the Board, then the Board members can come together, and come to an agreement as to what should be expressed. He is opposed to any Board member presenting comments regarding the budget without the discussion of the entire Board."

Dr. Khan

Stated she appreciates Ms. Jung's comments regarding trends, as there is data specific to "there being a greater demand for public health services and health care particularly in a protracted recession in which more and more people have lost their insurance or don't have access to care in a timely manner."

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"In her role as a Board member, and taking into consideration the mission of the Health District, this is a time for the Board members to work collaboratively and effectively together. In regard to the budget and the difficult budgetary discussions the Health District will be reviewing processes, and where improvements can be achieved those improvements will be achieved; and where efficiencies can be identified it is incumbent on Staff to do so. It is important that Staff and the Board be transparent in this process; that data should be provided to demonstrate the improvements that have been achieved, where there has been an increased demand for services, including the consequences of those increased demands and the consequences for not addressing the health needs of the community. From the perspective of collaboration and the support of Staff it is important to continue to dialogue about these issues and the challenges ahead." She is "confident the Board will be successful in doing everything possible to protect the health of the citizens" of Washoe County.

Mr. Gustin

Stated, as Chairman Smith indicated, all of the Board members have opinions; that he respects Dr. Furman and his opinion"; however, he has concerns regarding statements indicating 'other health districts are subsidized at 25% and the Health District is subsidized at 50%', "as there are so many variables regarding the source(s) of the finances." He acknowledges and "understands the concerns regarding the future"; however, it is necessary to be cautious regarding how it is presented and perceived by the people receiving the comments. "There has to be consideration of the venue in which information is presented, and the variables that comprise the budget"; that the issue is "what can be done with the amount of money available while keeping the District functioning."

Dr. Furman

Thanked the Board members for the support and suggestions regarding this issue.

Dr. Khan

Stated, with the reduction in property taxes and the projected continual decline of that revenue she would question the Health District's ability to maintain services; and the "possibility, through Legislative action, that there would be other mechanisms which could result in securing funding for the County."

In response to Dr. Khan

Ms. Coulombe

Stated she is aware the property tax comprises 55% of the General Fund, which continues to decline.

Ms. Jung

Stated "in view of the Governor's State-of-the-State address for no new taxes", she does not believe there will be any legislative relief. "An unintended consequence of the 3% property tax cap is it *capped* how much the County can grow each year for residential taxes"; however, there was no consideration "as to how far the property tax could fall. The solution is either to eliminate the cap or establish a *bottom* to the cap so that revenue cannot fall below the 3%."

In response to Mr. Gustin

Regarding the \$3 million Ending Fund Balance being rolled-over to the next year's budget, Ms. Coulombe advised that in previous years the Health District has been allowed "to carry the Ending Fund Balance forward and utilize it as a resource. As she advised, per the Interlocal Agreement, the County does have the authority to sweep those dollars"; that it would be a significant impact to the Health District's Budget. Staff is aware approximately \$1 million will go back to the County to pay for the 'Return on Investment' (ROIs), when Staff members accepted the incentive retirement, as the County "did not sweep that in the past." It is not known if the District "will be able to retain the remaining funds to offset any shortfalls of revenues"; however, as she stated, she will be discussing these issues with Mr. Conforti.

Staff will be presenting the proposed revisions to the District's Fee Schedule to the Board in February for consideration; that fees are "a cost recovery" for services provided.

Mr. Gustin

Stated that "the Health District does have to do their share"; however, reductions in funding (i.e., the H1N1 Grant approved earlier today), impact the ability to provide services." The \$2 million of the Ending Fund Balance "rolls over into next year's budget and is a necessary part" of the District's budget.

Ms. Coulombe

Advised that the Health District's grants are "on a reimbursement basis; therefore, there is the distinction in having the appropriation authority to be able to utilize the funds"; that "when grant funding is not going to be utilized for the specific purpose(s) the budget is adjusted."

Mr. Smith

Stated the District's budget will be an item of discussion for the year; "that it may get worse before it gets better making it necessary to think outside the box to obtain funding through fees or anything else. The Board has a big job ahead."

PUBLIC HEARING – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS
GOVERNING PUBLIC BATHING PLACES

1:00 pm: This being the time set in a Notice of Public hearing, heretofore posted in accordance with the *Nevada Open Meeting Law*, to consider the request of the Sun Valley General Improvement District (SVGID) to vary the requirements of the Nevada Administrative Code (NAC) 444.202 (2) of the District Board of Health Regulations Governing Public Bathing Places, for the Wading pool, Permit Number GL100017.

Section 444.202 (2) stipulates: "Wading pools, by the nature of their usage, are likely to become polluted and a public health hazard. Where installed, they must be operated very carefully to minimize the danger to public health."

A. Presentation and Discussion of the Request of the Sun Valley General Improvement District (SVGID) for a Variance

Mr. Doug Coulter, PE, Senior Engineer

Advised the Sun Valley General Improvement District (SVGID) is requesting a variance to the District Board of Health Regulations Governing Public Bathing Places, for the wading pool at the Sun Valley Pool. The wading pool was constructed in 1982, when the recirculation requirements were less stringent, requiring only a four (4) hour turnover rate (42 gpm); that the standards were amended in 1988, as it was determined that maintaining the required disinfection levels and water clarity was difficult with a four (4) hour turnover rate.

A remodel permit, Permit Number GL100017, was approved in 2009, for the heating and recirculation system for the wading pool however; the small diameter of the pipes under the deck prevent the recirculation system from complying with the thirty (30) minute turnover rate requirement. The Sun Valley GID has submitted an acceptable operational plan, which includes maintaining daily records, maintaining higher disinfection (chlorine residual) levels, limiting the number of bathers in the wading pool, and maintaining a minimum flow rate of flow rate of 160 gpm with a clean filter, and not less than 130 gmp with a dirty filter (at a 49 minute turnover rate). These measures will assist in improving the water clarity and reducing the health risk to bathers.

Reviewed condition number two (2) advising that should the SVGID "drop below these levels the wading pool would be immediately closed until such time as the wading pool can be operated within the parameter of the approved operational plan. Immediate correction of the water quality would ensure the variance would remain in full force and effect."

Advised that the Sun Valley GID recently began operating the Sun Valley Pool; that the GID has an excellent record operating the public water system in Sun Valley; therefore, he does not anticipate there will be "any issues in the operation of this pool."

FINDINGS OF FACT

At the Public Hearing, the Board of Health received all relevant testimony and evidence and determined written Findings of Fact. The District Board of Health shall grant a variance from the Regulations only if it determines from the evidence presented at the hearing that:

- a. There are circumstances or conditions, which:
 1. Are unique to the applicant;
 2. Do not generally affect other persons subject to the Regulations;
 3. Make compliance with the Regulations unduly burdensome; and
 4. Cause a hardship to and abridge a substantial property right of the applicant.

To comply with the minimum flow rate of 212 gpm would require replacing the pipes under the deck and adding more inlets to the wading pool. This would require replacing approximately 80 feet of piping from the equipment room to the wading pool and removing the deck around the wading pool to install more inlets.

- b. Granting the variance:
 1. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property right; and

2. Will not be detrimental or pose a danger to public health and safety.

The purpose of NAC 444.202 is to ensure the disinfection levels and water clarity are maintained and to reduce the health risk to the bathers. The current turnover rate is a significant improvement. The operational plan proposed by the Sun Valley General Improvement District should protect public health.

Mr. Coulter

Advised Staff recommends **approval of Variance Case No. 1-11PB (Sun Valley General Improvement District (SVGID))**, stipulating to the Findings of Fact, and subject to the following four (4) conditions:

1. The wading pool must be tested prior to opening the pool and at least two (2) other times daily to ensure the quality is in compliance with Section 444.148 (Quality of Water) and the approved operational plan. The test results must be recorded as required by Section 444.264 (Records). The pattern of the main drain of the main drain shall be clearly visible at all times the pools is open.
2. If the daily records or inspections reports show that the water quality is not being maintained in compliance with Section 444.148 (Records) and the approved operational plan, the variance shall become null and void.
3. Sun Valley General Improvement District (SVGID) must have at least one (1) Certified Pool Operator on staff to ensure the pool is operated in compliance with all the requirements of the Public Bathing Place Regulations and the approved operational plan.
4. When the deck or pipes under the deck must be replaced, pipes, of adequate size and additional inlets are required to be installed.

In response to Ms. Jung

Regarding "why a variance is necessary now", Mr. Coulter advised that the pool was remodeled in 2009, replacing pumps in the equipment room; therefore, it was required the pool be "brought up to current code."

Chairman Smith declared the Public Hearing open and called upon anyone wishing to speak either

in favor of or in opposition to the proposed variance. There being no one the Public Hearing was closed.

**MOTION: Ms. Jung moved, seconded by Mr. Gustin, that Variance Case No. 1-11PB (Sun Valley General Improvement District), for the wading pool, be approved, stipulating to the Findings of Fact and subject to the four (4) conditions as outlined.
Motion carried unanimously.**

Ms. Jung

Stated she would commend the Sun Valley General Improvement District for assuming the authority for the pool and parks in Sun Valley; that "they have done a tremendous job; that the citizens of Sun Valley agreed to pay additional taxes to keep this pool open when the County had to close it due to budget cuts."

DISCUSSION – RECRUITMENT – NEW DISTRICT HEALTH OFFICER

Chairman Smith

Advised Dr. Humphreys, Dr. Furman and Ms. Ratti comprise the Board of Health's Personnel and Administration Committee; that the Committee met on January 14, 2011, to discuss the brochure and the timeline for the recruitment of the new District Health Officer. The Board members have been provided with a copy of the minutes of that meeting (a copy of which was placed on file for the record). Ms. Kathy Hart, Washoe County Human Resources (HR) and Dr. Furman are present should the Board have any questions regarding that meeting.

A. Acceptance of the DBOH Personnel and Advisory Committee's Recommendation to Approve the Brochure and Timeline for the Recruitment of the Washoe County District Health Officer

Ms. Kathy Hart, Human Resources Manager, Washoe County Human Resources

Advised the District Board of Health Personnel and Administration Committee met on January 14, 2011, to review and discuss the information presented by Mr. Paul Kimura, Avery and Associates, the firm with which Washoe County has contracted to conduct the recruitment for the new District Health Officer. The P/A Committee provided recommendations for minor modifications to the draft advertising brochure and the timeline outline for the recruitment; that she has provided the Board members with the final draft of the brochure and the revised time line (copies of which were placed on file for the record). The final brochure will be printed in a larger format with a glossy finish for

distribution to candidates; that the brochure was forwarded to the printer on January 21st and will be mailed on January 31st.

The P/A Committee had reviewed the timeline for the recruitment and suggested some modifications, which have been implemented. All of the outreach efforts and advertising will be conducted by Avery and Associates who will prepare a "book of candidates after very careful and substantial review of all the candidates who have applied for the position; that the book of information will be presented on March 30, 2011." Mr. Kimura will provide the book of information to the P/A Committee members prior to his meeting with the P/A Committee on March 30, 2011, to present the information, provide a good overview of the candidates. The intent is to conduct initial interviews on Wednesday, April 27, 2011; and final interviews by the Board on Thursday, April 28, 2011 [date of District Board of Health's regular meeting]; that any candidates from out-of-town will be asked to remain here for two (2) days "in the event they are called back for the 2nd interview."

In response to Ms. Jung

Regarding the interviews of April 27th, Ms. Hart advised that the timeline indicates those interviews would be conducted by the Board of Health's P/A Committee; however, the full Board of Health can make the determination to participate in the initial interview process should it choose.

Chairman Smith

Stated Avery and Associates will disseminate the recruitment brochures and post advertisements "in a significant outreach"; that the final filing date for candidates is Friday, March 4, 2011.

In response to Dr. Khan

Regarding when the Board of Health would interview the candidates, Ms. Hart advised the Board of Health "would interview the short-list of final candidates during the regularly scheduled meeting of Thursday, April 28, 2011.

Ms. Jung

Stated "she would commend HR on the brochure; that she appreciates the description of Washoe County."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the brochure and the timeline for the recruitment of the new District Health Officer, as

recommended by the District Board of Health Personnel and Administration (P/A) Committee, be approved as presented. Motion carried unanimously.

B. Presentation and Review of Salary Comparison Data from Hay and Associates for the District Health Officer Position with Possible Direction to Staff and Washoe County Human Resources Regarding Finalization of the Compensation Package

Mr. Jim German, Washoe County Human Resources

Advised HR did receive the complete report from the Hay Group specific to the salary comparison data; that based on the data received. It is the consensus of HR the proposed salary for the District Health Officer is competitive, for an individual without a Medical Doctorate, and provides for flexibility in negotiations. Based on limited data HR had previously advised "premium pay would be appropriate for the District Health Officer position should the job require a medical"; that the data indicates the proposed salary range for an MD is also competitive.

In response to Ms. Jung

Regarding Dr. Anderson's salary range and "how negotiable the salary range is", Mr. German advised "was at the top of the salary range of \$149,073" annually. In regard to the salary range being negotiable, HR is a resource available to the Board; that he would recommend "working with Human Resources regarding the negotiations; that the negotiations "will depend upon the pool of candidates."

In response to Ms. Jung

Regarding Ms. Brown's salary, Ms. Brown advised that the Board approved a 10% salary increase during her tenure as the Interim Health Officer.

Ms. Stacey Akurosawa advised Ms. Brown's salary as Interim Health Officer is approximately \$135,000 annually/

Regarding the County Manager's salary, Mr. German advised that Ms. Simon salary is approximately \$198,000-\$204,000 annually.

Ms. Jung

Stated the brochure indicates longevity pay and merit increases; however, in an effort to manage costs the County is discussing the elimination these for new hires; that "this should be included in every job description to ensure that is a policy." She "does not want to see longevity pay or merit increases; that the as an organization [the County] is reviewing 'pay for performance'; that any car or cell phone allowance should also be reviewed."

In response to Ms. Jung

Mr. German

Advised "that it what has been built-in to the Employment Agreement to-date"; that it does not include the \$114,732 salary.

Ms. Jung

Stated "that that needs to be reevaluated as part of the compensation package that the County is reviewing very stridently; that the County cannot offer these to people anymore; that the County is trying to 'tighten-down' to be sustainable as an agency countywide."

Mr. German

Stated "most of the other organizations surveyed did not provide longevity pay or automobile allowance"; however, "this is an individual employment agreement"; that those determinations would be achieved through employment negotiations."

Ms. Jung

Stated she anticipates the District will receive a great number of applicants for this position; that "it is currently and employers' market, and she does not want to establish something that doesn't need to be done."

Ms. Leslie Admirand, Deputy District Attorney

Advised the District Health Officer position is through "an independent employment agreement as by law it is the District Board of Health that determines the salary and benefits of the District Health Officer."

Ms. Jung

Stated the Board of Health should be in conformance with the Board of County Commissioners since the County funds 50% of the budget.

Mr. Gustin

Stated during the negotiations "it may be wise to ensure the applicants are aware there are no Social Security deductions, as applicant may be from a system, which contributes to Social Security; therefore, that could be a component of the negotiations."

Dr. Khan

Stated she will again be abstaining from the vote, as she is considering applying for the position.

**MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the compensation package for the new District Health Officer, be approved with the recommendations as presented by Ms. Jung.
Motion carried with Dr. Khan abstaining.**

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BEILL TRACKING – POSSIBLE
DIRECTION TO STAFF

Ms. Brown

Advised the Board members have been provided with the current update to the Health District's Legislative Bill Tracking document, which delineates the Bills which the Health District has reviewed, including the background, fiscal impact, and Staff's recommendation. She has requested Ms. Hadayia review a "couple of the more sensitive Bills."

Ms. Hadayia, Acting Community and Clinical Health Division

Referred to BDR 795, introduced by Senator Parks from Clark County, on behalf of the State AIDS Task Force (page 4 the CCHS Bill Tracking), advising that she serves as the Chair of the Policy Subcommittee for the State AIDS Task Force; therefore, "she has been very much involved in discussions of this topic." The topic for the BDR is "sterile syringe access, not necessarily needle or syringe exchange"; that "syringe access is a more research supported approach to this issue as compared to needle exchange model." The intent of this BDR is the reduction in the transmission of blood-borne diseases; specifically HIV and Hepatitis that has been demonstrated to occur when needle sharing practices are reduced; that a mechanism for achieving this is ensuring there is access to sterile syringes and needles, rather than individuals sharing needles and syringes." The research regarding providing access to sterile needles and syringes to the population who may be IV drug users "is quite voluminous; that when provided with sterile supplies the needle sharing practices among this population is greatly reduced as is the rate of blood-borne infections." The mechanism to achieve access to sterile needles and syringes is to "deregulate needles and syringes by deleting it from the Nevada Drug Paraphernalia Law resulting it being legal to possess sterile needles and syringes and it would be legal for organizations (i.e., pharmacies) to distribute these." There are approximately twelve (12) States currently have deregulated syringes for this purpose; that none of these States have reversed that decision. In 2009, the "Federal Ban on the use of HIV Prevention and Care dollars for syringe access programs was lifted"; that there are organizations both in Washoe and Clark County that "want to provide sterile syringes to clients and community populations." Should the current law be amended, as proposed, those organizations could legally initiate "sterile syringe programs with the current Federal HIV and Prevention Care Dollars."

Staff recommendation is to support the Bill due to the impact on reducing HIV and Hepatitis, which is a goal of a Health District.

In response to Chairman Smith

Regarding if the other States, which have approved the needle/syringe access program have noted an increase in drug use, Ms. Hadayia advised that the Centers for Disease Control and Prevention (CDC) research on this topic indicates "indisputable outcomes of the research indicates reductions in blood-borne disease transmissions; reduction in needle-stick injuries, particularly among law enforcement personnel; an increase in proper needle/syringe disposal, while at the same time noting no significant increase in drug use."

Mr. Gustin

Stated, initially the Bill "appears counter-intuitive; however, the savings makes good sense."

Ms. Hadayia

Staff is monitoring BDR 881 and BDR 869, as both pertain to "tobacco excise tax"; that a recent statewide poll as noted in today's "*Las Vegas Sun*" indicates 74% of Nevadans would support an increase to the excise tax, with 71% supporting the amount being proposed. Neither of these Bills have been filed; however, there is a Statewide Coalition that has been working with both Bill sponsors to propose an outline for these Bills; that what is currently being proposed is a \$1.20 increase to the cigarette excise tax, increasing the total tax for a pack of cigarettes in Nevada to \$2.00, which "would remain the lowest in the Western States." There would be a commensurate increase to the percent to the wholesale price of other tobacco products; that "critical to the tobacco prevention programs is that it defines other tobacco products." As she and Ms. Dixon reported at the Board's April 22, 2010 meeting, a number of the "new tobacco products from the industry (i.e., pills, e-cigarettes, snuff, etc.), are currently not defined as tobacco products in Nevada Law and are therefore not taxed; that this Bill would define 'other tobacco products' (OTP) and apply the same tax structure."

"The perspective of the Community Coalition is the intent of the Bill is to reduce tobacco"; that it is the consensus "increasing the price of tobacco products is the most reliable method for reducing usage – beyond every other option available"; that is the rationale in supporting this Bill. The Senate Committee on Revenue supports this Bill as it would result in "quite a bit of new revenue for the State; that it is anticipated within the first year it will generate approximately \$85 million; and in five (5) years it is anticipated it will generate approximately \$315 million." A component of the proposal submitted by the Community Coalition "is a modest earmark from 'new revenues only' to repopulate the Tobacco Prevention and Control dollars, which were *swept* during the Special Session."

Currently Staff "does not know the feasibility of any of the proposals"; that the Community Coalition is working in conjunction with both sponsors; that Staff's recommendation "is support these BDRs from the policy perspective of the impact on tobacco use in the State."

Ms. Brown

Stated she requested Ms. Hadayia present "these Bills due to the potential of media involvement, specifically when one is related to taxes and the other may be considered news-worthy"; that Board acceptance of the Legislative Update will include Staff's position on these Bills.

Mr. Gustin

Stated he supports these Bill drafts; that should the increased taxes on cigarettes reduce the use of tobacco products "it again helps the overall plan, as everyone pays for smoking-related illnesses."

Ms. Jung

Stated she will support these BDRs; however, "as an ex-smoker she is aware because of the addiction to the nicotine, most smokers will pay any price; that this is a 'regressive tax, which will impact poor people more than the middle and higher income populations."

Ms. Hadayia

Advised there is a study, which was commissioned by an organization in Southern Nevada, to analyze a decades worth of data specific to Nevada, "regarding taxes versus usage; that the minimum increase to actually effect smokers' decision making has to be 10% above the wholesale price to achieve the greatest difference." The "greatest decrease in the use of tobacco products is achieved in youth smokers when the price/tax is increased."

Dr. Furman

Stated there is documentation that indicates significant increases to the cost of tobacco products substantially reduces smoking.

Dr. Khan

Stated "as an Addiction Medicine Board Specialty Physician she concurs nicotine addiction is a complicated issue; that an increase in taxes has clearly demonstrated a reduction in usage; that in regard to the social determinants and inequities [of an increase tax], it is known tobacco use inversely relates to the socio-economic status. People of a lower economic and educational status

are more likely to use tobacco; that in Nevada it is particularly problematic and a challenge; that the goal is 'how to prevent people from starting', particularly those who are most vulnerable."

Mr. Kevin Dick, Director, Air Quality Management

Advised Staff is monitoring AB 2, which provides for exemption of "older motor vehicle that have been issued one (1) of four (4) type of special (classic) license plates from the standards for the control of emissions, which is the smog check program"; that yesterday he submitted an evaluation for the Health District and Washoe County Bill Tracking." This Bill stipulates that any vehicle manufactured twenty (20) years prior to the application for the specialty plates is eligible, which is any vehicle manufactured in 1991 or older could be eligible for not being required to have a smog check. "There would be a one-time fee imposed at the time an individual applies for the plates; that passage of the Bill would impact air emissions from the pollutants from these vehicles as there would not be a mechanism to ensure these vehicles are tuned properly and reduce the emissions." Additionally, the adoption of the Clean Air Act by US EPA is based upon the State Implementation Plan (SIP), which were submitted by the State; that passage of this Bill would affect the District's Carbon Monoxide, Ozone and PM₁₀ State Implementation Plans; that the Health District would be required to prepare amendments to those Plans, and obtain approval of the amendments from US EPA. "Staff would have to review the District's Emissions Budgets for vehicles, which was submitted in May; that it would be necessary to determine 'off-sets' due to emissions that would be generated from these vehicles. There would be a definite fiscal impact from the amount of work necessary to comply with the requirements of this Bill; that there is an uncertainty of obtaining approval from US EPA regarding the amendments to the SIPs; that there would be a loss of revenue to the District, as the District receives \$1 from every smog certificate issued in the County."

Mr. Gustin

Stated he has a 1952 and a 1956 vehicle and he is currently not required to have those vehicles smog checked for registration; that it is his understanding "vehicles older than that do not have to be smog checked."

In response to Mr. Gustin

Mr. Dick

Stated, exempting vehicles 1991 and older is new in the District.

Mr. Smith

Stated, the exemption for smog checks "may be for motor vehicles from the 70s and 80s."

Mr. Dick

Stated, the discussion with the Advisory Committee for the Vehicle Inspection and Maintenance (I/M) Program, indicated "this is a new expansion of the exemptions to smog emissions; that he can research the information for the Board as to what the exemption 'cut-off' currently is."

Ms. Jung

State the Cities of Reno, Sparks; Washoe County; the School District and other entities have executed a Memorandum of Understanding (MOU) for legislative support; that she would question if the Health District participates in "such an MOU." Further she would question "if there will be some type of Legislative strategy from Staff" to ensure the County's Lobbyist is aware of the Health District's position."

In response to Ms. Jung

Ms. Leslie Admirand, Deputy District Attorney

Advised the Board of Health did approve and participates in the MOU for Legislative cooperation among the Cities, the County and other political entities.

In response to Ms. Jung

Regarding if the Health District has adopted a "Legislative Strategy", Ms. Brown advised the Health District has not proposed any Bills; that "there are policy issues related to programs; that Ms. Hadayia's programs "are all about policy making; that the remainder of the Health District is reviewing Bills regarding public health and responding to those Bills. The Health District is working within the County's Bill Tracking system, which 'ties-into' the other jurisdictions; that the Health District has the reporting mechanism to the Board of Health members and to Mr. John Slaughter of Washoe County. What the Board of Health approves is communicated to the County and what the County requests is reported to the Board."

Mr. Dick

Advised, Staff is "coordinating with DMV, Nevada Division of Environmental Protection (NDEP), and Clark County's Air Quality Program to discuss the concerns regarding this proposed Legislation."

In response to Chairman Smith

Regarding whether 1991 motor vehicles have to comply with the same emissions test as newer vehicles, Mr. Dick advised he would have to consult with his Staff regarding the emissions standard for older automobiles.

Regarding "a fee for automobiles that don't pass the smog check", Mr. Dick advised there is a mechanism for motor vehicles that don't pass the smog check, the owner must demonstrate a specific amount of money has been expended on repairs to "fix the problem, and if the vehicle still cannot pass the smog check the owner is granted a waiver from DMV."

Ms. Brown

Stated that to ensure there is communication among the entities, the Health District will share its Bill Tracking tool with the Cities; that she has scheduled meetings with the City Managers from Reno and Sparks.

Staff has received a "list from Mr. John Slaughter, Washoe County, of potential issues within the Governor's Budget of programs and services that may have resources eliminated from the general fund or the responsibility of providing those services transferred to the County." Acknowledging these are tentative, there are three (3) which would impact the Health District: 1) Tuberculosis (TB) medical treatment; 2) food facility inspections for higher education establishments, which the Health District does not conduct; and 3) EMS standards, training, and licensure. She has a meeting scheduled with Dr. Green, State Health Officer, to discuss these three (3) specific items, which are fiscal and programmatic for the Health District. The State Health Officer will be meeting with the three (3) local Health Districts individually to discuss these issues, as each Health District "looks at these three (3) programs differently. Currently the Health District does not provide EMS training and licensure; however, the Southern Nevada Health District does provide those services; that Staff currently does not conduct food inspections at the University or Truckee Meadows Community College campuses; that the Health District receives \$128,000 grant from the State for the support of TB medical treatment and clinic. She will be discussing these issues with Staff prior

to her meeting with Dr. Green "to discuss the specifics of the State plan"; and working in conjunction with the County "to discuss the response" to these issues.

These issues "do overlap with the Budget; however, it is not 'a *given*' the Health District" would assume authority over these programs or that the District would lose the funding. "There is a process, including revisions to laws and regulations for the Health District to assume these programs; that there would be budget hearings, which Staff would attend and discuss the budget impacts along with the County Lobbyist." There is a handout from the County regarding what the State is proposing.

**MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the January 2011 Legislative Bill Tracking Report be accepted as presented.
Motion carried unanimously.**

PRESENTATION – WASHOE COUNTY HEALTH DISTRICT'S STRATEGIC PLAN

Ms. Brown

Advised the Board members have been provided with a copy of the draft Strategic Plan for the Washoe County Health District (a copy of which was placed on file for the record); that she would commend the Division Directors and key Staff members for assisting in the preparation of the written Strategic Plan. The mission, vision and strategic objectives are those previously approved by the Board of Health; that the strategic outcomes and the key performance measures were "added by the Division Directors and key Staff members. The key performance measures "also relate to the performance measures Staff submitted for Washoe County's outcome measurements program, which is the document that compares Washoe County to other counties on key public health indicators." The Health District duplicated the County's Strategic Plan format for continuity with the County's process while developing an interim Strategic Plan until such time as the District can "undertake a more rigorous strategic planning process." She is to provide Washoe County with a copy of the Health District's Strategic Planning document by Friday, February 18, 2011.

Dr. Khan

Stated she would commend Ms. Brown, the Division Directors and key Staff members in preparing the Strategic Planning document. She would question if there is significance in those strategic outcomes, which are bolded.

In response to Dr. Khan

Ms. Brown

Advised that the bolded items should not be; that it was computer entry error and will be corrected. Regarding the "key performance measures" being adopted from national guidelines, Ms. Brown advised previously there were discussions specific to "how to identify a healthy community" Staff utilized the "*Community Health Status Report*" communityhealth.hhs.gov, which is comprised of a group of national partnering organizations. This document provides "a comparison of Washoe County with a like county to developed and accepted measures of public health"; that these are measures, which currently exist, and were used to assist in identifying public health outcomes in the community. Outcome measures listed in the Strategic Plan and are listed in the "Community Health Status Report" are those which address "additional program."

Dr. Khan

Stated she "appreciates Staff's perspective, as most often the focus is the micro and local issues without considering the 'bigger picture'; that including the national agency key performance measures is terrific." In working in conjunction with the County it is necessary "to continue to have the broader view and greater perspective and how to achieve these locally, as ultimately all public health is local."

Ms. Jung

Stated she has noted "excellent internal and external customer service" is not listed on the document; that she would question "where does that fit" in the document.

In response to Ms. Jung

Ms. Brown

Advised there are a number of items that would be "a divisional or programmatic strategic planning"; that "excellent internal and external customer service" would be within "the achievement of efficiencies and performance improvement. Performance improvement contains an element of customer service, both internal and external; therefore, the intent for "customer service" would be at the programmatic or organizational level as a performance improvement tool. Embedded within the Strategic Plan is the concept of excellence in customer service."

MOTION: Ms. Jung moved, seconded by Mr. Gustin, that the Washoe County Health District Strategic Plan, be approved as submitted.

Motion carried unanimously.

UPDATE – BOARD OF COUNTY COMMISSIONERS' MULTI-STAKEHOLDER – EMS TASK FORCE MEMBERSHIP

Ms. Brown

Advised the Board members have been provided with a copy of the staff report presented to the Board of County Commissioners at the December 14, 2010 meeting (a copy of which was placed on file for the record), regarding the Board of County Commissioners' Multi-Stakeholder Emergency Medical Services Task Force – Membership Composition. The last page of the Report delineates the County's recommendation for the membership of the EMS Task Force, with the exception of recommending one (1) member for Renown Hospital and not a separate member for Renown South Meadows. The motion by the BCC was to accept the County Manager's recommendation for the composition of the EMS Multi-Stakeholder Task Force. She has been contacted by Chief Latipow regarding her appointment to the Task Force; that "it is anticipated there will be three (3) three-hour meetings; that the first one is in the process of being scheduled.

Chairman Smith thanked Ms. Brown for the update.

IMMUNIZATION PROGRAM UPDATE

Ms. Brown

Stated she would thank Mr. Kutz and Ms. Jordan for agreeing to continue their Immunization Program Update from the November 18, 2010 meeting. Mr. Kutz and Ms. Jordan will provide an overview of the Immunization Program, and a report on a "year-long performance improvement team (RAVE)."

Presented a handout, advising it is important for the Board members to be "aware of the complexity of immunizations; that it is not 1, 2, or 3 shots children receive or 1, 2, or 3 immunizations adults should receive. Advised, the "*Epidemiology of Vaccine Preventable Diseases (VPD)*" manual; and the overview of the cash flow chart for the IZ Clinic; that these handouts indicate the complexity of the Program.

Mr. Steve Kutz, Immunization Program Supervisor

Advised the mission of the Immunization (IZ) Program is "To promote public health by reducing vaccine preventable disease (VPD) through immunization, with an emphasis on collaboration and cooperation with community partners." For FY 2009/2010 the IZ Program received \$707,712 in local funding and \$305,776 in grant funding. The Program is staffed by 10.1 FTEs, which consist of fourteen (14) permanent full and part-time Staff; and non-permanent intermittent hourly employees. Nursing personnel comprises approximately 55% of personnel costs; that clerical is 31%; that personnel is 90% of the total program costs and operating expenses are 10%. The grant funding primarily supports programmatic deliverables.

Reviewed the various "activities that support the goal of prevention and control of Vaccine Preventable Diseases (VPD) in Washoe County, advising that IZ Staff "has worked in cooperation with the Epidemiology and Public Health Preparedness Staff in the past couple of years in responding to the H1N1 outbreak and last spring at a private school that experienced an outbreak of varicella. IZ Staff also partner with EPHP for the annual Points of Dispensing (POD) event. Reviewed the "service delivery activities", advising that the on-site IZ Clinic is open Mondays, Wednesdays and Fridays, from 8:00 am – 12:00 Noon; and from 12:00 Noon to 4:30 pm. On Tuesdays, Wednesdays and Thursdays from 1:00 pm to 4:30 pm Staff partners with St Mary's Health Care Network on the "Kids to Seniors Korne" (KSK) community van providing immunizations. Staff participates in outreach immunization activities provided throughout Washoe County to "meet the community need, participating with community partners to provide immunizations to individuals who would not otherwise have access to immunizations; that this is a NACCHO model program." Outreach clinics were a national standard during the H1N1 prevention efforts; that the effectiveness and value of outreach clinics is not new; that in 1997 the *Journal of Public Health* discusses the benefits to communities of outreach immunizations efforts.

Reviewed the IZ outreach efforts, advising Staff participates in national, regional and local immunization events; that every April Staff participates in the National Infant Immunization Week or "Nevada Childhood Immunization Week (NCIW). Last year Staff partnered with the Washoe County School District to administer Tdap immunizations to 7th graders; that through these efforts every 7th grader was immunized without any exclusions by the Washoe County School District; that Tdap has been a mandatory immunization for three (3) years. Staff conducts IZ Clinics throughout the community focusing on "at-risk, low income children, and to a lesser extent adult immunizations; that all of these efforts are based on "a community needs, access to health care, and gaps in services as identified." Yesterday Staff participated in the community wide 'homeless project.' Currently Staff is working in conjunction with the Washoe County School District, the State Health Division and the Northern Nevada Immunization Coalition to pilot school-based immunization clinics in Washoe County Schools; that this is a project of Dr. Tracey Green, the

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State Health Officer. In excess of 1,000 students, staff and some parents have received flu immunizations since November.

Review the grant funding of the IZ Program, advising that it is predicated on CDC Program Guidelines; that the grant requires participation at community immunization events; that local funding provides the nursing and clerical Staff. "These are events where the individuals and families served often do not access care, placing them at risk for complications of vaccine preventable diseases it places the entire community at risk through exposure to VFD. Within the CDC Guidelines scope of work is "Assessment, Feedback, Incentive and eXchange of information (AFIX)", which is a continuous quality improvement process, and demonstrated improvements in immunization coverage rates, and requires "multiple technical assistance site visits."

Staff partners with area childcare providers offering classes in which Staff educates childcare facility staff "on how to ensure children within the facility are appropriately immunized per *Nevada Revised Statute* (NRS). In November Staff provided immunizations to the childcare workers "who are typically a component of the under-immunized."

The District participates in the "Immunization Registry promotion – WebIZ, which is now a mandate "that all providers enter immunizations into the Registry; that Staff does training and education regarding the Registry."

CCHS Staff partner with EPHP Staff for the "Perinatal Hepatitis B Prevention in identifying and assisting in the management of pregnant women who are infected with Hepatitis B.

Reviewed the cost benefits of the IZ Program, advising in FY 2009/2010 29,896 clients were provided services, at a total program cost of \$1,016,848 for a cost of \$34.01 per person served based on Washoe County population of 400,000+; that the cost per Washoe County citizen protected against VPD was \$2.43 per person. CDC reports that every dollar spent on immunizations saves \$18.40 in medical costs; therefore, this equates to approximately \$18 million in savings to the citizens of Washoe County.

Stated, although it is not possible to quantify "which vaccine preventable diseases have been avoided through the Program's diligent efforts it is know that these diseases 'are just a road-trip or plane ride away'. The Board members may be aware of the recent Pertussis outbreak in California; that Washoe County was the first in the nation to offer "cocooning program to parents of infants born at Renown Regional Medical Center providing the Tdap to the parents to protect the

infant; that this is now a nationally promoted program. Staff is very proud of being an initiator of this project." Washoe County currently has "a 95+% up-to-date rate of immunizations for children entering school in Washoe County; that as he advised, there were no School District exclusions of seventh grade students due to not having the Tdap immunization. Due to these efforts Staff "has successfully avoided the tragedy occurring in California with thousands of Pertussis cases and as of November 2010, ten (10) infant deaths.

As Ms. Brown advised, Staff has been involved in "Program improvement and the *2010 Immunizations Program Operations Manual* recommends: 'All grantees will actively engage in self-evaluation and utilize findings to inform and improve planning and implementation of program activities to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes'.

Ms. Margot Jordan, Quality Management Coordinator

Advised for approximately one (1) year, Staff has been participating in a "Rate and Volume Evaluation" (RAVE) of the IZ Program; that Staff is in the process of reviewing the "first quarter or work since completing the project and implementing some activities for change." The RAVE Team was created in 2009, and is comprised of Ms. Lynn Shore, RN;BSN; Ms. Rebecca Koster, RN, BSN; Ms. Kathy Dickens, RN, BSN; Ms. Nicole Mertz, RN, BSN; Ms. Sharon Clodfelter, BS, Biostatistician; Mr. Steve Kutz, IZ Program Manager; and herself.

The RAVE Team "was tasked with answering: 1) Why is the 2-year old immunization rate for WCHD clients declining?; and 2) What interventions can be implemented to halt the decline?" As Mr. Kutz advised "by kindergarten age the IZ rate is approximately 95%; however, the 2-year old rate is reviewed nationally and is very important."

Reviewed the "Immunization Rate of 24-35 Month Olds Immunized at the WCHD" between 2003 through 2009, advising that Staff was aware in 2007 there was a decline of approximately 4.5% within the definition of '2-year olds'; however, Staff contributed it to the revision of the definition to include 19 month old infants. It wasn't until mid-2009 Staff received the report of the dramatic decline between 2006 and 2009 and discussed how to address the concern. Possible causes for the decline were: 1) clients were not returning to the WCHD for complete vaccination series; and 2) the WebIZ (Statewide Immunization Registry) data is inaccurate. Reviewed the possible reasons why clients were not returning to the WCHD for the complete vaccination series; and there have been problems with the Statewide WebIZ previously, and Staff has no control over that data.

Staff conducted a simultaneous review of the two (2) hypothesis; that as determinants were noted procedures would be implemented. Staff developed a telephone survey attempting to contact clients who had not returned for further immunizations; that approximately 40% of the contacts were disconnected, didn't answer or didn't return the call. Reviewed the results of the telephone survey, advising that 50% indicated they were unaware of the need for further immunizations; and no one indicated 'they were unable to obtain an appointment; that Staff continues to conduct the survey. Staff reviewed the number of appointments, advising in 2009 there was a monthly average of 679 appointments, with approximately 132 unbooked time slots equating to 19.4% of available appointments unbooked; that between January through June 2010 there was a monthly average of 966 appointments, with 362 unbooked time slots equating to 37% available unbooked appointments; therefore, not enough appointment times was not the issue. Staff conducted a "lobby survey" to determine 'why' clients were utilizing the WCHD to obtain immunizations, and determined the Health District is 'the safety net' for approximately 66% who indicated they had no provider or their provider doesn't administer vaccinations, of those surveyed 63% indicated they did not know when the next immunizations were due. Clients indicated "the best method to remind them was by mail or telephone, or through the shot record they were provided; that email reminders was very low. Clients indicated the preference for scheduling was by telephone, with only 22% indicating they could schedule electronically, and 12% preferred to schedule in-person." In response to "how they were aware their child needed immunizations 42% indicated they were notified by the school/daycare. Advised "how parents were notified is of concern, as data indicated in 2008 daycare had an 80% fill-rate of available slots; that in 2009 that fill-rate had declined to 67%; that "this is a large majority of the children who are 2-year olds"; that those in daycare do not have "as big of incentive to remain current on immunizations as daycare requires compliance with immunizations."

Reviewed the "actions taken" to increase parent awareness that immunizations were due, including reinstating the reminder/recall system from the State WebIZ Registry, which had been "down for more than a year"; that the State prioritized that project and the reminder/recall system was "back on line in June 2010, with Staff sending out the first reminders." Clients requested a return date on the Immunization Record; that Staff conducted an audit and determined the "return date wasn't always noted and when it was the small font made it hard to read"; that Staff worked with the State and through the WebIZ Program the return date is now available; that Staff is monitoring this to ensure the date is noted.

Reviewed the improvements to customer service and efficiency, advising that included "expanding the in-person scheduling; the telephone message was updated; that Staff continues to work in 'streamlining' the appointment process; and are in the process of researching online scheduling."

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Staff is reviewing whether the data in the Statewide WebIZ is inaccurate; that as she stated the definition of '2-year old was revised', which is the consensus of Staff affected the data; that there is a category of "primary" clinic has been an issue, as if a client changes from the Health District to another provider the information in WebIZ indicates the child has not updated his/her immunizations. There are "many duplication of records" in WebIZ, which the State is addressing; that there may have been changes in how WebIZ calculates the 2-year old immunization rate; however, this could not be validated.

Presented a graph depicting "how WCHD's control of WebIZ has decreased, advising the graph indicates the number of 24-35 month olds who "are not in WebIZ – status unknown; the percentage of children immunized in Washoe County; however, not at the WCHD; and the percentage of those who were immunized at the WCHD at least once. (The number immunized at WCHD at least once decreased from 60% in 2005 to 40% in 2009. The number not in WebIZ increased from approximately 8% in 2005 to approximately 25% in 2009)" It is the consensus of Staff "that with less control the data is less accurate.

Ms. Jordan reviewed the "monitoring efforts and actions" implemented by Staff to increase the immunization rates among 2-year olds, advising "every month Staff is getting better and better in these efforts; that over time Staff will obtain really good information." Staff is improving the WCHD WebIZ accuracy; investigating and responding to complaints; will continue to conduct annual surveys, including working with Mr. Steve Fisher, Department Computer Application Specialist to have a survey on the Health District's website; Staff is monitoring a 2-year old population and daycare census; continual review of the availability and use of appointment times; and reviewing State WebIZ data quality improvement.

Advised the State conducted a survey sampling for the District in October 2010 of 96 WCHD client records for 24-35 month olds, determining 71% were current at 24 months and 85% were current by 35 months. This also indicates that WebIZ data reports may be inaccurate.

Ms. Jordan introduced Ms. Sharon Clodfelter, the WCHD Biostatistician advising that CCHS Staff could "not have done this review without her efforts; that IZ Staff are to be commended for their assistance in the telephone and lobby surveys."

Dr. Khan

Thanked Staff for the update, advising the "information assists the Board members in better understanding the challenges in Washoe County in terms of meeting childhood immunization

requirements; and that adults should have the flu shot." There is "a full schedule of shots required between birth and age five (5); that a number of pediatricians are not providing immunizations; therefore, the Health District becomes the provider of those." Educational outreach is "very important"; that she would question discussions regarding "how to motivate behavior through providing an incentive to return for follow-up. She would question if Staff has the capability of enrolling clients in Medicaid."

In response to Dr. Khan

Ms. Brown

Advised "incentives are a challenge due to the practical application of incentives in the County and the Health District from a financial standpoint." There are some program incentives; however, those "require a number of pre-approvals, including from the Board of County Commissioners; that with the funding issue it is a difficult process." Staff schedules twelve (12) minute immunization appointments; that Staff does attempt to provide "comprehensive case management referrals to service with all clients"; however, Staff has less time in the IZ appointments, as the time for appointments has decreased based on a productivity study. Staff has "a good referral list and the nurses do try to provide this information; that the Medicaid is more of a component of the Health District's partnership with the "Kids to Seniors Korner" Program; that clients can be enrolled in that process.

Dr. Khan

Stated that with "not being able to afford it as being one (1) of the reasons for not obtaining immunizations", being able to enroll clients in Medicaid would be of benefit.

In response to Dr. Khan

Mr. Kutz

Stated, as Ms. Brown advised, the Health District has a resource and referral sheet for enrollment sheet for Medicaid "here and on the KSK van; that information is also provided regarding free dental clinics, etc." Staff attempts "not to overwhelm the clients; however, if a need is observed, Staff attempts to address it in the allotted timeframe." Advised that the vast majority of outreach efforts is through the collaborative efforts of the Northern Nevada Immunization Coalition; that information is disseminated on websites, through the media, on buses; that "immunizations are promoted in Washoe County more now than in many years." The KSK van "goes to the at-risk most needy population at the low-income housing apartment complexes; that as Ms. Jordan

indicated the census rates in childcare facilities has decreased; that the population rates at these housing facilities has also decreased from minimal vacancy rates to 50+% vacancy rates." The Nurses "go door-to-door in those areas and refer clients to the Health District and provide those individuals with resource referrals within the community, including with Medicaid and WIC."

In response to providing incentive, in the 1990s there was an incentive component; however, those have been eliminated.

In response to Chairman Smith

Regarding the Health District being reimbursed for Medicaid clients, Mr. Kutz advised the Health District does receive \$16 reimbursement for the administrative fee for individuals who receive a state-provided vaccine. For Nevada Medicaid the Health District "used to receive a reimbursement of \$10 per immunization; however, that has been reduced to \$2.60; that the majority of immunizations provided by the Health District are state-provided; that there are private pay immunizations. In July 2010 the District implemented a sliding scale fee; that more people are reduced or no pay clients; that the Health District is the safety-net for those no have no health care provider or no access to immunizations. Clients are advised of the cost of the immunizations; that if they indicate they can't pay, Staff requests some level of payment and provides the client with a statement; that Staff attempts to 'capture' whatever can be paid to maintain a level of sustainability for the program." Staff has partnered with Mr. Phil Ulibarri, Public Information Officer, "for many outreach efforts through the Nevada Immunization Coalition to promote immunizations and immunization events and the importance of receiving those immunizations.

Ms. Jordan

Stated in response to outreach efforts, the RAVE Team focused "more on just the clients of the Health District's IZ Clinic; that these are the people Staff is reminding about immunization follow-up appointments." As there are improvements to WebIZ Staff will "look at the entire County and methods for ensuring the entire County has a good immunization rate."

In response to Dr. Khan

Regarding the County's immunization rate, Mr. Kutz advised that the State does not rank by counties; that the National Immunization Survey advised that Nevada is currently ranked 46th, which is an improvement, as Nevada was previously ranked 51st. Overall immunization rate for 2-year olds in Nevada is approximately 65%; that it is the consensus of Staff this is due in part to data quality. Approximately 8% of 2 million records in WebIZ are duplicates.

The Board thanked Staff for the update.

GARBAGE PICK-UP EXEMPTIONS PROGRAM UPDATE

Mr. Bob Sack, Director, Environmental Health Services

Advised this item was in response to questions Commissioner Weber had regarding garbage pick-up exemptions and how those exemptions are issued; however, the public meeting to address this has not yet been scheduled; therefore, this item will be continued.

PRESENTATION – DISCUSSION – LOCAL PUBLIC HEALTH GOVERNANCE PERFORMANCE ASSESSMENT INSTRUMENT – NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Ms. Jung

Thanked Staff for providing the Board members with the copy of the Local Public Health Governance Performance Assessment Instrument – National Public Health Performance Standards. She had requested this information in response to the presentation of accreditation for local health districts; that she would question if the Health District has applied for that accreditation.

In response to Ms. Jung

Ms. Brown

Advised the Health District has not yet applied for the accreditation process; that the process itself is being finalized. There is a statewide effort to have the health districts collectively accredited versus each district attempting individual accreditation; however, with funding issues, the upcoming Legislative Session, and other challenges, she is not aware of the status of this process. She can obtain an update for the Board as to “where this is in the process.”

Ms. Jung

She is interested in this process, as she recalls “there is a competitive edge in the grant process.”

In response to Ms. Jung

Ms. Brown

Advised that "it may be similar to Joint Commission and other accreditation processes, there will be some grants which ask that"; that once more and more health districts become accredited it will be an expectation for applying for grants. There will be a benefit to being accredited, as it will be an indicator the health district has undergone an exhaustive analysis of the health district, including all programs, processes and have met best practice."

Ms. Jung

Stated, although the State may not have an update prior to June, she would request an update on the process "after the State is aware of what is occurring in the process."

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

In response to Ms. Jung

Regarding the email specific to the "insurance coverage for Medical Reserve Corps volunteers, Dr. Todd advised he did receive the email; however, the "extra insurance protects the County; therefore, it does not address the fundamental issues" of concern.

Ms. Jung

Requested an item for next month's agenda to discuss the insurance coverage issue for MRC volunteers; that she would request "Mr. John Sherman, who serves as the Risk Manager, to present a report on this." She would request Dr. Todd work with Mr. Sherman "on this issue."

B. Director – Community and Clinical Health Services

Ms. Jennifer Hadayia, Acting Division Director, Community and Clinical Health Services, presented the monthly CCHS Division Director Report, a copy of which was placed on file for the record.

Ms. Brown

Stated she has requested Ms. Hadayia present an update regarding the ACHIEVE Update, as Staff will be contacting the various governmental entities regarding the Truckee Meadows Regional Plan.

Ms. Hadayia

Advised, as Staff reported in November 2010, Goal 1, Objective 3, of the Washoe County Community Action Plan (CAP) component of the NACCHO ACHIEVE grant, is to "incorporate obesity prevention strategies as a priority of regional and local planning boards". The ACHIEVE Leadership Team has recommended amendment to the Truckee Meadows Regional Plan to address obesity prevention strategies; that she has "been working very closely with the Community Development and Public Works Departments." Research indicates the Truckee Regional Plan has excellent policies regarding "encouraging physical activity, and access to parks and open spaces, etc."; however, "where it is lacking is in access to healthy foods." The proposal to "make the Plan more comprehensive in reducing obesity and creating a healthy environment in Washoe County is to recommend amending the plan to address healthy foods access." There is a significant and rigorous process for achieving that; that Staff will present a proposal for such an amendment to the Board of Health; that the Board of Health will be asked to sponsor that amendment; that it will then be presented to the Board of County Commissioners with the BCC sponsoring it "before the Regional Planning Commission; that the Regional Planning Commission would present it to the Regional Governing Board.

As Ms. Brown indicated "it is a best practice" in amending the Plan, to dialogue this proposal with the other governmental entities, as the Regional Plan governs all entity Master Plans; therefore, Staff's "plan is to have that discussion with the various entities prior to the amendment process for greater coordination as to what is being proposed."

Ms. Jung

Stated she serves on this leadership team; that Ms. Hadayia and Staff "have done an excellent job in developing this; that this Plan is very targeted and focused based on an assessment of gaps in the community." Once approved and adopted this will be another program in which the Board and Staff can take pride and used "as a marketing tool to promote living in Washoe County, and in attracting people and businesses to Washoe County." In many areas within the community "there are food deserts in which people do not have easy access to healthy foods; that the goal is to incorporate in land use planning and development that this is an important component of a healthy lifestyle. Investing in the prevention of obesity pays the health district and the community back in the long-run."

Ms. Hadayia

The elimination of food deserts, rezoning for easier access to fresh fruits and vegetables is a component of another ACHIEVE objective; that Objective 1.1. is the development of a healthy food plan for Washoe County. There are "great Master Plans, development standards, plans for parks and open space; however, there isn't a food plan; that the Food Plan is also in development, and will include similar goals for improving access, multi-use plans for farms and ranches, and grocery store access. These efforts will provide a policy for guidance in implementing the proposed amendment to the Regional Plan

Mr. Gustin

Stated in September the Reno City Council approved a food co-op in his ward to be located in the "old Boy Scouts of America building located off of Court Street; that this will provide a great outlet for residents."

C. Director – Environmental Health Services

There was no Environmental Health Services Report this month.

D. Director – Air Quality Management

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

Mr. Dick

Advised earlier this month the Board of County Commissioners received the International Council for Local Environmental Initiatives (ICLEI) *Milestone Achievement Award*; that ICLEI is now the Local Governments for Sustainability (the Green Team).

The Health District is a "major contributor to the County's Green Team and Green Initiatives; that Mr. Andrew Goodrich was the Chairman of the Green Team; and Ms. Yann Ling-Barnes, Environmental Engineer was instrumental in achieving Milestone 1 – Greenhouse Gas Emissions Inventory for the County." There are five (5) milestones and Staff is currently working on milestones two (2) and three (3), which are emission reduction targets and the climate action plan, which is the strategy the County will use to achieve those targets. Staff will then proceed with implementation of the action plan and measuring and verifying the emissions reductions." The Air Quality Management Division pays for the annual dues for the ICLEI membership.

Ms. Jung

Advised she is the Board of County Commissioners' liaison for ICLEI and a member of ICLEI; that members of Air Quality "chose to become members of ICLEI because they care about and are involved in environmental issues; that they do this on their own time." She met with Mr. Bob Whitney of ICLEI and Mr. Dave Childs, Assistant County Manager and Director of Community Development to discuss possibilities for paying for training costs; that she will be donating campaign funds to assist in that effort. It is "a huge investment as it will help in accelerating these efforts; that it is another major effort in the progression of bringing business to Washoe County." She would thank Air Quality Management Division for paying for the membership.

Mr. Dick

He had advised the Board in July regarding the Ambient Air Modeling Network and the Advanced Air Monitoring Station (NCore); that Staff "had a target date in conjunction with US EPA's national launch to have the District's NCore Stations 'up and running' by January 1, 2011, and providing data with all other national sites. Through the very hard work of AQM's monitoring Staff, Mr. Craig

Petersen; Ms. Lauri Mendoza; Mr. Allen Tobey; and Ms. Julie Hunter the District achieved that January 1st date."

E. Administrative Health Services Officer

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

Ms. Coulombe

Advised the Board members have been provided with a copy of the accomplishments of the Inter-Hospital Coordinating Council (IHCC) for 2010; that the IHCC is an excellent collaboration within the community; that the IHCC has an impressive list of accomplishments.

Dr. Furman

Stated the "IHCC is comprised of a very intelligent group of individuals who do a lot of work; that the individual representatives of the various organizations are to be commended for the collaborative efforts."

F. District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her monthly Interim District Health Officer's Report, a copy of which was placed on file for the record.

Ms. Brown

Advised she continues to update her "Interim Health Officer Plan". She received notification from the City of Sparks that Dr. Humphreys has been reappointed to the Board of Health by the Sparks City Council. She has provided the Board members with the Power Point presentation from the County's most recent budget workshop.

BOARD COMMENT

Chairman Smith

Requested an agenda item for next month's meeting specific to "a discussion regarding having an outside consultant conduct a program performance audit for the Health District."

There being no further business to come before the Board, the meeting was adjourned at 3:45 pm.



MARY-ANN BROWN, RN, MSN
INTERIM HEALTH OFFICER/SECRETARY



JANET SMITH
RECORDER



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: January 27, 2011

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Monterey Somerset Investors LLC – Case 1059
Unappealed Citation No. 4967
Agenda Item: 7.A.1.a.

Recommendation

Air Quality Management Division Staff recommends that Citation No. 4967 be upheld and a fine of \$1,250 be levied against Monterey Somerset Investors LLC for visible fugitive dust emissions generated by windy conditions with no controls and for failure to renew the expired dust control permit at Somerset Village 5D on the corner of Heavenly View Trail and Star Wish Lane in Reno, Nevada. This Citation was issued for a violation of Section 040.030, Section C (1) and (3) of the District Board of Health Regulations Governing Air Quality Management. This fine recommendation was not negotiated, because of non contact by Monterey Somerset Investors LLC.

Background

On Thursday November 18, 2010, at 2:00 p.m. Suzanne Dugger, Air Quality Specialist II, of the Washoe County Air Quality Management Division was dispatched to the corner of Heavenly View Trail and Star Wish Lane in Somerset 5D, Reno, Nevada, for a fugitive dust complaint. When she arrived, Ms. Dugger observed wind generated fugitive dust with no grading or excavating activities being performed and no dust controls measures in place. In addition to the fugitive dust observed, a file review was performed indicating that Dust Control Permit A08038 had expired on October 16, 2009. On October 20, 2009, AQ Specialist Dugger received an e-mail from Sherry Wagner, contact for Monterey Somerset Investors LLC, stating that the permit would be renewed. No renewal application was ever received by the Air Quality Management Division.

Based upon the fugitive dust observed and the fact that the dust control permit had never been renewed, Notice of Violation Citation No. 4967 was issued and sent to the above address.

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

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS
Printed on Recycled Paper

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

Alternatives

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss NOV Citation No. 4967.
2. The Board may determine to uphold NOV Citation No. 4967 but levy any fine in the range of \$250 to \$1,250.

In the event the Board determines to change the proposed penalty, the matter should be continued so that Monterey Somerset Investors LLC may be properly noticed.



Kevin Dick, Director
Air Quality Management Division

KD/DC: ma



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



NOTICE OF VIOLATION

NOV 4967

DATE ISSUED: 11-19-2010

ISSUED TO: MONTEREY SOMERSET INVESTORS LLC PHONE #: 324-6900 (NO LONGER IN SERVICE)
MAILING ADDRESS: 59 DAMONTE RANCH PARKWAY #8353 CITY/ST: RENO NV ZIP: 89521
NAME/OPERATOR: SHERRY WAGNER PHONE #: _____

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11-18-2010 (DATE) AT 2:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: 040.030 SEC. C (1) VISIBLE DUST EMISSIONS (3) EXPIRED DUST CONTROL PERMIT (SOMERSET VILLAGE SD - EXPIRED 10-16-2009)

LOCATION OF VIOLATION: HEAVENLY VIEW TRAIL & STAR WISH LN APN# 234-490-09

POINT OF OBSERVATION: OPEN AREAS

Weather: PTLY CLOUDY Wind Direction From: (N) E S (W)

Emissions Observed: _____
(If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 11-18-2010 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: UNAVAILABLE FOR SIGNATURE Date: _____
Issued by: Suzanne Dwyer Title: AQS II

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

10-20-09 RECEIVED EMAIL WILL RENEW.



DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Conditional Dust Control Permit Approval #: A08038

1

Name of Development: Somerset Village 5D (24 Acres Disturbed)

Specific Location: Somerset Parkway

(R)

Property Holder: Monterey Somerset Investors Expiration Date: 10-16-2009

The following requirements are special conditions of approval for this dust control permit in addition to the standard conditions noted in the permit application. The special conditions noted below must be followed in all activities covered in this permit application.

1. **Two (2) water trucks** will be assigned and available for operation 24 HOURS A DAY, 7 DAYS A WEEK for the purpose of water application for control of fugitive dust. If **two water trucks** cannot control fugitive dust emissions from equipment operations and/or gusty wind conditions, the applicant shall immediately provide additional water trucks. CESSATION OF OPERATIONS IS REQUIRED IF DUST CANNOT BE CONTROLLED DUE TO EQUIPMENT OPERATIONS AND/OR GUSTY WIND CONDITIONS. IF CESSATION OF OPERATIONS IS USED AS A DUST CONTROL MEASURE, CONTINUED WATERING OF THE PROJECT IS REQUIRED.
2. Dust emissions generated on any entrance or exit haul roads due to equipment operations or gusty wind conditions must be controlled 24 hours a day, 7 days a week, by the use of water application or an environmentally safe dust palliative (District Regulation 040.030, Section C. 2. a. and b.) Any palliative used must comply with state and local regulations and not provide a noxious odor or contaminate ground water.
3. All projects importing or exporting dirt, rock or other fill materials must comply with the work practice standards in District Regulation 040.030, Section C. 4., including load tarping, watering or Freeboard. Any soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing. Regular vacuum or wet sweeping will be performed at least daily, and more often if necessary or if ordered by the Control Officer due to a violation. Any materials tracked out or spilled which cause visible fugitive dust for a period of five (5) minutes in any hour period shall be cleaned up immediately.
4. Any soil or fill storage piles operated or maintained as a part of this construction lot will be covered or wetted down sufficiently to prevent wind blown dust. Dust emissions from screening operations will be controlled by the use of a water truck or other control measure that prevents fugitive dust.

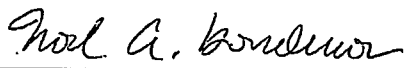
Conditional Dust Control Permit # A08038
Somerset Village 5D * Somerset Parkway

5. The applicant shall implement additional dust control measures, such as extra water trucks, water cannons, re-vegetation, environmentally safe dust palliatives (which comply with all applicable regulations and do not emit a noxious odor and do not contaminate ground water), wind fencing, and/or cessation of operations should these measures fail to control fugitive dust emissions from this project.
6. Once final grade has been completed, and if no structures are being constructed, the owner/developer shall be required to establish a long-term stable surface. This shall include re-vegetation or covering the disturbed soil with rock or crushed asphalt products within 30 days of completion of final grade. The use of an approved palliative is an option, but must be approved by the Air Quality Management Division (AQMD) prior to application.
7. The applicant shall provide a Material Safety Data Sheet (MSDS) and dilution ratio to AQMD staff for any dust palliative selected for use as a dust control measure at this site.
8. A copy of this dust control permit shall be maintained at the construction project site and available to any sub-contractor or Air Quality Management Division inspector to review upon request.
9. ANY CHANGES MADE TO THE PROPOSED OPERATIONS, SCOPE OF WORK OR SURFACE DISTURBANCES UNDER THIS DUST CONTROL PERMIT shall be submitted to the District Health Department in writing and must receive approval from the Control Officer prior to implementation.
10. The owner or the general contractor shall erect an informational sign at the main entrance to the project site. The sign shall be a minimum of 4 ft by 4 ft in size, and shall be in place prior to initiation of disturbance of the ground surface. The sign lettering shall be at least 4 inches high and shall be bold and easily readable by the public. The sign shall remain in place for the life of the project. The sign shall include the following information, also see attached example:
 - a) The name of the project.
 - b) A statement identifying the General Contractor.
 - c) A statement proclaiming that "All operators at this site are required to control dust emissions from their operations. The General Contractor is required to oversee and control project wide dust emissions."
 - d) A statement proclaiming that "For dust related problems coming from this site, or to make a dust complaint, call this phone number 24 hours per day, seven days per week: (775) 784-7200. A 24-hour phone number for both the Contractor/Developer and the Air Quality Management Division shall also be posted. The 24-hour phone number for complaints to the Air Quality Management Division is (775) 784-7200."

Conditional Dust Control Permit # A08038
Somerset Village 5D * Somerset Parkway

11. A log book of all dust control operations, containing all information as required by the Control Officer in the standard **"WASHOE COUNTY DUST CONTROL LOG"** must be maintained on a daily basis (copies of blank log sheets are available at the Air Quality Management Division office). Required information includes, but is not limited to, the number of **OPERATING** water trucks/pulls, the size of **OPERATING** water trucks/pulls (gallons capacity of each truck/pull), and the condition of the surface crust on disturbed areas. The operator shall record in the logbook all dust control efforts and the compliance level of the site with dust control requirements. The logbook shall be kept at the project site and made available to District representatives upon request.
12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1). All disturbed areas must maintain a visible surface crust or other cover in compliance with Regulation 040.030, Section C.2.c. Compliance shall be determined using US Environmental Protection Agency Reference Method 22, with an observation period of not less than 5 minutes in any hour period. Copies of District Regulations, enforcement policies and USEPA Reference Testing Methods may be obtained by contacting the Air Quality Management Division at (775) 784-7200.
13. Failure to comply with all of the requirements of this Dust Control Permit shall be considered a citable violation of District Regulations and this dust control permit. Citations may be issued for each day of violation, in amounts up to \$10,000.00 per day as stated in District Regulations.
14. Any use of recycled wastewater from a public or private sewer treatment plant must take into account the protection of public health.

NOTE: All operators who clear more than one (1) acre of land also need an NPDES permit addressing water quality issues related to storm run-off from the Nevada Division of Environmental Protection. Contact the Bureau of Water Pollution Control, at (775) 687-9418 for further information.


Control Officer

April 18, 2008
Effective Date

October 16, 2009
Expiration Date

THIS IS NOT A GRADING PERMIT. THESE CONDITIONS ADDRESS DUST CONTROL ONCE THE GRADING PERMIT HAS BEEN OBTAINED. IF THE GRADING PERMIT IS DENIED THIS PERMIT IS VOID.

**POOR
QUALITY
DOCUMENT**

**POOR
QUALITY
DOCUMENT**

10. Proposed Construction Dates - Per Phase (provide grading and phasing maps):

On-Site Grading/Excavation: Start: _____ Complete: GRADING COMPLETE
Building Construction: Start: TBD Complete: TBD

12. Will fill material be required? Yes _____ yd³; No X

13. Will there be an excess of native material as a result of excavation? Yes _____ yd³
No X

14. Amount of Material to be excavated (yd³): GRADING COMPLETE

15. Is there a soil analysis report available? Yes X No _____

16. On-Site soil type: SILTY SAND

17. Method of dust control to be utilized (per phase):

(attach a map showing dust control strategy-utilize scale with contours)

Water Truck 2 (number of trucks)
Chemical Sealant POLY-TEX (type - attach MSDS Sheets) ←
Sprinklers/Water Cannons _____ (locations)
Compaction _____ (percent)
Enclosure _____ (fences, windbreaks)
Revegetation _____ (type - attach seeding schedule)
Will temporary irrigation be supplied? Yes _____ No _____
Water Source: _____
Speed Limits 5 mph.
Other _____

SOIL TECH COMPLETED
NEW APP. ON 4/11/08
4/11/08 NO

NOTE - - Permanent stabilization methods such as construction/landscaping, revegetation, chemical sealant, or other approved method(s) of dust suppression must occur "within 30 days of grading completion". Dust suppression must continue regardless of construction status.

18. Method to control mud and soil being tracked onto adjacent paved roadways: GRAVEL
ENTRANCES

19. Frequency of daily street cleaning: AS NEEDED

20. Describe the methods (fences, barriers, etc.) to prevent unauthorized traffic on the construction site(s):
BARRIERS

21. Persons to be contacted during non-working hours in case of dust problems:
Name & telephone #: SHERRY WAGNER 775 745 5703 Email: swagner@montereydevelopmentgroup.com
Name & telephone #: _____ Email: _____

22. The Applicant's (Owner/Developer) signature or that of his/her Attorney in fact on this application shall constitute agreement by the Applicant to accept responsibility for meeting the "Conditions of Plan" (attached):

[Signature]
Signature
Sherry A. Wagner
Print or Type name
Monterey Somerset Investors, LLC
Company Name

3/28/2008
Date
Agent
Title
775 324-6900 x102
Phone Number

Appeal Information sent to Appellant

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHERRY WAGNER
 MONTEREY SOMERSETT INVESTORS LLC
 59 DAMONTE RANCH PKWY #B353
 RENO NV 89521

2. Article Number
 (Transfer from service label)

7008 0150 0003 7312 9167

SD

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 E. McElroy 11-23-10

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

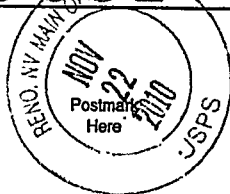
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

0 PAQ 072960 U S E

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



SD

Sent To
 SHERRY WAGNER / MONTEREY SOMERSETT INVESTORS LLC
 c/o MDG NV LLC
 Street, Apt. No., or PO Box No. 69 DAMONTE RANCH PKWY #B353
 City, State, ZIP+4 RENO NV 89521

7008 0150 0003 7312 9167

MARY (Sherry Wagner)
 PLS. MAIL CERTIFIED
 TO: MONTEREY SOMERSETT
 INVESTORS, LLC.
 C/O MDG NV. INC.
 59 DAMONTE RANCH
 PARKWAY #B353
 RENO NV 89521

THANK-YOU
 SUZY ☺

11/19/10

**POOR
QUALITY
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**POOR
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411105



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



NOTICE OF VIOLATION

NOV 4967

DATE ISSUED: 11-19-2010

ISSUED TO: MONTREAL SOLAR INVESTMENTS LLC PHONE #: 775-6700 (NO LONGER IN SERVICE)

MAILING ADDRESS: 54 DORRIS RANCH CITY/ST: RENO NV ZIP: 89521
PA 1000 # 8353

NAME/OPERATOR: SHERYL WAGNER PHONE #: _____

DRIVER LICENSE #/SSN _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11-18-2010 (DATE) AT 7:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: 040.030 SEC. C (1) VISIBLE DUST EMISSIONS (3) EXPIRED DUST CONTROL PERMIT
(CONVICTION VIOLATION 5-2-08-010-10-000)

LOCATION OF VIOLATION: WILSONS VIEW TOWN & SPA WITH LAJ AVENUE 224 410-09

POINT OF OBSERVATION: OPEN AREAS

Weather: PTLY CLOUDY Wind Direction From: (N) E S (W)

Emissions Observed: _____
(If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 11-18-2010 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: DANNY L. ... Date: _____

Issued by: ... Title: AGS II

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



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

ALL APPLICANTS REQUESTING A PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

The attached "Petition" covers three separate situations:

1. Appeal of an order by the control officer. Only page one is required. No fee.
2. Appeal of a violation. Only page one is required. No fee.
3. Request for a variance. Both pages one and two are required along with a \$228.00 variance fee. Upon receipt of the required information, a public hearing will be set and public notification will be listed in the legal section of a local newspaper. The cost of publication is included in the variance fee.

Fill out the forms as completely as possible; use additional sheets if necessary. Upon receipt of the completed petition, a hearing date will be scheduled; notification of this date will be sent to all interested parties.

Should you have any questions regarding the appeal/variance process, please contact Kevin Dick, Air Quality Division Director at (775) 784-7200.

Make check payable to:

Washoe County Health District

Mail check with Petition to:

Air Quality Management Division
Attn: Kevin Dick
P O Box 11130
Reno NV 89520-0027

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

www.washoecounty.us/health

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AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT
1001 EAST 9TH STREET, BLDG A-115
RENO NV 89502
(775) 784-7200 * FAX (775) 784-7225

A PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

PETITIONER: _____ PHONE: _____

ADDRESS (MAILING): _____ ZIP CODE: _____

ADDRESS (ACTUAL LOCATION): _____

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER? YES NO

APPEAL OF ORDER _____
APPEAL OF VIOLATION _____
REQUEST FOR VARIANCE _____

VIOLATION NOTICE RECEIVED: # _____ DATE: _____

REGULATION INVOLVED: SECTION: _____ ; _____

BASIS FOR APPEAL/VARIANCE: _____

FILED BY: _____

Name (Type or Print)

Title

Signature

Date



AIR QUALITY COMPLAINT/ACTION REQUEST

DATE: 11-18-201 **TIME:** 2:00 PM **TAKEN BY:** CHARLENE ALBEE

ROUTED TO: SUZANNE DUGGER

TYPE OF COMPLAINT: CITIZEN INVESTIGATOR OTHER

RENO **SPARKS** **WASHOE COUNTY** **AREA 1**

COMPLAINT:

VISIBLE DUST EMISSIONS AND EXPIRED DUST CONTROL PERMIT FOR SOMERSETT VILLAGE 5D, WHICH EXPIRED 10-26-2009

LOCATION OF COMPLAINT: HEAVENLY VIEW TRAIL & STAR WISH LANE, RENO

RESPONSIBLE PARTY: MONTEREY SOMERSETT INVESTORS LLC **PHONE NUMBER:**

ADDRESS: 59 DAMONTE RANCH PARKWAY, SUITE B353, RENO NV 89521

COMPLAINANT: AQMD STAFF - SUZANNE DUGGER

PHONE NUMBER: 772-7924

ADDRESS: 1001 EAST 9TH STREET, SUITE A115, RENO

SPECIAL INSTRUCTIONS:

INVESTIGATOR: SUZANNE DUGGER

DATE: 7-18-2010

TIME:

VIOLATION: 040.030 SECTION C, (1), (3)

SEE ATTACHED AQ SPECIALIST REPORT

CASE CLOSED: **DATE:** 11-24-2010

TIME:

INVESTIGATOR: DENNIS CERFOGLIO

REVIEWED BY: DENNIS CERFOGLIO

DATE: 11-24-2010

TIME:

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: **CMP10-0042**

Complaint Status: ASSIGNED

Source of Complaint: INVESTIGATOR

Complaint Type: DUSTPLAN

Date Received: 11/22/2010

Time: 2:00:00 PM

Inspector: SDUGGER

Inspector Area: 1

Complaint Description: EXPIRED DUST CONTROL PLAN AND VISIBLE DUST EMISSIONS

Address: 0 DEL WEBB PKWY E RENO

Location: HEAVENLY VIEW TRAIL & STAR WISH LN, RENO

Parcel Number: 23449009

Related Permit Number:

Complainant:

AQMD STAFF
SUZANNE DUGGER

Responsible Party:

MONTEREY SOMERSETT INV LLC
SHERRY WAGNER
59 DAMONTE RANCH #B353
RENO NV 89521

Investigation:

See Nov #4967.

Enforcement Activities

Warning Citation...:

NOV.....: 11/19/2010

Settlement.....:

Appealed.....:

Upheld.....:

Case Number..: 1059

Amount.....: \$0.00

Amount.....: \$0.00

Status Information

Initialized By.....: CALBEE

Date Assigned.....: 11/22/2010

Completed Date...: 11-24-2010

Completed By...: KJAC

VIOLATION: Minor Violation of Section 040.030
Fugitive Dust/Expired Dust Control Plan
Notice of Violation #4967

ISSUED TO: Monterey Somerset Investors LLC
59 Damonte Ranch Parkway #B353
Reno, Nevada 89521

On Thursday November 18, 2010, at 2:00 p.m. Suzanne Dugger, Air Quality Specialist II (AQS), of the Washoe County Air Quality Management Division (WCAQMD) observed fugitive dust coming from Somerset Village 5D within the Somerset Development located in Reno, Nevada. At the time of the inspection AQS Dugger observed wind generated fugitive dust, no grading or excavating activities were being performed. In addition to the observed fugitive dust, a file review was performed indicating that Dust Control Permit #A08038 had expired on October 16, 2009. Further review indicated that on October 20, 2010 AQMD received a email from Sherry Wagner, contact for Monterey Somerset Investors LLC, stating that the permit would be renewed. No renewal application was ever received.

Based on violations of section 040.030 sec. C.1 & 3 (fugitive dust and expired dust control permit #A08038 Nov #4967 was issued. An appeal form was given with Nov #4967 and sent to the above address.

An appeal form was given with NOV #4735.

Suzanne Dugger
Air Quality Specialist I
Air Quality Management Division
Washoe County District Health Department

RECOMMENDED FINE WORKSHEET

DATE: 11-22-2010

CASE#: 1059

COMPANY NAME: MONTEREY SOMERSETT INVESTORS LLC

CONTACT NAME: SHERRY WAGNER

VIOLATION: 040.030

SECTIONS: (C) 1, 3

TYPE OF VIOLATION: MINOR

OCCURRENCE: 1st

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

DEGREE OF VIOLATION: MINOR - 040.030 FUGITIVE DUST EMISSIONS
AND EXPIRED DUST CONTROL PERMIT

ECONOMIC BENEFIT COMPONENT: \$112.00 PER ACRE X 20 ACRES =
\$2,240.

DEGREE OF COOPERATION: ON OCTOBER 20, 2009 I RECEIVED AN
EMAIL FROM SHERRY WAGNER STATING MONTEREY SOMERSETT
INVESTORS LLC WOULD RENEW THEIR DUST CONTROL PERMIT. OVER
ONE YEAR LATER NO ACTIVE PERMIT EXISTS.

ADDITIONAL COMMENTS: THE SITE WAS PALLIATIZED IN MARY 2008.
THE SITE NEEDS TO BE RE-PALLIATIZED.

RECOMMENDED FINE: FUGITIVE DUST - \$1,000 + EXPIRED PERMIT
RENEWAL = \$1,250



AQ SPECIALIST'S SIGNATURE

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

Construction Site Inspection Form

WASHOE COUNTY AIR QUALITY MANAGEMENT DIVISION
401 Ryland Street, Suite 331, Reno, NV 89502-1643
Office (775) 784-7200 * Fax (775) 784-7225

CONSTRUCTION SITE INSPECTION FORM

Enforcement Officer: SUZANNE DUGGER Date/Time: 11-17-2016 / 12:00
Permit #: A08038 (EXPIRED 10/2009) Responsible Party: MDG 324-6900 / MONTELEY SOMERSETT INVESTOR LLC.
Project Name: SOMERSETT 50 Location: HEAVENLY VIEW TRAIL & STAR WISH LN.

Weather: Clear Partly Cloudy Cloudy Recent Rain Temp: Wind/mph: 15-25 mph Direction: W-NW
Site: Active Inactive Project Complete Workers Present: Yes No

Activities Occurring: None
 Clearing/Grubbing Backfilling Abrasive Blasting Clearing Forms Crushing/Screening
 Cut & Fill Importing/Exporting Explosive Blasting General Construction Subgrade Prep
 Trenching Stockpiling Demolition (mech) Landscaping Paving

EMISSIONS COMPLIANCE Yes No

Fugitive Dust Emissions: Yes No If yes, source: OPEN AREA Plume Length: _____
Opacity: VARIES 5-100 %

Project Soils: Stable: Moist Gravel Palliative? Crust Other: _____
Unstable: Dry Loose Powdery

Interior Roads: None Stable: Paved Type II Moist Dust Suppressant
Unstable: Dry Loose Powdery

Track-out: Yes No Dust from vehicles: Yes No If yes, Interior Access
Water Source: Hydrant Stand Tank Reservoir None Observed Other: _____
Mitigation Equipment: Hose Pull(s) Truck(s) None Observed Other: _____
Mitigation Equipment Ratio: Adequate Inadequate
Track-out device present: Yes, functional Yes, not functional No, needed No, not needed

ADMINISTRATIVE COMPLIANCE Yes No

Acreage Permitted: PERMIT EXPIRED A08038 Project Size: Equal to Greater than
Staging/Parking area(s): N/A On-Site Off-Site, included in acreage Off-Site, not included in acreage
Stationary Source Permits: No Equipment Screen Crusher Batch Plant ATC#: _____
DCP Sign: Yes No DCP On-Site: Yes No Not Verified
Spoke with: _____ Title: _____ In person / phone

Actions Taken: None Verbal Warning
 Notice of Violation - Warning: _____ Notice of Violation - Citation: _____

Deficiencies to be corrected: PERMIT EXPIRED 10-16-2009. EMAIL RESPONSE ON 10-20-2009 STATING PERMIT WOULD BE RENEWED.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

JANUARY 24, 2011

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

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

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



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January 19, 2011

Sherry Wagner
Monterey Somerset Investors LLC
59 Damonte Ranch Parkway, Suite B353
Reno, NV 89521

RE: Case No. 1059, NOV Citation No. 4967

I hereby acknowledge receiving a packet of the information to be presented to the Washoe County District Board of Health regarding Case No. 1059, at its meeting to be held on Thursday, January 27, 2011 at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. I understand that at this meeting the District Board of Health will take the appropriate administrative action against Case No. 1059.

Dropped Off At UPS Store @

Appellant or Representative

59 Damonte Ranch Pkwy, Suite B353

Delivered by:

Dennis A. Cefoglio

1-24-2011

Washoe County Health District
Air Quality Management Division Staff

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

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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



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January 19, 2011

Sherry Wagner
Monterey Somerset Investors LLC
59 Damonte Ranch Parkway, Suite B353
Reno, NV 89521

RE: Case No. 1059, NOV Citation No. 4967

The matter noted above has been scheduled before the District Board of Health for review on January 27, 2011, at 1:00 p.m., at 1001 East Ninth Street, Reno, Nevada, Building B, Auditorium B. As the Board may have some questions concerning this case, it would be wise to have someone familiar with the facts in attendance.

If you have any questions or need further information, please contact me at (775) 784-7205.

Sincerely,

Noel A. Bonderson
Air Quality Supervisor
Washoe County Health District

NAB: ma



Washoe County Health District



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STAFF REPORT

BOARD MEETING DATE: January 27, 2010

DATE: January 10, 2011
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Coulombe, Administrative Health Services Officer
SUBJECT: Retroactive approval of Interim District Health Officer's Acceptance of the Grant Agreement from the U.S. Environmental Protection Agency (EPA) to provide partial funding in the total amount of \$441,106 for the period 10/1/10 through 9/30/11 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

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

The Air Quality Management Division has a Grant from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IN 10019. A copy of the Grant Agreement is attached.

Goal supported by this item: Approval of the Grant Agreement supports the District Health Department Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health retroactively approved the last Grant Agreement and Assistance Amendment #1 in support of the U.S. EPA Air Pollution Control Program, IN 10019 on August 26, 2010.

BACKGROUND

The Grant Agreement for 10/1/10 through 9/30/11 in the partial amount of \$441,106 was received on December 27, 2010; the Interim District Health Officer signed the Agreement on January 3, 2011. The Grant Agreement is being presented for District Board of Health retroactive approval due to the EPA requirements for signature and return.

AGENDA ITEM # 7.C.1.

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

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The base grant award provides funding for salaries and benefits, training and travel, operating supplies, repairs and maintenance, minor equipment, special clothing, professional services and capital equipment.

FISCAL IMPACT


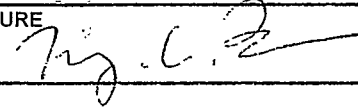
The period for this grant, 10/1/10 through 9/30/11, crosses county fiscal years and only provides for partial funding. Should the Board retroactively approve the acceptance of the Grant Agreement, no FY11 budget amendments are necessary. Dependent upon the timing of receipt of the anticipated Assistance Amendment, a FY11 and/or FY12 budget amendment may be required.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Interim District Health Officer's Acceptance of the Grant Agreement from the U.S. Environmental Protection Agency (EPA) to provide partial funding in the total amount of \$441,106 for the period 10/1/10 through 9/30/11 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Move to retroactively approve the Interim District Health Officer's Acceptance of the Grant Agreement from the U.S. Environmental Protection Agency (EPA) to provide partial funding in the total amount of \$441,106 for the period 10/1/10 through 9/30/11 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	U.S. ENVIRONMENTAL PROTECTION AGENCY Grant Agreement	ASSISTANCE ID NO.			DATE OF AWARD 12/17/2010	
		PRG	DOC ID	AMEND#		
		A - 00905411 - 0				
		TYPE OF ACTION Continuation			MAILING DATE 12/24/2010	
PAYMENT METHOD: Advance			ACH# 90104			
RECIPIENT TYPE: County		Send Payment Request to: Las Vegas Finance Center, Fax (702) 798-2423				
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520				
PROJECT MANAGER		EPA PROJECT OFFICER		EPA GRANT SPECIALIST		
Lori Cooke P.O. Box 11130 Reno, NV 89520 E-Mail: lcooke@washoecounty.us Phone: 775-325-8068		Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997		Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675		
PROJECT TITLE AND DESCRIPTION FY-2011 Air Pollution Control Program This assistance agreement provides partial federal funding in the amount of \$441,106. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance, assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in Washoe County and reduce the risks to human health and the environment.						
BUDGET PERIOD 10/01/2010 - 09/30/2011		PROJECT PERIOD 10/01/2010 - 09/30/2011		TOTAL BUDGET PERIOD COST \$2,401,088.00	TOTAL PROJECT PERIOD COST \$2,401,088.00	
NOTICE OF AWARD Based on your application dated 07/29/2010, including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA), hereby awards \$441,106. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$441,106. Such award may be terminated by EPA without further cause if the recipient fails to provide timely affirmation of the award by signing under the Affirmation of Award section and returning all pages of this agreement to the Grants Management Office listed below within 21 days after receipt, or any extension of time, as may be granted by EPA. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.						
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)			AWARD APPROVAL OFFICE			
ORGANIZATION / ADDRESS			ORGANIZATION / ADDRESS			
U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105			U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105			
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY						
SIGNATURE OF AWARD OFFICIAL Digital signature applied by EPA Award Official		TYPED NAME AND TITLE Carolyn Truong, Grants Management Officer		DATE 12/17/2010		
AFFIRMATION OF AWARD BY AND ON BEHALF OF THE DESIGNATED RECIPIENT ORGANIZATION						
SIGNATURE 		TYPED NAME AND TITLE Mary Ann Brown, RN, MSN, Interim District Health Officer		DATE 11/3/11		

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 441,106	\$ 441,106
EPA In-Kind Amount	\$	\$	\$ 0
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,457,983	\$ 1,457,983
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 1,899,089	\$ 1,899,089

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	40 CFR PTS 31 & 35 SUBPT A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
	1109M1S019	11	E1	09M4	101A04E	4112			441,106
									441,106

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,277,853
2. Fringe Benefits	\$474,856
3. Travel	\$51,350
4. Equipment	\$170,000
5. Supplies	\$6,500
6. Contractual	\$188,120
7. Construction	\$0
8. Other	\$48,024
9. Total Direct Charges	\$2,216,703
10. Indirect Costs: % Base	\$184,385
11. Total (Share: Recipient 0.00 % Federal %.)	\$2,401,088
12. Total Approved Assistance Amount	\$441,106
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$441,106
15. Total EPA Amount Awarded To Date	\$441,106

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. The total approved budget includes	\$
2. \$-0- in estimated non-federal,	\$
3. non-recurrent costs.	\$
4.	\$
5.	\$
6. Cost-Share requirement: 40% and MOE	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

1. The final Federal Financial Report (FFR), Standard Form 425, for this award shall be submitted to the U.S. EPA Las Vegas Finance Center, PO Box 98515, Las Vegas, NV 89193-8515, within 90 days after the end of the project period according to the Code of Federal Regulations Part 31.23(b) and 31.41(b). The LVFC will make adjustments, as necessary, to obligated funds after reviewing and accepting a final Federal Financial Report. Recipients will be notified and instructed by EPA if they must complete any additional forms for the closeout of the assistance agreement.

The recipient shall identify non-federal, non-recurrent expenditures on a separate page and submit it to the Grants Management Office, MTS-7. The recipient also agrees to include a statement certifying that supplanting did not occur.

2. The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,451,578 (final MOE from FY-2010), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

3. In accordance with OMB Circular A-133, which implements the Single Audit Act, the recipient hereby agrees to obtain a single audit from an independent auditor, if it expends \$500,000 or more in total Federal funds in any fiscal year. Within nine months after the end of a recipient's fiscal year or 30 days after receiving the report from the auditor, the recipient shall submit the SF-SAC and a Single Audit Report Package. **The recipient MUST** submit the SF-SAC and a Single Audit Report Package, using the Federal Audit Clearinghouse's Internet Data Entry System. For complete information on how to accomplish the single audit submissions, you will need to visit the Federal Audit Clearinghouse Web site: <http://harvester.census.gov/fac/>.

4. The recipient agrees to comply with the requirements of EPA's Program for Utilization of Small, Minority and Women's Business Enterprises in procurement under assistance agreements as set forth in 40 CFR Part 33. The EPA DBE rule can be accessed at <http://www.epa.gov/osbp>. In addition, the recipient agrees to make good faith efforts whenever procuring construction, equipment, services and supplies under an EPA assistance agreement, and to ensure that sub-recipients, loan recipients, and prime contractors also comply with 40 CFR Section 33.301. Records documenting compliance with the six good faith efforts shall be retained.

The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection (NV DCNR), as follows:

	MBE	WBE
Construction	12%	10%
Equipment	11%	23%
Services	07%	25%
Supplies	13%	28%

By signing this financial assistance agreement, the recipient is accepting the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as Nevada Department of Conservation and Natural Resources, Division of Environmental Protection (NV DCNR).

Pursuant to 40 CFR Section 33.404, the recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is not accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study to Joe Ochab, MTS-1, the Regional MBE/WBE Coordinator, within 120 days of acceptance of the financial assistance award. EPA will respond to the proposed fair share objectives/goals within 30 days of receiving the submission. If proposed fair share objectives/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objectives/goals are submitted.

A recipient of a Continuing Environmental Program Grant or other annual grant agrees to create and

maintain a bidders list. A recipient of an EPA financial assistance agreement to capitalize a revolving loan fund also agrees to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Refer to 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

5. The recipient agrees to complete and submit to the Grants Management Office, MTS-7, a MBE/WBE Utilization Report (EPA Form 5700-52A), within 30 days after the end of the Federal fiscal year; i.e., by October 30 of each calendar year. Negative reports are required. Only procurements with certified MBE/WBEs are counted towards a recipient's MBE/WBE accomplishments. A final MBE/WBE report must be submitted within 90 days after the end of the project period. Your grant cannot be officially closed without all MBE/WBE reports. EPA Form 5700-52A may be obtained from the EPA Office of Small Business Program's Home Page on the internet at www.epa.gov/osbp.

6. Payment to consultants. Per 40 CFR Part 31.36(j), EPA's participation in the salary rate (excluding overhead and travel) paid to individual consultants retained by recipients or by a recipient's contractors or subcontractors shall be limited to the maximum daily rate for a Level IV of the Executive Schedule, to be adjusted annually. This limit applies to consultation services of designated individuals with specialized skills and if the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. As of January 1, 2010, the rate is \$596 per day and \$74.50 per hour. This rate does not include overhead or travel costs and the recipient may pay these in accordance with its normal travel practices.

Subagreements with firms or individuals for services which are awarded using the procurement requirements in 40 CFR Parts 30 or 31, as applicable, are not affected by this limitation unless the terms of the contract provide the recipient with responsibility for the selection, direction, and control of the individuals who will be providing services under the contract at an hourly or daily rate of compensation. See 40 CFR Part 31.36(j)(2).

7. Trafficking in persons.

a. Provisions applicable to a recipient that is a private entity .

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii. Procure a commercial sex act during the period of time that the award is in effect; or
 - iii. Use forced labor in the performance of the award or subawards under the award.
2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity —
 - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
 - ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our Agency at 2 CFR 1532.

b. Provision applicable to a recipient other than a private entity . We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
 - i. Associated with performance under this award; or
 - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR 1532.

c. Provisions applicable to any recipient .

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

- i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. *Definitions* . For purposes of this award term:

1. "Employee" means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. "Private entity":
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

8. The recipient agrees that indirect costs authorized in this award will be charged in accordance with the Negotiated Indirect Cost Rate Agreement (ICA). Indirect costs are not authorized and may not be requested for reimbursement for periods not covered by the Negotiated ICA.

9. The recipient agrees to comply with Title 40 CFR Part 34, *New Restrictions on Lobbying* . The recipient shall include the language of this provision in award documents for all subawards exceeding \$100,000, and require that subrecipients submit certification and disclosure forms accordingly.

In accordance with the Byrd Anti-Lobbying Amendment, any recipient who makes a prohibited expenditure under Title 40 CFR Part 34 or fails to file the required certification or lobbying forms shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure.

10. The recipient shall ensure that no grant funds awarded under this assistance agreement are used to engage in lobbying of the Federal Government or in litigation against the United States unless authorized under existing law. The recipient shall abide by its respective 2 CFR 220, 225, or 230 (formerly OMB Circular A-21, A-87, or A-122), which prohibits the use of federal grant funds for litigation against the United States or for lobbying or other political activities.

11. In accordance with the policies set forth in EPA Order 1000.25 and Executive Order 13423 (Strengthening Federal Environmental, Energy and Transportation Management dated January 24, 2007), the recipient shall use recycled paper and double sided printing for all reports which are prepared as a part of this agreement and delivered to EPA. This requirement does not apply to reports prepared on forms supplied by EPA, or to Standard Forms, which are printed on recycled paper and are available through the General Services Administration.

Any State agency or agency of a political subdivision of a State shall also comply with the requirements set forth in Section 6002 of the Resource Conservation and Recovery Act (RCRA) (42 U.S.C. 6962), which requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by EPA. These guidelines are listed in 40 CFR 247. Regulations issued under RCRA Section 6002 apply to any acquisition of an item where the purchase price exceeds \$10,000 or where the quantity of such items acquired in the course of the preceding fiscal year was \$10,000 or more.

12. The recipient agrees to ensure that all conference, meeting, convention, or training space funded in whole or in part with Federal funds complies with the protection and control guidelines of the Hotel and Motel Fire Safety Act (PL 101-391, as amended). Recipients may search the Hotel-Motel National Master List at <http://www.usfa.dhs.gov/applications/hotel/> to see if a property is in compliance (FEMA ID is

currently not required), or to find other information about the Act.

13. The recipient organization of this EPA assistance agreement must make an ongoing, good faith effort to maintain a drug-free workplace pursuant to the specific requirements set forth in Title 40 CFR 36.200 - 36.230. Additionally, in accordance with these regulations, the recipient organization must identify all known workplaces under its federal awards, and keep this information on file during the performance of the award. Those recipients who are individuals must comply with the drug-free provisions set forth in Title 40 CFR 36.300.

The consequences for violating this condition are detailed under Title 40 CFR 36.510. Recipients can access the Code of Federal Regulations (CFR) Title 40 Part 36 at http://www.access.gpo.gov/nara/cfr/waisidx_06/40cfr36_06.html.

14. The recipient shall fully comply with Subpart C of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Responsibilities of Participants Regarding Transactions (Doing Business with Other Persons)." The recipient is responsible for ensuring that any lower tier covered transaction as described in Subpart B of 2 CFR Part 180 and 2 CFR Part 1532, entitled "Covered Transactions," includes a term or condition requiring compliance with Subpart C. The recipient is responsible for further requiring the inclusion of a similar term or condition in any subsequent lower tier covered transactions. The recipient acknowledges that failing to disclose the information as required at 2 CFR 180.335 may result in the delay or negation of this assistance agreement, or pursuance of legal remedies, including suspension and debarment.

Recipient may access the Excluded Parties List System at www.epls.gov. This term and condition supersedes EPA Form 5700-49, "Certification Regarding Debarment, Suspension, and Other Responsibility Matters."

15. EPA's financial obligations to the recipient are limited by the amount of federal funding awarded to date as shown on line 15 in its EPA approved budget. If the recipient incurs costs in anticipation of receiving additional funds from EPA, it does so at its own risk.

16. Management fees or similar charges in excess of the direct costs and approved indirect rates are not allowable. The term "management fees or similar charges" refers to expenses added to the direct costs in order to accumulate and reserve funds for ongoing business expenses, unforeseen liabilities, or for other similar costs which are not allowable under this assistance agreement. Management fees or similar charges may not be used to improve or expand the project funded under this agreement, except to the extent authorized as a direct cost of carrying out the scope of work.

17. Congress has prohibited EPA from using its FY 2011 appropriations to provide funds to the Association of Community Organizations for Reform Now (ACORN) or any of its subsidiaries. None of the funds provided under this agreement may be used for subawards/subgrants or contracts to ACORN or its subsidiaries. Recipients should direct any questions about this prohibition to their EPA Grants Management Office.

18. Central Contractor Registration and Universal Identifier Requirements

A. Requirement for Central Contractor Registration (CCR). Unless you are exempted from this requirement under 2 CFR 25.110, you as the recipient must maintain the currency of your information in the CCR until you submit the final financial report required under this award or receive the final payment, whichever is later. This requires that you review and update the information at least annually after the initial registration, and more frequently if required by changes in your information or another award term.

B. Requirement for Data Universal Numbering System (DUNS) numbers. If you are authorized to make subawards under this award, you:

1. Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from you unless the entity has provided its DUNS number to you.
2. May not make a subaward to an entity unless the entity has provided its DUNS number to you.

C. Definitions. For purposes of this award term:

1. Central Contractor Registration (CCR) means the Federal repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR Internet site (currently at <http://www.ccr.gov>).

2. Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

3. Entity, as it is used in this award term, means all of the following, as defined at 2 CFR part 25, subpart C:

- a. A Governmental organization, which is a State, local government, or Indian tribe;
- b. A foreign public entity;
- c. A domestic or foreign nonprofit organization;
- d. A domestic or foreign for-profit organization; and
- e. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

4. Subaward:

- a. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
- b. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- c. A subaward may be provided through any legal agreement, including an agreement that you consider a contract.

5. Subrecipient means an entity that:

- a. Receives a subaward from you under this award; and
- b. Is accountable to you for the use of the Federal funds provided by the subaward.

19. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e of this award term).
2. Where and when to report.
 - i. You must report each obligating action described in paragraph a.1. of this award term to www.fsrs.gov.
 - ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)
3. What to report. You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if --
 - i. **The total Federal funding authorized to date under this award is \$25,000 or more;**
 - ii. In the preceding fiscal year, you received--
 - (A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - (B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and
 - iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>.)
2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:
 - i. As part of your registration profile at www.ccr.gov.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if --

i. in the subrecipient's preceding fiscal year, the subrecipient received--

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions. If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. subawards, and

ii. the total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

i. Receives a subaward from you (the recipient) under this award; and

ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. *Salary and bonus* .

ii. *Awards of stock, stock options, and stock appreciation rights* . Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R) . Shared Based Payments

iii. *Earnings for services under non-equity incentive plans* . This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. *Change in pension value*. This is the change in present value of defined benefit and actuarial pension plans.

v. *Above-market earnings on deferred compensation which is not tax-qualified* .

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

Programmatic Conditions

P1. This award represents PARTIAL funding in the full amount of \$441,106. Full Funding of this assistance agreement is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance (progress) report submitted in accordance with 40 CFR 31.40 or 30.51 shall also address which workplan tasks were not accomplished as a result of the reduction in EPA funding.

P2. The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.

P3. A technical systems audit (TSA) of Washoe County Health District was conducted in September 2010. EPA's TSA report will be finalized during the Winter of 2011. Within 90 days of receipt of the final TSA report, Washoe shall submit a Corrective Action Report. The TSA found that Washoe's Quality Assurance Project Plans (QAPPs) and associated Standard Operating Procedures (SOPs) are more than ten years old and need to be reviewed, revised, and submitted to EPA for approval. Washoe submitted a revised QAPP in October 2010. When EPA completes its review of the QAPP, EPA will send comments to Washoe. Washoe will then have 90 days to respond to the comments provided. Washoe shall continue revising its SOPs and submit them for EPA approval. The programs may continue monitoring under the existing QAPPs until new QA documents are approved and in place. Please contact Elfego Felix (415-947-4141) with any questions, or the QA Office (415-972-3411) for information about preparing QA documents.

P4. EPA may terminate the assistance agreement for failure of the recipient to make sufficient progress so as to reasonably ensure completion of the project within the project period, including any extensions. EPA will measure sufficient progress by examining the performance required under the workplan in conjunction with the milestone schedule, the time remaining for performance within the project period, and/or the availability of funds necessary to complete the project.

-- END OF DOCUMENT --



Washoe County Health District



Public Health
Prevent. Promote. Protect

STAFF REPORT
BOARD MEETING DATE: 1/27/11

DATE: December 30, 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, Washoe *EC*
County Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Retroactive approval of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$69,557; Approve amendments totaling an increase of \$7,207 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant.

SUMMARY

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

The District Health Department received a second Amendment from the Nevada State Health Division for the period January 1, 2010 to December 31, 2010 in mid-December. A copy of Amendment #2 is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.
BCC Strategic Outcome supported by this item: Healthy communities.

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

AGENDA ITEM #7.C.2.

PREVIOUS ACTION

The Board approved Subgrant Amendment #1 and budget amendments totaling an increase of \$2,001 on August 26, 2010.

BACKGROUND

The Washoe County Health District was informed that Epidemiology and Laboratory Capacity (ELC) funds were available and submitted a request for these funds to purchase a computer monitor, scanner and statistical software to support the ELC program. Due to the timing requirements to accept the amendment prior to December 31, 2010, the District Health Officer accepted the Amendment on December 16, 2010.

A budget amendment in the amount of \$7,207 is necessary to bring the program budget into alignment with the Notice of Grant Award. The budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 11 budget will be **increased by \$7,207** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10677-431100	Federal Revenue	\$7,207
2002-IO-10677-705360	Benefit Adjustment	377
-710585	Undesignated Budget	830
-711504	Equipment-NonCapital	6,000
	Total Expenditures	\$7,207

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$69,557; Approve amendments totaling an increase of \$7,207 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of Subgrant Amendment #2 from the Nevada State Health Division, Office of Epidemiology for the Epidemiology and Laboratory Capacity (ELC) Grant Program, for the period January 1, 2010 through December 31, 2010 in the total amount of \$69,557; Approve amendments totaling an increase of \$7,207 in both revenue and expenses to the adopted FY 11 ELC-General Grant Program, IO 10677, to bring the FY 11 adopted budget into alignment with the grant.

Nevada Department of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10148-2
 10148
 HD Contract #: _____
 Budget Account #: 3218
 Category #: 15
 GL #: 8516

SUBGRANT AMENDMENT #12

<u>Program Name:</u> Office of Epidemiology Nevada State Health Division		<u>Subgrantee Name:</u> Washoe County Health District (WCHD)	
<u>Address:</u> 4150 Technology Way, Suite #211 Carson City, NV 89706-2009		<u>Address:</u> 1001 East Ninth Street Reno, NV 89502	
<u>Original Subgrant Period:</u> January 1, 2010 through December 31, 2010		<u>Subgrantee Vendor#:</u> T41107900	
<u>Source of Funds:</u> Centers for Disease Control and Prevention	<u>% of Funds:</u> 100	<u>CFDA#:</u> 93.283	<u>Federal Grant #:</u> 3U50CI000489-03S3

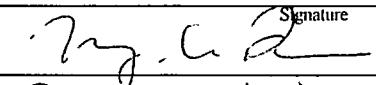
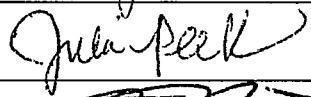
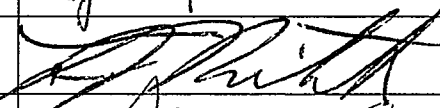
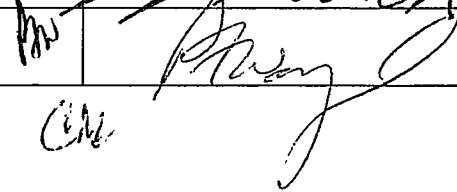
Amendment #12: This amendment reflects an increase to the subgrant award of \$7,207 to allow WCHD to replace computers and equipment, as well as purchase software for data analysis.

Budget Summary*

Current Budget		Increase	Revised Budget	
Personnel	\$ 55,291	\$ -	Personnel	\$ 55,291
Operating	\$ 1,464	\$ -	Operating	\$ 1,464
Other	\$ -	\$ 6,536	Other	\$ 6,536
Indirect	\$ 5,595	\$ 671	Indirect	\$ 6,266
TOTAL BUDGET	\$ 62,350	\$ 7,207	TOTAL BUDGET	\$ 69,557

*For the budget breakdown by category, please see page 2.

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

	Signature	Date
Authorized Signing Official Washoe County Health District		12/16/10
Julia Peek, MHA Program Manager		12/3/10
Luana Ritch, PhD Bureau Chief		12/3/10
Richard Whitley, MS Administrator, Health Division		12/22/10

Budget Breakdown:

**Change From:
Personnel**

<i>Title</i>	<i>Expense</i>
Senior Epidemiologist	\$ 55,291
TOTAL	\$ 55,291

Operating

<i>Type</i>	<i>Expense</i>
PASW software	\$ 1,464
TOTAL	\$ 1,464

Indirect

<i>Type</i>	<i>Expense</i>
9.9% of direct expenses	\$ 5,595
TOTAL	\$ 5,595

TOTAL BUDGET **\$ 62,350**

**Change To:
Personnel**

<i>Title</i>	<i>Expense</i>
Senior Epidemiologist	\$ 55,291
TOTAL	\$ 55,291

Operating

<i>Type</i>	<i>Expense</i>
PASW software	\$ 1,464
TOTAL	\$ 1,464

Other

<i>Type</i>	<i>Expense</i>
Computer Monitor	\$ 357
IBM SPSS Statistics Base	\$ 1,677
IBM SPSS Advanced Statistics	\$ 931
IBM SPSS Regression	\$ 931
Cannon Scanner	\$ 2,220
Maintenance	\$ 420
TOTAL	\$ 6,536

Indirect

<i>Type</i>	<i>Expense</i>
9.9% of direct expenses	\$ 6,266
TOTAL	\$ 6,266

TOTAL BUDGET **\$ 69,557**



Washoe County Health District



Public Health
Prevent. Promote. Protect

STAFF REPORT BOARD MEETING DATE: 1/27/11

DATE: January 5, 2011

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, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division, Office of Health Planning and Emergency Response in the amount of \$98,584 for the period July 31, 2010 through June 30, 2011 in support of the Public Health Preparedness H1N1 Phase 1 and Phase 2 Grant Programs, IO-10780 and IO-10781; Approve amendments totaling a decrease of \$435,313 in both revenue and expenses to the adopted FY11 H1N1 Phase 1 Grant Program, IO-10780; Approve amendments totaling an increase of \$16,687 in both revenue and expenses to the adopted FY11 H1N1 Phase 2 Grant Program, IO-10781, to bring the FY11 adopted budgets into alignment with the grant; and if approved authorize the Chairman to execute.

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 received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$98,584 for the period July 31, 2010 through June 30, 2011 in support of the Public Health Preparedness H1N1 Focus Area 1 and Focus Area 2 Grant Programs. A copy of the Notice of Subgrant Award is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.
BCC Strategic Outcome supported by this item: Healthy communities.

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

AGENDA ITEM # 7.C.3.

PREVIOUS ACTION

The District Board of Health approved the PHER Phase 1 and Phase 2 Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$585,283 on October 8, 2009. The Board approved Subgrant Amendment #1 on January 28, 2010 and retroactively approved of District Health Officer acceptance of Subgrant Amendment #2 on July 22, 2010.

BACKGROUND

The Washoe County Health District received Centers for Disease Control and Prevention (CDC) Public Health Emergency Response (PHER) H1N1 Extension funds. The primary purpose of the CDC H1N1 PHER no-cost extension is to provide additional time to ensure adequate completion of awardee activities and to permit an orderly closeout of a program that will not receive additional funding support. The PHER grant's original scope has not changed. All extension activities must directly relate to pandemic preparedness and address the following statewide unmet needs within the parameters of the following areas: 1) Schools and disparate populations 2) Adults with disabilities 3) Healthcare workers 4) School-based epidemiology and surveillance.

FISCAL IMPACT

This grant was anticipated in the FY 11 adopted budget (IO-10780) in the amount of \$524,924 in various categories. A budget amendment totaling a **decrease of \$435,313** is necessary to align the FY11 H1N1 Phase 1 Grant budget (IO-10780) with the new award. This amendment also takes into account \$7,714 of budget authority necessary for July (previous award) expenditures.

Should the Board approve the budget amendments, the adopted FY 11 H1N1 Phase 1 Grant budget will be **decreased by \$435,313** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10780-431100	Federal Revenue	(\$435,313)
2002-IO-10780-701412	Salary Adjustment	24,386
-710100	Professional Services	(378,188)
-710110	Contracted/Temp Services	(20,734)
-710300	Operating Supplies	3,732
-710350	Office Supplies	(3,600)
-710360	Postage	(8,400)
-710500	Other Expense	(26,654)
-710502	Printing	192
-711210	Travel	(390)
-711504	Equipment nonCapital	(25,657)
	Total Expenditures	(\$435,313)

The H1N1 Phase 2 grant was not anticipated in the FY 11 adopted budget (IO-10781). A budget amendment totaling an increase of \$16,687 is necessary to align the FY11 H1N1 Phase 2 Grant budget (IO-10781) with the new award.

Should the Board approve the budget amendments, the adopted FY 11 H1N1 Phase 2 Grant budget will be **increased by \$16,687** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10781-431100	Federal Revenue	\$16,687
2002-IO-10781-710110	Contracted/Temp Services	16,687
	Total Expenditures	\$16,687

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division, Office of Health Planning and Emergency Response in the amount of \$98,584 for the period July 31, 2010 through June 30, 2011 in support of the Public Health Preparedness H1N1 Phase 1 and Phase 2 Grant Programs, IO-10780 and IO-10781; Approve amendments totaling a decrease of \$435,313 in both revenue and expenses to the adopted FY11 H1N1 Phase 1 Grant Program, IO-10780; Approve amendments totaling an increase of \$16,687 in both revenue and expenses to the adopted FY11 H1N1 Phase 2 Grant Program, IO-10781, to bring the FY11 adopted budgets into alignment with the grant; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division, Office of Health Planning and Emergency Response in the amount of \$98,584 for the period July 31, 2010 through June 30, 2011 in support of the Public Health Preparedness H1N1 Phase 1 and Phase 2 Grant Programs, IO-10780 and IO-10781; Approve amendments totaling a decrease of \$435,313 in both revenue and expenses to the adopted FY11 H1N1 Phase 1 Grant Program, IO-10780; Approve amendments totaling an increase of \$16,687 in both revenue and expenses to the adopted FY11 H1N1 Phase 2 Grant Program, IO-10781, to bring the FY11 adopted budgets into alignment with the grant; and if approved authorize the Chairman to execute.

Dept of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

Health Division #: 11150
 Program #: H1N107-09a
 Budget Account #: 3218
 Category #: 45
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness - PHER09 Health Planning & Emergency Response - 93069CS9 Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 31, 2010 through June 30, 2011	Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998

Reason for Award: 2009 CDC H1N1 Public Health Emergency Response (PHER) Phase 1 and Phase 2 - Extension

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

Approved Budget Categories:	Focus Area 1	Focus Area 2	Total H1N1 Phase 1 & 2
1. Personnel	\$ 24,386	\$ 0	\$ 24,386
2. Contractual/Consultant	\$ 55,000	\$ 16,687	\$ 71,687
3. Travel	\$ 1,959	\$ 0	\$ 1,959
4. Supplies	\$ 0	\$ 0	\$ 0
5. Equipment	\$ 360	\$ 0	\$ 360
6. Other	\$ 192	\$ 0	\$ 192
7. Indirect	\$ 0	\$ 0	\$ 0
Total Cost	\$ 81,897	\$ 16,687	\$ 98,584

Disbursement of funds will be as follows:
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$98,584** during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. CDC PHER Phase 1 & 2 Extension	100%	93.069	1H75TP000337-01 REVISED

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

Authorized Sub-grantee Official Title	Signature	Date
Debi Galloway Management Analyst II, PHP		1-27-11
Daniel P. Mackie, MPH Health Program Manager, PHP		12/16/10
Richard Whitley, MS Administrator, Health Division		12/16/10

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).
9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

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

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

Description of services, scope of work, deliverables and reimbursement

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

- See Attachment #1: Section B- Scope of Work
- Submit After Action Reports (AARs), Improvement Plans (IPs) and Corrective Action Programs (CAPs) to the Health Division electronically by March 15, 2011 for the time period of September 1, 2010 to December 31, 2010. (NSHD will submit the reports to CDC via the DSLR Channel on LLIS.gov by March 31, 2011).
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H75TP000337-01 REVISED from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H75TP000337-01 REVISED from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

Focus Area 1- Mass Vaccination, Communication & Community Mitigation:

1. Personnel	\$	24,386
2. Contractual/Consultant	\$	55,000
3. Travel	\$	1,959
4. Supplies	\$	0
5. Equipment	\$	360
6. Other	\$	192
7. Indirect	\$	0
Total Focus Area 1 Cost	\$	81,897

Public Health Nurse II
Office Support Specialist

Creation of an H1N1 (also seasonal flu) website for Washoe County Health District with bi-directional capability

In State Travel
In Compliance with Federal GSA Rates

Minor furniture/equipment

Printing

Focus Area 2- Epidemiology and Surveillance:

1. Contractual/Consultant	\$	16,687
Total Focus Area 2	\$	16,687
Total Phase 1 & 2	\$	98,584

Temporary Contractual Epidemiologist



\$98,584.00

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of ~~\$63,528~~), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency. ****Redirect requests can only be submitted up to 60 days before the close of the subgrant period.**
- Funds cannot be redirected between **Focus Areas**.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.

- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2011.
- Submit a separate Reimbursement Request for each Focus Area.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$98,584.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$98,584 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.*

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

**NEVADA STATE HEALTH DIVISION
AUDIT INFORMATION REQUEST**

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year?
YES X NO
3. When does your fiscal year end? 6-30-11
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/9/10
6. What time period did it cover? 7/1/09 - 6/30/10
7. Which accounting firm conducted the audit? Kaufery, Armstrong & Co.

<u>Eden A. Se</u>	<u>Administrative</u>	<u>11/21/10</u>
SIGNATURE	TITLE <u>Health Services Officer</u>	DATE

Nevada Department of Health and Human Services

H1N1 PHER Phase 1 & 2
 Cat 45; Job # 93069CS9
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 11150
 Bureau Program # H1N107-09a
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness - PHER09 Health Planning & Emergency Response - 93069CS9	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, Nevada 89520
Subgrant Period: July 31, 2010 through June 30, 2011	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q DUNS#: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____

Calendar Year: _____

Focus Area 1

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 24,386.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 24,386.00	0%
2 Contract/Consultant	\$ 55,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 55,000.00	0%
3 Travel	\$ 1,959.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,959.00	0%
4 Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	#DIV/0!
5 Equipment	\$ 360.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 360.00	0%
6 Other	\$ 192.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 192.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 81,897.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 81,897.00	0%

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

Authorized Signature	Title	Date
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Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

Nevada Department of Health and Human Services

H1N1 PHER Phase 1 & 2
 Cat 45; Job # 93069CS9
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 11150
 Bureau Program # H1N107-09a
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness - PHER09 Health Planning & Emergency Response - 93069CS9		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706		Address: 1001 East Ninth Street Reno, Nevada 89520	
Subgrant Period: July 31, 2010 through June 30, 2011		Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q DUNS#: 073786998	

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____

Calendar Year: _____

Focus Area 2

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
2 Contract/Consultant	\$ 16,687.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,687.00	0%
3 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
4 Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 16,687.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,687.00	0%

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

Authorized Signature _____ Title _____ Date _____
 Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

Washoe County Health District
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON H1N1 DUTIES
 For the Period July 31, 2010 through June 30, 2011
 Subgrant # H1N107-09a; Federal Grant # 5U90TP916964-10 REVISED
 H1N1 PHER Phase 1 & 2

		I certify that the % of time (level of effort) I have stated is true and correct		
Employee Name	Title	% time (level of effort) spent on PHP duties	Employee Signature	Date Certified
	Public Health Nurse II			
	Office Support Specialist			

All duties performed by these employees support the objectives/deliverables of the federal award.

_____ Washoe County Health District

Signature	Date

Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (wholly or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

Pursuant to the CDC BP 10 Grant Guidance:

- 1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.
- 2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.

Washoe County Health District
CDC Public Health Emergency Preparedness
Public Health Emergency Response (PHER) H1N1
EXTENSION

Subgrant # H1N107-09a – Health Division # 11150
July 31, 2010 through June 30, 2011

SUBGRANT #:
SECTION B
Scope of Work

Focus Area #: 1 & 3

Phase: 1 & 2

Goal: To address Schools and Disparate populations as well as Adults with Disabilities: Creation of an H1N1 (seasonal flu vaccine or other mass distribution need) website that will allow on-line registration and appointment scheduling. This system will provide a user friendly method of pre-registering for school vaccinations, point of dispensing and other mass vaccination needs for day to day activities or during a public health event or emergency. This system will limit person to person contact and streamline the Health District's ability to vaccinate/prophylax during a public health emergency.

Outcome Objectives	Activities	Project Benchmarks	Completion Date
Creation of an H1N1 (also seasonal flu vaccine) website for Washoe County Health District with bi-directional capability.	Contractor will create an H1N1 website for Washoe County with bidirectional capability. Contractor will provide website maintenance, updating of content, domain name and hosting fees (one year). A website that is hosted off site will help to assure that we have an easy to remember and market URL as well as the ability to change web content on the fly without IT intervention. The bidirectional capability will assure that target groups will be able to pre-register for PODs during a pandemic.	1) Establish bi-directional website for vaccination/mass prophylaxis pandemic response. 2) Implement on-line registration system for back to school vaccinations for system test. 3) Utilize on-line bi-directional website for annual Point of Dispensing Exercise and during a pandemic.	July 30, 2011

Goal: To assist WCHD Epidemiology staff maintain sentinel provider based surveillance for 2010-2011 influenza season to protect public health

Outcome Objectives	Activities	Project Benchmarks	Completion Date
<ol style="list-style-type: none"> 1. Understand data on morbidity in the community 2. Understand the strain of influenza in the community 3. Understand the severity of ILI in the community 	<ol style="list-style-type: none"> 1. Collect influenza-like illness (ILI) data on a weekly basis from seven sentinel providers for early flu epidemic detection. 2. Work with seven sentinel providers and the State Lab to test appropriate specimens for influenza 3. Investigate each case for hospitalization status and obtain medical records for cases, then report to the CDC through the NSHD. 4. Compile surveillance report for 2010-2011 influenza season. 	<p>Weekly as needed.</p> <p>Weekly as needed.</p> <p>Daily</p>	<p>July 30, 2011</p>

Goal: To assist WCHD Epidemiology staff, continue school medical absences monitoring in order to protect health in the school population.

Outcome Objectives	Activities	Project Benchmarks	Completion Date
<p>Monitor school absenteeism and provide early detection of ILI outbreaks.</p>	<ol style="list-style-type: none"> 1. Continue working with the Washoe County School District to obtain school medical absences data. 2. Continue performing data analyses on a daily basis to detect anomalies. 	<p>November 30 2010</p> <p>Daily</p>	<p>July 30, 2011</p>

Focus Area #: 3

Phase: 3

Goal: Mass Vaccination/Implementation			
Outcome Objectives	Activities	Project Benchmarks	Completion Date
Maintain un-expired antiviral cache to protect adults with disabilities and disparate populations.	Maintain un-expired antiviral cache by renting climate-controlled storage. This will relieve Washoe County hospitals of antiviral storage space issues. This will be key to continued positive relationships with hospitals in the event of a future pandemic. If pallets of antivirals are not removed from hospitals soon, they will be less willing to participate in future SNS/Pandemic events.	Expiration date determination segregation of antivirals, to include relocation of antivirals to appropriate storage facility.	December 2010
Dispose of expired antivirals.	Arrange for proper disposal of expired antivirals.	Disposal of expired antivirals.	July 2011

Focus Area #: Vaccination Planning

Phase: 1

Goal: Promote knowledge and awareness among administrative officials and health care providers			
Outcome Objective	Activities	Project Benchmarks	Completion Date
Educate parents and adolescents about vaccines, including Influenza vaccines, at various venues frequented by parents and adolescents, such as PTAs, adolescent	<ol style="list-style-type: none"> Identify potential partners such as active school PTA/PFA organizations, and community programs such as Girl Scouts, Boy Scouts, Big Brothers-Big Sisters, 4H, and Junior Achievement. Schedule educational sessions regarding the importance and benefit of adolescent immunizations with those from above interested in adolescent immunization information. Conduct educational sessions to at least five identified 	It is expected to partner with at least 5 organizations or schools for education and immunization activities.	<ol style="list-style-type: none"> First quarter 2011. First quarter 2011.

<p>CBOs, parenting classes, etc. Select five schools from the five identified zip codes from (6th and 7th grades) to promote adolescent immunizations (Influenza, Tdap, MCV4, HPV and Varicella [VZV]). Work with CBOs that engage adolescents to promote adolescent immunizations. These activities will require .25 FTE of a PHN.</p>	<p>CBOs regarding Influenza (including H1N1 or another pandemic strain as appropriate), Tdap, MCV4, HPV and VZV, along with the associated diseases that these vaccines prevent. Provide educational handouts from CDC, Immunization Action Coalition, and vaccine manufacturers.</p> <ol style="list-style-type: none"> 4. Have participants complete pre- and post-test vaccine and disease knowledge assessments at presentations. Use data to help improve trainings. 5. Offer immunization resource lists to participants - private healthcare provider, and local clinics or the health district clinic for those without a medical home or access to immunization services. 6. Conduct immunization strike team clinics, offering 317VFC vaccinations, at area schools. 7. Conduct ongoing assessments to document demonstrated improvement. 		<ol style="list-style-type: none"> 3. November 2011. 4. At time of trainings/educational sessions. 5. At time of trainings/educational sessions. 6. Dates TBA after discussions with WCSD staff in the first quarter. 7. June 2011.
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Focus Area #: 3 Mass Vaccination/Implementation

Phase: 3

Goal: Adult Immunizations			
Outcome Objective	Activities	Project Benchmarks	Completion Date
<p>Improve adult immunization services in Washoe County, with special consideration given to at-risk (disparate) populations as defined by CDC.</p> <p>These activities will require 0.50 FTE of a PHN, and 0.10 FTE clerical support.</p>	<p>Adult Immunizations</p> <ol style="list-style-type: none"> 1. Conduct assessment of baseline adult immunization rates in WebIZ for adults 18-64 years old for those associated with the WCHD. Document methodology. 2. Support ongoing WCHD immunization activities and efforts in the STD clinic, the Family Planning/Teen Health program, and the Washoe County Detention Facility (jail) through procuring of 317 funded vaccine (including influenza [which includes H1N1, or another pandemic strain as appropriate]), education and training of staff, and promotion and offering of immunizations to adults in these clinic settings. 3. Utilize adult immunization educational materials provided by the CDC, the Immunization Action Coalition, and vaccine manufacturers to promote and educate adults regarding the importance of immunizations. 4. Work with NNIC and WCHD PIO to promote adult immunizations through mass media efforts; explore creating a new campaign with NNIC and other stakeholders. 5. If 317 funded vaccines are available, offer Tdap, Influenza (including H1N1, or another pandemic strain as appropriate) and other recommended vaccines to adults upon request, regardless of ability to pay. Consider offering parents Influenza and Tdap vaccine along with childhood Tdap outreach efforts Spring 2011. 6. Conduct monthly reminder/recall efforts for adults in WebIZ for Tdap, pneumococcal, HPV and MCV4. 7. Monitor and report quarterly on changes in adult 	<p>Improve the immunization rates of adults in Washoe County by 5%.</p>	<ol style="list-style-type: none"> 1. First quarter 2011. 2. Ongoing – through July 2011. 3. Ongoing – through July 2011. 4. Ongoing – through July 2011. 5. Ongoing – through July 2011, with an emphasis during Spring Tdap outreach efforts.

<p>immunization rates post reminder/recall efforts for WCHD clients.</p> <p>8. Work with NNIC to promote and present at least two HCP educational sessions on the importance of immunizations across the lifespan.</p> <p>9. IZ Conference attendance for Immunization Public Health Nurse II: This conference discusses vaccine preventable disease control and prevention measures, as well as mass/pandemic vaccination efforts and campaigns.</p>	<p>Flu and Pneumonia Efforts</p> <ol style="list-style-type: none"> 1. Meet with WCHD PHP staff 6-8 times per year to plan and execute the annual flu/POD clinic, a community exercise that is a collaborative IZ/PHP effort to immunize approximately 3,500 individuals against seasonal influenza. 2. In addition to the annual flu/POD event, promote and conduct flu and pneumococcal clinics at area homeless shelters, and other locations that the homeless and indigent populations frequent. 3. Participate in monthly adult immunization coalition meetings (Partners Promoting Flu Immunizations [PPFI]), to improve adult immunization coverage rates within Northern Nevada. Work with NNIC staff to increase coalition membership. 4. Offer 317 funded flu and/or pneumococcal vaccines (as made available by the NSHD) to eligible school staff at schools where Tdap outreach efforts are conducted. 		<ol style="list-style-type: none"> 6. Monthly through July 2011. 7. Report rates quarterly. 8. Schedule at least one session by July 2011. 9. February 2011 1. Meet approximately 4 times by July 2011. 2. Conduct 3-5 flu and pneumonia clinics by July 2011. 3. Monthly throughout 2011.
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			4. Spring 2011.
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Approved By:

Name, Title
Washoe County Health District

Dan Mackie, MPH, Health Program Manager 1
Public Health Preparedness, NSHD



Date: 1-22-11

Date: _____



Washoe County Health District



Public Health
Prevent. Promote. Protect

STAFF REPORT

BOARD MEETING DATE: January 27, 2011

DATE: January 11, 2011
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*
SUBJECT: Proposed approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 through December 31, 2011 in the amount of \$53,322 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and authorize the Chairman of the Board to sign.

SUMMARY

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

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the total amount of \$53,322 for the period January 1, 2011 through December 31, 2011 in support of the Tuberculosis CDC Grant Program. A copy of the Notice of Subgrant Award is attached.

Priority/Goal supported by this item: Approval of the Subgrant Award supports the District's Community & Clinical Health Services Division Tuberculosis Prevention Program's mission to prevent and control Tuberculosis in order to reduce morbidity, disability and premature death due to Tuberculosis by reducing the number of Tuberculosis cases per 100,000 in Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health approved the last Subgrant Award in support of the Tuberculosis CDC Grant Program on January 28, 2010.

AGENDA ITEM # 7.C.4.

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

www.washoecounty.us/health
 WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
 PRINTED ON RECYCLED PAPER

BACKGROUND

This Subgrant provides funding for personnel (.47 of a 1.0 FTE - PHN II), required CDC travel, isolation housing, and incentives/enablers. Incentives/enablers are intended to increase compliance for completion of Tuberculosis treatment and include, but are not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers, etc.

This funding represents a 25% reduction from the previous calendar year based on preliminary reduction levels communicated by the CDC to the Nevada State Health Division. If additional funding becomes available, the Health District will receive an amendment.

FISCAL IMPACT

This is a calendar year grant and sufficient budget authority exists through June 30, 2011. As such, no budget amendment is necessary. If the 25% reduction is not reinstated, the expenditures originally budgeted will be charged to the state funded Tuberculosis Grant (IO 10035), thus no negative fiscal impact to local is anticipated at this time.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 through December 31, 2011 in the amount of \$53,322 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 through December 31, 2011 in the amount of \$53,322 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and authorize the Chairman of the Board to sign.

HEALTH DIVISION

#:

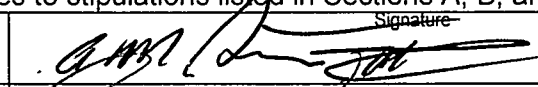
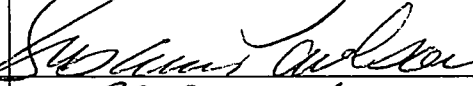


(hereinafter referred to as the DIVISION)

Budget Account #: 3220

Category #: 14

GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: TB Control and Elimination Program, Office of Epidemiology Bureau of Health Statistics, Planning, Epidemiology, and Response (HSPER) Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #211 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520	
Subgrant Period: January 1, 2011 through December 31, 2011		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998	
Reason for Award: To fund activities for the prevention and control of <i>M. tuberculosis</i> in Washoe County.			
County(ies) to be served: () Statewide (✓) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	51,252	
2. Travel	\$	1,970	
3. Operating	\$		
4. Equipment	\$		
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	100	
Total Cost		\$	53,322
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 53,322.00 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. Centers for Disease Control & Prevention (CDC)		100%	93.116
			Federal Grant #: 5U52PS907855-20
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Chairman, Washoe County District Board of Health, WCHD			Date 1-27-11
Susanne Paulson, Program Manager			12/27/2010
Luana Ritch, PH.D Bureau Chief			1/4/11
Richard Whitley, MS Administrator, Health Division			

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD**

SECTION A
Assurances

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

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

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

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of services, scope of work, deliverables and reimbursement

These funds will be utilized in accordance with the mission of the Nevada State Health Division Tuberculosis Prevention and Elimination Program which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and ultimately eliminating tuberculosis (TB) in the citizens of Nevada by providing services toward the control and elimination of tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigation and completion of treatment.

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

- Coordinate case management for TB cases, including reporting; contact investigation; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of direct observed therapy (DOT) and monitoring of treatment regimes.
- Ensure evaluation and treatment of suspect cases of tuberculosis, including contact investigation where indicated.
- Conduct TB surveillance for epidemiological trends.
- The Subgrantee will, if resources allow: provide TB education to community health care providers when requested; assist detention centers, clinics, hospitals, homeless shelters and group home staff to increase screening and recognition of symptoms of TB; and assist with TB evaluation in treatment and residential care centers to ensure compliance with licensure regulations upon request.
- Policies and protocols for TB care and investigation, infection control and OSHA requirements will follow CDC guidelines and be revised as needed. A Report of Verified Case of Tuberculosis (RVCT) will be submitted for all Mycobacterium Tuberculosis Complex (MTBC) confirmed cases identified in Washoe County. An Aggregate Report for Tuberculosis Program Evaluation (ARPE) will be submitted no later than August 1, 2011. A Quarterly Report will be submitted 45 days after the end of each quarter. Deadlines are as follows: May 15, August 15, November 15 and February 15.
- The RVCT form must be submitted via hard copy within 45 days of diagnosis to NSHD TB Program, Attn: Susanne Paulson 4150 Technology Way, Suite 211, Carson City, NV 89706-2028. The ARPE and Quarterly Reports are to be submitted electronically to spaulson@health.nv.gov in the event the Subgrantee is unable to provide an electronic version a hardcopy version may be accepted with prior verbal authorization. Written copies of the request for reimbursement are required.

(Note: brief reports should be requested/submitted with each request for reimbursement).

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U52PS907855-20 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Health Resources and Services Administration the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U52PS907855-20 from the Centers for Disease Control and Prevention

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 51,252
2. Travel	\$ 1,970
3. Operating	\$ 0
4. Equipment	\$ 0
5. Contractual Consultant	\$ 0
6. Training	\$ 0
7. Other	\$ 100

TB Controller / Coordinator 47% of 1.0 FTE

Travel will be used for Subgrantee staff to attend Tuberculosis related meetings, seminars, workshops and trainings. These funds may also be used to provide transportation for medical staff to access patients or contacts to patients.

- 1) Laboratory and Radiograph testing
- 2) TB screening and health assessments
- 3) Incentives and Enablers (Including, but not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers) funds are to be used with contacts and/or TB patients to bring them in for treatment and/or testing.
- 4) Patient Housing funds will be used to provide housing support for homeless or at-risk for being homeless TB patients and active/suspect TB clients during initial treatment and/or evaluation phase or until they are no longer contagious.

Total Cost \$ 53,322

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, with the approval of the state TB program manager so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. An email notification is required for any funding adjustment.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$53,322.00 for the period of the subgrant
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities
- To Coordinate with other state agencies as needed
- Tabulate and interpret required data and program evaluation
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines
- Forward reports to appropriate facility, i.e. CDC, interstate agencies, Dept. of Quarantine, etc.
- Provide reimbursement, not to exceed a total of \$53,322.00 for the subgrant period.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Nevada State Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's TB program to evaluate progress and compliance with the activities outlined in the Scope of Work. Program and fiscal audits shall occur annually or as needed.

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

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

Nevada Department of Health and Human Services

Health Division # 11184
 Bureau Program # 3220
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: TB Control and Elimination Program Office of Epidemiology Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 211 Carson City, NV 89701-2028	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2011 through December 31, 2011	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

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

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 51,252	\$ 0	\$ 0	\$ 0	51,252	0%
2 Travel	\$ 1,970	\$ 0	\$ 0	\$ 0	1,970	0%
3 Operating	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
6 Training	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
7 Other	\$ 100	\$ 0	\$ 0	\$ 0	100	0%
8 Total	\$ 53,322	\$ 0	\$ 0	\$ 0	53,322	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION D

NEVADA STATE HEALTH DIVISION
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/9/10
6. What time period did it cover? 7/1/09 through 6/30/10
7. Which accounting firm conducted the audit? Kafoury & Armstrong

**SIGN
HERE**


SIGNATURE

Administrative Health Services Officer

TITLE

DATE

7/11/11



Washoe County Health District



Public Health
Prevent Promote Protect

STAFF REPORT BOARD MEETING DATE: 1/27/11

DATE: January 5, 2011

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, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Approve amendments totaling an increase of \$4,029.78 in both revenue and expenses to the adopted FY11 Safe Drinking Water Grant Program, IO-10017, to bring the FY11 adopted budget into alignment with the grant.

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 received approval from the Nevada Division of Environmental Protection to carry forward unspent contract funds from State Fiscal Year 2010 to State Fiscal Year 2011. A copy of the approval letter is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.
BCC Strategic Outcome supported by this item: Healthy communities.

This item supports the Safe Drinking Water Program mission to protect ground water of Washoe County from contamination and to ensure a safe and reliable water supply for the public.

PREVIOUS ACTION

The District Board of Health ratified the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period July 14, 2009 through June 30, 2011 in the total amount of \$180,000 (\$90,000 per fiscal year) on May 28, 2009.

AGENDA ITEM # 7.C.5.

BACKGROUND

The Washoe County Health District requested approval to carry forward \$4,029.78 of unspent supplemental funding that supports activities of the Intermittent Hourly Licensed Engineer, Mr. Rick Reighley.

Doug Coulter has credited Rick Reighley with doing the legwork to implement the Groundwater Disinfection Rule and ensuring the water systems have suitable sample taps at the well heads. Mr. Reighley is currently working on combining some of the small Public Water Systems (PWS) with the Truckee Meadows Water Authority (TMWA) or Washoe County Water Systems. These older systems have operational and quality problems that are difficult for a small PWS to solve.

FISCAL IMPACT

This grant was anticipated in the FY 11 adopted budget in the amount of \$90,000 in salaries and benefits. A budget amendment totaling an **increase of \$4,029.78** is necessary to align the FY11 Safe Drinking Water Grant budget with the new award.

Should the Board approve these budget amendments, the adopted FY 11 budget will be **increased by \$4,029.78** in the following accounts:

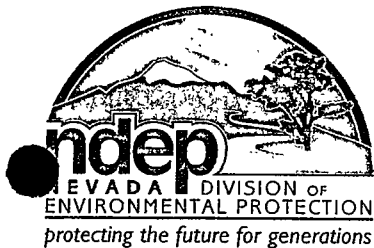
<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10017-431100	Federal Revenue	\$4,029.78
2002-IO-10017-701130	Pooled Positions	4,029.78
	Total Expenditures	\$4,029.78

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$4,029.78 in both revenue and expenses to the adopted FY11 Safe Drinking Water Grant Program, IO-10017, to bring the FY11 adopted budget into alignment with the grant.

POSSIBLE MOTION

Move to approve amendments totaling an increase of \$4,029.78 in both revenue and expenses to the adopted FY11 Safe Drinking Water Grant Program, IO-10017, to bring the FY11 adopted budget into alignment with the grant.



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

Jim Gibbons, Governor
Allen Biaggi, Director

Leo M. Drozdoff, P.E., Administrator

Handwritten initials: JCB, LDB

December 30, 2010

Ms. Eileen Coulombe
Administrative Health Services Officer
Washoe County Health District
P.O. Box 11130
Reno, NV 89520-0027

Re. Carry Forward of Unspent Funds from State Fiscal Year 2010 to 2011

Dear Ms. Coulombe:

The Nevada Division of Environmental Protection requested that unspent Washoe County Health District (WCHD) contract funds be carried forward from State Fiscal Year (SFY) 2010 to SFY 2011. The Nevada Legislature's Interim Finance Committee met on September 10, 2010 and approved the request. Likewise, the remaining SFY 2010 unspent balance of \$4,029.78 can be utilized for WCHD contracted activities through June 30, 2011.

Should you have any questions or concerns, please do not hesitate to contact me at 775-687-9515.

Sincerely,

Jennifer L. Carr, P.E., C.E.M.
Chief, Bureau of Safe Drinking Water

Cc: Doug Coulter, Washoe County Health District, Environmental Health Services Division,
P.O. Box 11130, Reno, NV 89520-0027

Washoe County
Health District
JAN 5 '11 11:45 AM





Washoe County Health District



Public Health
Prevent. Promote. Protect

STAFF REPORT BOARD MEETING DATE: 1/27/11

DATE: January 5, 2011

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, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approve amendments totaling a decrease of \$774,690 in both revenue and expenses to the adopted FY11 H1N1 Phase 3 Grant Program, IO-10782, to bring the FY11 adopted budget into alignment with the grant. *PB*

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 received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$33,764 for the period July 31, 2010 through June 30, 2011 in support of the Public Health Preparedness H1N1 Phase 3 Grant Programs. A copy of the Notice of Subgrant Award is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.
BCC Strategic Outcome supported by this item: Healthy communities.

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

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$1,052,883 on October 8, 2009. The Board approved Subgrant Amendment #1 on January 28, 2010 and retroactively approved of District Health Officer acceptance of Subgrant Amendment #2 on July 22, 2010.

AGENDA ITEM #7.C.6.

BACKGROUND

The Washoe County Health District received Centers for Disease Control and Prevention (CDC) Public Health Emergency Response (PHER) H1N1 Extension funds. The primary purpose of the CDC H1N1 PHER no-cost extension is to provide additional time to ensure adequate completion of awardee activities and to permit an orderly closeout of a program that will not receive additional funding support. The PHER grant’s original scope has not changed. All extension activities must directly relate to pandemic preparedness and address the following statewide unmet needs within the parameters of the following Focus Areas: 1) Schools and disparate populations 2) Adults with disabilities 3) Healthcare workers 4) School-based epidemiology and surveillance.

FISCAL IMPACT

This grant was anticipated in the FY 11 adopted budget (IO-10782) in the amount of \$815,381 in various categories. A budget amendment totaling a **decrease of \$774,690** is necessary to align the FY11 H1N1 Phase 3 Grant budget (IO-10782) with the new award. This amendment also takes into account \$6,926 of budget authority necessary for July (previous award) expenditures.

Should the Board approve these budget amendments, the adopted FY 11 budget will be **decreased by \$774,690** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10782-431100	Federal Revenue	(\$774,690)
2002-IO-10782-701130	Pooled Positions	(3,304)
-701300	Overtime	(101,021)
-701412	Salary Adjustment	30,965
-710100	Professional Services	(660,561)
-710110	Contracted/Temp Services	(19,555)
-710300	Operating Supplies	926
-710350	Office Supplies	(2,587)
-710360	Postage	(300)
-710502	Printing	(8,169)
-710508	Telephone	(234)
-711210	Travel	(3,000)
-711504	Equipment nonCapital	(7,850)
	Total Expenditures	(\$774,690)

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling a decrease of \$774,690 in both revenue and expenses to the adopted FY11 H1N1 Phase 3 Grant Program, IO-10782, to bring the FY11 adopted budget into alignment with the grant.

POSSIBLE MOTION

Move to approve amendments totaling a decrease of \$774,690 in both revenue and expenses to the adopted FY11 H1N1 Phase 3 Grant Program, IO-10782, to bring the FY11 adopted budget into alignment with the grant.

Dept of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

Health Division #: 11151
 Program #: H1N111-09a
 Budget Account #: 3218
 Category #: 45
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness - PHER09 Health Planning & Emergency Response - 93069CS0 Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, Nevada 89520
Subgrant Period: July 31, 2010 through June 30, 2011	Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998

Reason for Award: 2009 CDC H1N1 Public Health Emergency Response (PHER) Phase 3 - Extension

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

Approved Budget Categories: H1N1 Phase 3

1. Personnel	\$	30,965
2. Contractual/Consultant	\$	0
3. Travel	\$	0
4. Supplies	\$	240
5. Equipment	\$	0
6. Other	\$	2,559
7. Indirect	\$	0
Total Cost	\$	33,764

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of a reimbursement form / invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$33,764** during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. CDC PHER Phase 3 Extension	100%	93.069	1H75TP000337-01 REVISED

Terms and Conditions

In accepting these grant funds, it is understood that:

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

Authorized Sub-grantee Official Title	Signature	Date
Debi Galloway Management Analyst II, PHP		11/27/11
Daniel P. Mackie, MPH Health Program Manager, PHP		09/05/10
Richard Whitley, MS Administrator, Health Division		

CR

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).
9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

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

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

Description of services, scope of work, deliverables and reimbursement

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

- See Attachment #1: Section B- Scope of Work
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H75TP000337-01 REVISED from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H75TP000337-01 REVISED from the Centers for Disease Control and Prevention.

(Continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 30,965		
2. Contractual/Consultant	\$ 0		Public Health Nurse II Office Support Specialist
3. Travel	\$ 0		
4. Supplies	\$ 240		
5. Equipment	\$ 0		General Office Supplies
6. Other	\$ 2,559		
7. Indirect	\$ 0	864 Antiviral Storage 1,695 Antiviral Disposal	
Total Phase 3	\$ 33,764		

mk
\$33,764.00

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of ~~\$105,288~~) within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency. ****Redirect requests can only be submitted up to 60 days before the close of the subgrant period.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2011.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$33,764.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$33,764 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

Nevada Department of Health and Human Services

H1N1 PHER Phase 3
 Cat 45; Job # 93069S10
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 11151
 Bureau Program # H1N111-09a
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness - PHER09 Health Planning & Emergency Response - 93069CS0	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, Nevada 89520
Subgrant Period: July 31, 2010 through June 30, 2011	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q DUNS#: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____

Calendar Year: _____

Phase 3

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 30,965.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 30,965.00	0%
2 Contract/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
3 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
4 Supplies	\$ 240.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 240.00	0%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 2,559.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,559.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 33,764.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 33,764.00	0%

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

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

Washoe County Health District
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON H1N1 DUTIES
 For the Period July 31, 2010 through June 30, 2011
 Subgrant # H1N107-09a; Federal Grant # 5U90TP916964-10 REVISED
 H1N1 PHER Phase 3

		I certify that the % of time (level of effort) I have stated is true and correct		
Employee Name	Title	% time (level of effort) spent on PHP duties	Employee Signature	Date Certified
	Public Health Nurse II			
	Office Support Specialist			

All duties performed by these employees support the objectives/deliverables of the federal award.

_____ Washoe County Health District

Signature	Date

Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (wholly or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

- Pursuant to the CDC BP 10 Grant Guidance:
- 1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.
 - 2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.

Washoe County Health District
CDC Public Health Emergency Preparedness
Public Health Emergency Response (PHER) H1N1
EXTENSION

Subgrant # H1N107-09a – Health Division # 11150
July 31, 2010 through June 30, 2011

SUBGRANT #:
SECTION B
Scope of Work

Focus Area #: 1 & 3

Phase: 1 & 2

Goal: To address Schools and Disparate populations as well as Adults with Disabilities: Creation of an H1N1 (seasonal flu vaccine or other mass distribution need) website that will allow on-line registration and appointment scheduling. This system will provide a user friendly method of pre-registering for school vaccinations, point of dispensing and other mass vaccination needs for day to day activities or during a public health event or emergency. This system will limit person to person contact and streamline the Health District's ability to vaccinate/prophylax during a public health emergency.

Outcome Objectives	Activities	Project Benchmarks	Completion Date
Creation of an H1N1 (also seasonal flu vaccine) website for Washoe County Health District with bi-directional capability.	Contractor will create an H1N1 website for Washoe County with bidirectional capability. Contractor will provide website maintenance, updating of content, domain name and hosting fees (one year). A website that is hosted off site will help to assure that we have an easy to remember and market URL as well as the ability to change web content on the fly without IT intervention. The bidirectional capability will assure that target groups will be able to pre-register for PODs during a pandemic.	1) Establish bi-directional website for vaccination/mass prophylaxis pandemic response. 2) Implement on-line registration system for back to school vaccinations for system test. 3) Utilize on-line bi-directional website for annual Point of Dispensing Exercise and during a pandemic.	July 30, 2011

Goal: To assist WCHD Epidemiology staff maintain sentinel provider based surveillance for 2010-2011 influenza season to protect public health

Outcome Objectives	Activities	Project Benchmarks	Completion Date
<ol style="list-style-type: none"> 1. Understand data on morbidity in the community 2. Understand the strain of influenza in the community 3. Understand the severity of ILI in the community 	<ol style="list-style-type: none"> 1. Collect influenza-like illness (ILI) data on a weekly basis from seven sentinel providers for early flu epidemic detection. 2. Work with seven sentinel providers and the State Lab to test appropriate specimens for influenza 3. Investigate each case for hospitalization status and obtain medical records for cases, then report to the CDC through the NSHD. 4. Compile surveillance report for 2010-2011 influenza season. 	<p>Weekly as needed.</p> <p>Weekly as needed.</p> <p>Daily</p>	<p>July 30, 2011</p>

Goal: To assist WCHD Epidemiology staff, continue school medical absences monitoring in order to protect health in the school population.

Outcome Objectives	Activities	Project Benchmarks	Completion Date
<p>Monitor school absenteeism and provide early detection of ILI outbreaks.</p>	<ol style="list-style-type: none"> 1. Continue working with the Washoe County School District to obtain school medical absences data. 2. Continue performing data analyses on a daily basis to detect anomalies. 	<p>November 30 2010</p> <p>Daily</p>	<p>July 30, 2011</p>

Focus Area #: 3

Phase: 3

Goal: Mass Vaccination/Implementation			
Outcome Objectives	Activities	Project Benchmarks	Completion Date
Maintain un-expired antiviral cache to protect adults with disabilities and disparate populations.	Maintain un-expired antiviral cache by renting climate-controlled storage. This will relieve Washoe County hospitals of antiviral storage space issues. This will be key to continued positive relationships with hospitals in the event of a future pandemic. If pallets of antivirals are not removed from hospitals soon, they will be less willing to participate in future SNS/Pandemic events.	Expiration date determination segregation of antivirals, to include relocation of antivirals to appropriate storage facility.	December 2010
Dispose of expired antivirals.	Arrange for proper disposal of expired antivirals.	Disposal of expired antivirals.	July 2011

Focus Area #: Vaccination Planning

Phase: 1

Goal: Promote knowledge and awareness among administrative officials and health care providers			
Outcome Objective	Activities	Project Benchmarks	Completion Date
Educate parents and adolescents about vaccines, including Influenza vaccines, at various venues frequented by parents and adolescents, such as PTAs, adolescent	<ol style="list-style-type: none"> Identify potential partners such as active school PTA/PFA organizations, and community programs such as Girl Scouts, Boy Scouts, Big Brothers-Big Sisters, 4H, and Junior Achievement. Schedule educational sessions regarding the importance and benefit of adolescent immunizations with those from above interested in adolescent immunization information. Conduct educational sessions to at least five identified 	It is expected to partner with at least 5 organizations or schools for education and immunization activities.	<ol style="list-style-type: none"> First quarter 2011. First quarter 2011.

<p>CBOs, parenting classes, etc. Select five schools from the five identified zip codes from (6th and 7th grades) to promote adolescent immunizations (Influenza, Tdap, MCV4, HPV and Varicella [VZV]). Work with CBOs that engage adolescents to promote adolescent immunizations.</p> <p>These activities will require .25 FTE of a PHN.</p>	<p>CBOs regarding Influenza (including H1N1 or another pandemic strain as appropriate), Tdap, MCV4, HPV and VZV, along with the associated diseases that these vaccines prevent. Provide educational handouts from CDC, Immunization Action Coalition, and vaccine manufacturers.</p> <ol style="list-style-type: none"> 4. Have participants complete pre- and post-test vaccine and disease knowledge assessments at presentations. Use data to help improve trainings. 5. Offer immunization resource lists to participants - private healthcare provider, and local clinics or the health district clinic for those without a medical home or access to immunization services. 6. Conduct immunization strike team clinics, offering 317/VFC vaccinations, at area schools. 7. Conduct ongoing assessments to document demonstrated improvement. 		<ol style="list-style-type: none"> 3. November 2011. 4. At time of trainings/educational sessions. 5. At time of trainings/educational sessions. 6. Dates TBA after discussions with WCSD staff in the first quarter. 7. June 2011.
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Focus Area #: 3 Mass Vaccination/Implementation

Phase: 3

Goal: Adult Immunizations			
Outcome Objective	Activities	Project Benchmarks	Completion Date
<p>Improve adult immunization services in Washoe County, with special consideration given to at-risk (disparate) populations as defined by CDC.</p> <p>These activities will require 0.50 FTE of a PHN, and 0.10 FTE clerical support.</p>	<p>Adult Immunizations</p> <ol style="list-style-type: none"> 1. Conduct assessment of baseline adult immunization rates in WebLZ for adults 18-64 years old for those associated with the WCHD. Document methodology. 2. Support ongoing WCHD immunization activities and efforts in the STD clinic, the Family Planning/Teen Health program, and the Washoe County Detention Facility (jail) through procuring of 317 funded vaccine (including influenza [which includes H1N1, or another pandemic strain as appropriate]), education and training of staff, and promotion and offering of immunizations to adults in these clinic settings. 3. Utilize adult immunization educational materials provided by the CDC, the Immunization Action Coalition, and vaccine manufacturers to promote and educate adults regarding the importance of immunizations. 4. Work with NNIC and WCHD PIO to promote adult immunizations through mass media efforts; explore creating a new campaign with NNIC and other stakeholders. 5. If 317 funded vaccines are available, offer Tdap, Influenza (including H1N1, or another pandemic strain as appropriate) and other recommended vaccines to adults upon request, regardless of ability to pay. Consider offering parents Influenza and Tdap vaccine along with childhood Tdap outreach efforts Spring 2011. 6. Conduct monthly reminder/recall efforts for adults in WebLZ for Tdap, pneumococcal, HPV and MCV4. 7. Monitor and report quarterly on changes in adult 	<p>Improve the immunization rates of adults in Washoe County by 5%.</p>	<ol style="list-style-type: none"> 1. First quarter 2011. 2. Ongoing – through July 2011. 3. Ongoing – through July 2011. 4. Ongoing – through July 2011. 5. Ongoing – through July 2011, with an emphasis during Spring Tdap outreach efforts.

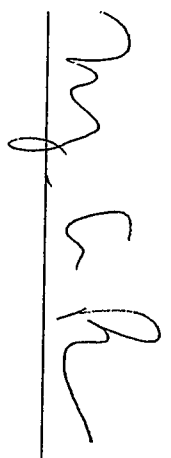
<p>immunization rates post reminder/recall efforts for WCHD clients.</p> <ol style="list-style-type: none"> 8. Work with NNIC to promote and present at least two HCP educational sessions on the importance of immunizations across the lifespan. 9. IZ Conference attendance for Immunization Public Health Nurse II: This conference discusses vaccine preventable disease control and prevention measures, as well as mass/pandemic vaccination efforts and campaigns. 	<p>Flu and Pneumonia Efforts</p> <ol style="list-style-type: none"> 1. Meet with WCHD PHP staff 6-8 times per year to plan and execute the annual flu/POD clinic, a community exercise that is a collaborative IZ/PHP effort to immunize approximately 3,500 individuals against seasonal influenza. 2. In addition to the annual flu/POD event, promote and conduct flu and pneumococcal clinics at area homeless shelters, and other locations that the homeless and indigent populations frequent. 3. Participate in monthly adult immunization coalition meetings (Partners Promoting Flu Immunizations [PPFI]), to improve adult immunization coverage rates within Northern Nevada. Work with NNIC staff to increase coalition membership. 4. Offer 317 funded flu and/or pneumococcal vaccines (as made available by the NSHD) to eligible school staff at schools where Tdap outreach efforts are conducted. 		<ol style="list-style-type: none"> 6. Monthly through July 2011. 7. Report rates quarterly. 8. Schedule at least one session by July 2011. 9. February 2011
	<ol style="list-style-type: none"> 1. Meet approximately 4 times by July 2011. 2. Conduct 3-5 flu and pneumonia clinics by July 2011. 3. Monthly throughout 2011. 		

			4. Spring 2011.
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Approved By:

Name, Title
Washoe County Health District

Dan Mackie, MPH, Health Program Manager 1
Public Health Preparedness, NSHD



Date: 1/27/11

Date: _____



Washoe County Health District



Public Health
Prevent. Promote. Protect

STAFF REPORT
BOARD MEETING DATE: 1/27/11

DATE: January 14, 2011

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, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: **Acceptance of the Washoe County Health District Client Donation Policy.**

SUMMARY

The Washoe County District Board of Health shall adopt written policies and procedures for administering the board and maintaining its programs, projects and activities. Per Washoe County Code 15.160 all cash donations must be reported to the Washoe Board of County Commissioners and expenditure authorization obtained.

District Board of Health strategic priority: Promote financial accountability and stability.

Strategic Objective supported by this item: Sustainable Economic, Natural, Organizational, and Social Resources.

Strategic Outcome supported by this item: Sustainable relationship between resources and obligations.

This item also supports the Administrative Health Services role to ensure administrative compliance with fiscal and operational policies as established by the District Board of Health and Board of County Commissioners.

PREVIOUS ACTION

The District Board of Health accepted the Washoe County Health District Employee Policy Manual updated for Fiscal Year 2010 at their September 24, 2009 meeting.

AGENDA ITEM # 7.D.

BACKGROUND

The policy was developed to ensure a consistent approach in the acceptance of donations from Family Planning, Immunization, Sexually Transmitted Disease and Tuberculosis program clients. The Public Health Nursing Supervisors have provided training to their staff on this policy.

This policy has been reviewed and approved by the Washoe County Deputy District Attorney.

Upon acceptance by the District Board of Health, an electronic version of the policy will be placed on the Health District's employee intranet site and all employees will be notified of its location.

The Washoe County Health District reports cash donations to the Washoe Board of County Commissioners on a quarterly basis. Client donations totaling \$9,610.09 for the period July 1, 2010 through September 30, 2010 was reported to the Board of County Commissioners on November 9, 2010.

FISCAL IMPACT

There is no direct fiscal impact for this Board item.

RECOMMENDATION

Staff recommends that the District Board of Health accept the Washoe County Health District Client Donation Policy.

POSSIBLE MOTION

Move to accept the Washoe County Health District Client Donation Policy.

CLIENT DONATION POLICY

DESCRIPTION:

Voluntary donations from clients are permissible. Donations must be requested from all clients, including private pay and Medicaid clients. In addition, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies. Donations from clients do not waive the billing/charging requirements.

A suggestion may be made to minor and adult clients to make a financial contribution based on their ability to pay; but they can not be denied services due to either their inability or refusal to make a contribution or because confidential services have been requested.

When a client donation is made it will be recorded in the InSight clinic database and posted to the appropriate cost object in the SAP financial system using the general ledger account number 484050. The donor will be issued a receipt for tax purposes.

All cash donations must be reported to the Board of County Commissioners in accordance with Washoe County Code, Chapter 15, section 5.



Regional Emergency Medical Services Authority

REMSA

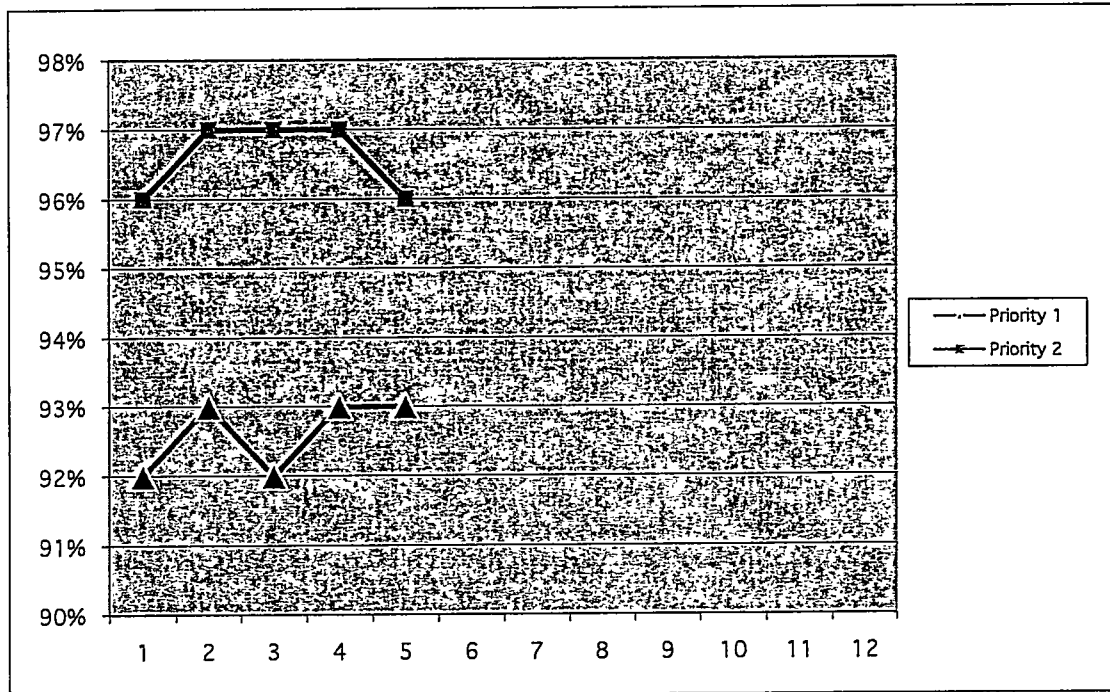
OPERATIONS REPORTS

FOR

NOVEMBER 2010

Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.	5 mins. 54 secs.	4 mins. 49 secs.	93%	97%
Sept.	6 mins. 5 secs.	4 mins.52 secs.	92%	97%
Oct.	5 mins. 58 secs.	4 mins. 56 secs.	93%	97%
Nov.	6 mins. 9 secs.	5 mins. 4 secs.-	93%	96%
Dec.				
Jan. 11				
Feb.				
Mar.				
Apr.				
May				
Jun-11				

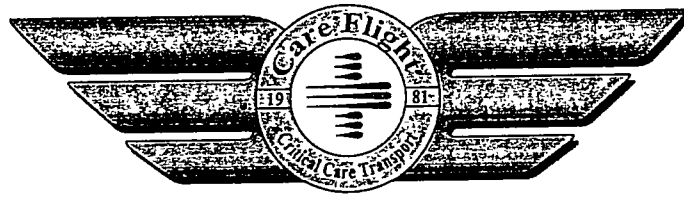


Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	15	\$109,746	\$7,316	\$7,316
Aug.	9	\$58,163	\$6,463	\$6,996
Sept.	17	\$134,512	\$7,912	\$7,376
Oct.	11	\$76,615	\$6,965	\$7,289
Nov.	9	\$66,171	\$7,352	\$7,298
Dec.			\$0	\$7,298
Jan. 2011			\$0	\$7,298
Feb.			\$0	\$7,298
Mar.			\$0	\$7,298
Apr.			\$0	\$7,298
May			\$0	\$7,298
June			\$0	\$7,298
Totals	61	\$445,207	\$7,298	\$7,298
			Adjusted Allowed Average Bill -	\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	3090	\$3,040,510	\$984	\$984
Aug.	3121	\$3,079,796	\$987	\$985
Sept.	2934	\$2,905,935	\$990	\$987
Oct.	2889	\$2,859,349	\$990	\$988
Nov.	2750	\$2,724,649	\$991	\$988
Dec.			\$0	\$988
Jan. 2011			\$0	\$988
Feb.			\$0	\$988
Mar.			\$0	\$988
Apr.			\$0	\$988
May			\$0	\$988
June			\$0	\$988
Totals	14784	\$14,610,239	\$988	\$988
			Allowed ground avg bill -	\$966.00



Regional Emergency Medical Services Authority

CARE FLIGHT
OPERATIONS REPORT
FOR
NOVEMBER 2010



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

- ❖ **In Town Transfer:**
 - 3 ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
 - 6 Community Education & Public Events

11/6/10	Mt. Rose Ski Patrol Helicopter Safety	Flight Staff
11/14/10	Mt. Rose Ski Patrol Helicopter Safety	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	9
Total Patients	9
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	6
Hospital Transports	3
Trauma	3
Medical	6
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	0
Total	9



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
NOVEMBER 2010



GROUND AMBULANCE OPERATIONS REPORT

November 2010

1. OVERALL STATISTICS:

Total Number Of System Responses	4703
Total Number Of Responses In Which No Transport Resulted	1967
Total Number Of System Transports	2736

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		48%
OB		0%
Psychiatric/ Behavioral		5%
Transfers		14%
Trauma		27%
	Trauma - MVA	8%
	Trauma - Non MVA	19%
Unknown/Other		4%
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
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2338 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Will Hehn, Interim Communications Education and CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
11/5/10	REMSA Education	22
11/10/10	REMSA Education	12
11/10/10	EMS CES 911	4
11/12/10	EMS CES 911	5

Advanced Cardiac Life Support Recert

Date	Course Location	Students
10/10/10	Summit Air	5
10/11/10	East Fork Fire District	7
10/22/10	East Fork Fire District	5
10/25/10	East Fork Fire District	5
10/26/10	East Fork Fire District	7
11/5/10	REMSA Education	9
11/8/10	Tahoe Pacific Hospital	5
11/11/10	Sara DuBois	1
11/12/10	Russell Barnum	4
11/17/10	EMS CES 911	2
11/17/10	Nampa Fire Department	9
11/18/10	Nampa Fire Department	7
11/22/10	REMSA Education	11
11/23/10	EMS CES 911	1

11/27/10	EMS CES 911	1
11/29/10	EMS CES 911	2
11/30/10	EMS CES 911	2

Advanced Cardiac Life Support Skills

Date	Course Location	Students
10/29/10	Tahoe Pacific Hospital	1
11/12/10	REMSA Education	1
11/16/10	Humboldt General Hospital	1
11/29/10	EMS CES 911	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
11/3/10	REMSA Education	7

Advanced Cardiac Life Support Instructor

Date	Course Location	Students
11/16/10	Nampa Fire Department	8
11/19/10	REMSA Education	9

Basic Life Support Instructor

Date	Course Location	Students
11/22/10	Elko Bureau of Land Management	3

Bloodborne Pathogen

Date	Course Location	Students
11/15/10	REMSA Education	6

Health Care Provider

Date	Course Location	Students
10/19/10	Washoe County School District	1
11/1/10	EMS CES 911	2
11/2/10	EMS CES 911	1
11/3/10	REMSA Education	10
11/6/10	Storey County Fire Department	6
11/6/10	Riggs Ambulance Service	7
11/7/10	EMS CES 911	2
11/8/10	Career College of Northern Nevada	13
11/9/10	Regent Care	4
11/9/10	REMSA Education	7
11/9/10	Eastern Plumas Healthcare	2
11/9/10	Reno Tahoe Airport Fire Department	2
11/10/10	EMS CES 911	1
11/13/10	REMSA Education	9
11/15/10	EMS CES 911	1
11/16/10	Jennifer Kraushaar	5
11/16/10	NorCal EMS	1
11/16/10	Career College of Northern Nevada	14
11/17/10	REMSA Education	10
11/17/10	NorCal EMS	6
11/18/10	Nye County EMS	4
11/18/10	Career College of Northern Nevada	11
11/29/10	Great Basin College	12

Health Care Provider, Employee

Date	Course Location	Students
11/1/10	REMSA Education	1
11/4/10	REMSA Education	1
11/9/10	REMSA Education	1
11/18/10	REMSA Education	1
11/22/10	REMSA Education	1
11/29/10	REMSA Education	1
11/30/10	REMSA Education	1

Health Care Provider, Recert

Date	Course Location	Students
10/20/10	Cortez Gold Mine	2
10/22/10	Visual Insight	12
10/31/10	William Person	2
11/1/10	REMSA Education	5
11/1/10	Trent Waechter	2
11/1/10	Sierra Army Depot	22
11/1/10	Summit Medical Training Solutions	3
11/1/10	William Person	7
11/2/10	Nye County EMS	2
11/3/10	Willow Springs	14
11/3/10	Sleep Medicine Associates	4
11/3/10	Lakes Crossing Center	1
11/4/10	REMSA Education	10
11/5/10	Nevada Department of Corrections	1

11/8/10	Reno Tahoe Airport Fire Department	2
11/9/10	REMSA Education	15
11/9/10	Nevada Department of Corrections	2
11/12/10	IGT	7
11/13/10	Lisa Black	2
11/16/10	REMSA Education	5
11/17/10	REMSA Education	2
11/18/10	REMSA Education	9
11/18/10	EMS CES 911	1
11/19/10	Eastern Plumas Healthcare	8
11/20/10	REMSA Education	6
11/22/10	EMS CES 911	2
11/22/10	Elko Bureau of Land Management	3
11/23/10	REMSA Education	5
11/27/10	Jason Harris	1
11/29/10	REMSA Education	1
11/29/10	Squaw Valley Fire	16

Health Care Provider Skills

Date	Course Location	Students
10/30/10	Tahoe Pacific Hospital	1
11/8/10	Tahoe Forest Hospital	1
11/8/10	Riggs Ambulance Service	1
11/9/10	Tahoe Pacific Hospital	1
11/10/10	REMSA Education	2
11/12/10	REMSA Education	2
11/16/10	REMSA Education	4

11/17/10	Tahoe Forest Hospital	1
11/22/10	Tahoe Forest Hospital	1
11/24/10	REMSA Education	1
11/24/10	Tahoe Forest Hospital	1
11/29/10	REMSA Education	2
11/30/10	REMSA Education	2

Heart Saver AED

Date	Course Location	Students
8/2/10	Washoe County School District	6
8/10/10	Washoe County School District	6
8/12/10	Washoe County School District	6
9/30/10	Washoe County School District	5
10/2/10	Washoe County School District	4
10/5/10	Washoe County School District	2
10/6/10	Washoe County School District	3
10/7/10	Washoe County School District	5
10/13/10	Washoe County School District	6
10/14/10	Washoe County School District	6
10/16/10	Washoe County School District	6
10/18/10	Washoe County School District	7
10/20/10	Washoe County School District	7
10/21/10	Washoe County School District	6
10/23/10	Washoe County School District	7
10/26/10	Washoe County School District	5
10/27/10	Washoe County School District	5

10/28/10	Washoe County School District	7
11/3/10	Natasha Barker	7
11/3/10	Fritz Kinger	11
11/5/10	Nye County EMS	9
11/6/10	Nampa Fire Department	9
11/6/10	REMSA Education	3
11/10/10	REMSA Education	7
11/14/10	REMSA Education	7
11/15/10	EMS CES 911	1
11/16/10	Korine Viehweg	1
11/18/10	Ronald Oliver	1
11/20/10	Ronald Oliver	1
11/22/10	Randi Hunewill	110
11/23/10	REMSA Education	9

Heart Saver CPR

Date	Course Location	Students
11/5/10	Visual Insight	9
11/5/10	Sierra Nevada Job Corps	6
11/13/10	Rave Family Center	8
11/19/10	Visual Insight	13
11/29/10	REMSA Education	2

Heart Saver First Aid

Date	Course Location	Students
9/23/10	Majen	10
9/29/10	Majen	8

10/1/10	Washoe County School District	3
10/5/10	Majen	5
10/6/10	Majen	8
10/7/10	Majen	13
10/12/10	Majen	7
10/21/10	Majen	4
10/26/10	Nevada Department of Corrections	26
10/27/10	Majen	4
10/28/10	Majen	8
11/2/10	Nevada Department of Corrections	3
11/2/10	Jennifer Kraushaar	19
11/2/10	Saint Mary's Medical Center	2
11/3/10	Jennifer Kraushaar	18
11/3/10	Work of Heart	1
11/4/10	Jennifer Kraushaar	19
11/8/10	Nevada Department of Corrections	27
11/10/10	REMSA Education	1
11/10/10	Majen	11
11/11/10	Ralph Renteria	4
11/11/10	Work of Heart	5
11/11/10	Saint Mary's Medical Center	1
11/12/10	Sierra Nevada Job Corps	6
11/15/10	Majen	3
11/17/10	Majen	3
11/17/10	Nevada Department of Corrections	13
11/18/10	REMSA Education	9

11/19/10	Sierra Nevada Job Corps	6
11/20/10	REMSA Education	8
11/20/10	Jennifer Kraushaar	2
11/21/10	Randi Hunewill	5
11/23/10	Work of Heart	4

Heart Saver Pediatric First Aid

Date	Course Location	Students
11/6/10	REMSA Education	4
11/13/10	REMSA Education	7

International Trauma Life Support

Date	Course Location	Students
11/8/10	REMSA Education	13

Neonatal Resuscitation

Date	Course Location	Students
11/18/10	REMSA Education	15

Pediatric Advanced Life Support

Date	Course Location	Students
8/29/10	Summit Air Ambulance	6
11/8/10	EMS CES 911	2
11/16/10	REMSA Education	14
11/21/10	EMS CES 911	2
11/24/10	REMSA Education	11
11/24/10	David Larivee	7

Pediatric Advanced Life Support Recert

Date	Course Location	Students
10/12/10	East Fork Fire District	7
10/23/10	East Fork Fire District	5
10/24/10	East Fork Fire District	5
10/27/10	East Fork Fire District	7
11/2/10	EMS CES 911	2
11/17/10	Nampa Fire Department	9
11/18/10	Nampa Fire Department	7

Pediatric Advanced Life Support Instructor

Date	Course Location	Students
11/13/10	REMSA Education	10
11/16/10	Nampa Fire Department	8

Pediatric Emergency Assessment, Recognition & Stabilization

Date	Course Location	Students
11/9/10	John Mohler & Co	4

Ongoing Courses

Date	Course Description / Location	Students
1/19/10	Paramedic Program	16
7/6/10	Paramedic Program	11
9/13/10	EMT Intermediate	24

Total Students This Report	1219
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
11/1-11/5/10	Nationally Certified Child Passenger Safety Technician Course in Elko, NV; all students passed	7 students
11/9/10	Child Passenger Safety/Child Safety Presentation for Grace Church Mothers of Preschoolers (MOPS)	1 staff
11/13/10	Child Safety Seat Checkpoint, Walgreens (Golden Valley), Reno. 15 cars and 18 seats inspected.	3 staff, 6 volunteers

Northern Nevada Fitting Station Project

Date	Description	Attending
11/30/10	Fitting Station regular partners meeting, Saint Mary's Foundation.	6 partners

Safe Kids Washoe County

Date	Description	Attending
11/8/10	Child Abuse and Neglect Prevention Annual Conference, present on SIDS and Cribs for Kid Program, Reno.	1 staff
11/9/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; Community Field Trip to downtown Sparks and Virginia Lake.	1 staff, 1 intern, 4 volunteers, 20 students
11/9/10	Safe Kids Washoe County monthly Coalition meeting, Sparks.	13 members
11/10/10	Cribs for Kids Partnership meeting with the State of Nevada Maternal Child Health Division, Carson City.	1 staff

11/15/10	Virginia Palmer Health and Safety Committee regular meeting, Sun Valley.	7 volunteers
11/16/10	Intermountain Region EMS for Children Coordinating Council teleconference.	1 volunteer
11/17/10	Cribs for Kids Train the Trainer class for Washoe County WIC staff as part of a pilot project with the State of Nevada, Reno.	1 staff, 1 volunteer, 2 interns
11/18/10	Flu Immunization Clinic at Esther Bennett in partnership with the Northern Nevada Immunization Coalition pilot project, Sun Valley.	7 volunteers; approximately 250 students vaccinated
11/18/10	Northern Nevada Immunization Coalition Childhood Committee monthly teleconference, Reno.	1 staff
11/18/10	Safe Routes to Schools monthly partner meeting, Reno	6 members
11/19/10	Regional Transportation Commission monthly board meeting, Reno. Present thank yous for support of Safe Kids Ready to Walk N' Roll Camp and the Mini Golf Tournament.	1 staff
11/29/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; Community Field Trip to UNR.	1 staff, 2 interns, 2 volunteers, 18 students
11/30/10	Safe Kids Coalition regular Board of Directors meeting, REMSA.	8 volunteers



Regional Emergency Medical Services Authority

GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
NOVEMBER 2010

INQUIRIES

November 2010

There were no inquiries in the month of November.



Regional Emergency Medical Services Authority

GROUND AMBULANCE
CUSTOMER SERVICE
FOR
NOVEMBER 2010

**POOR
QUALITY
DOCUMENT**

**POOR
QUALITY
DOCUMENT**

GROUND AMBULANCE CUSTOMER COMMENTS NOVEMBER 2010

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Everything		Silver saver ever since you started it
2	Everything necessary	Can't think of one thing - service was excellent	My daughter called as we couldn't stop my nose from bleeding.
3	Everything	You have done it all	all perfect
4	Everything was perfect	nothing!	The crew was as always - efficient, helpful & caring
5	Very prompt & efficient		
6	Good Service.	Have a club for seniors to transport for \$50.00 anytime.	
7	At this time my memory fades		
8	Everything		
9	Good communications skills on the part of the key personnel who assisted me. Knowlegable and forthright		
10	The crew was very kind, patient and were calming.	Nothing you were great.	If you would put a little commendation for the crew that took us to the hospital. They made a bad situation bearable.
11	The paramedics/EMT's were very kind & informative, they took great care of me. Terry in your billing office has been very nice to deal with over the phone.		I hope that the balance due does not get passed to a collection agency. I am currently waiting for a response from AAA on getting my bill covered.
12	Prompt & efficient	Don't know	nothing to report
13	Very nice.	Please be patient with me, I can only pay when I get my social security check. I have to pay in 3 payments. Sorry.	They were all nice. You could not ask for better.
14	Arrived quickly!		I was thankful you were there.
15	Everything - reassured me/gentle.	Reinstate Silver Saver Plus again.	
16			
17	Everything to assist patient to hosp	continue to be there	
18	Got there fast and took my requests into consideration.	I did not speak to dispatch, but was told the woman was rude - didn't listen well and wasn't very helpful.	Overall 4 out of 5 stars.
19	Everything		
20	Everything, my dad is 91 and was upset & confused - everyone was caring, reassuring, professional		they were very gentle and very through
21	yes		was good
22	Everyone was very helpful and did a great job		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
23	Arrived promptly/were very polite/did all they could, even turned heater on high! Very nice.	The driver was "the worst" ride we ever had according to crew in back with me. Very crazy (bumpy)/	The crew helping me in the ambulance were polite, respectful, and patient even though I was their last patient.
24	Very helpful, explained step by step what was to happen.		
25	Very kind & caring to the patient and family members	just continue to hire professional & caring individuals.	
26	Immediate response. Quickly took care of checking me over & getting lines in.	My partner in the accident was not tended too while I was, they could have had one person check her.	Send my thanx & love to the men who helped me. Thank you.
27	The guys in the ambulance were outstanding!	Pay my bill?...	
28			The patient is transgender; legal name is now "**** ***** *****". Please note: WE HAVE SEPERATE FINANCES. Neither of us is responsible for the other's bills.
29	The EMT's were very kind to my mother They were engaging w/ us until their services were no longer needed which was comforting		
30	ALL		Since my problem and I used your service I have taken a large cut in pay and will be laid off during winter. I have no funds at this time for this bill. Even though I haven't received a bill yet. I have full intentions of paying this bill when I get back on my feet.
31	Male member of crew calm & helpful. Appreciated him.	Since I was injured in the hospital parking lot & had walked to a nearby building (part of hospital) for help, I have wondered why I needed to be taken by ambulance to emergency room of the same hospital?	
32	All of the above.	Be more sensitive to patients emotional stress. Act like you care - not just a job.	Right after arriving to ER during the wait to see a Dr or be put in a room, there was conversation between co-workers about the nights activities, including other personal info on a DUI accident. I was very sick to my stomach, nauseated. Didn't know where or when I would see my husband. This really added to the stress, anxiety & uncertainty of what was going on with me. Less talking & more attention to the patients care.
33	911 was called because mom wandered off fell hit her head & REMSA found her house to alert family they (remsa) went out of their way to help. Keep up the good work	See above	You are welcome. Please let team know they did a great job w/ mom.
34	Your ambulance service was very prompt getting to the hospital.		Your personnel were professional & helpful.
35	You acted very quickly - getting me to the EMS truck - thing it was my heart you did EKG immediatiely although I had no chest pain. good job.		Thanks for the excellent service

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
36	treated my son with respect and compassion		
37	Everything		
38	Silver Saver Client.		Service as far as I could tell was fine. Could not understand why an ambulance had to take me across the street to the hospital.
39		The tech tried twice to put an IV in my 5 year old son's arm. Needle was too big - not good! you need kid frinedly equipment.	
40	Compassionate & caring. Giving me confidence that they understand my pain	nothing. Everything done very well	
41	Everything		Great
42	remsa has always been perfect. Helpful and kind.		
43	yes		Service arranged by life care. Good!
44	Everything		Care was very good an fast
45	You just transport the patient from one hosp to another		Have not talk to any of your personnel
46	Everything very professional	Nothing	
47	Everything	COntinue the good service	
48	the nurse was very informative having gone through the same thing.		
49			
50	Showed up timely		
51	Everything was done very well	Care couldn't have been better	
52	Kept me calm and didn't even give me a clue how bad it was.	Reduce the price of your services. Send me an insurance early enrollment form (Silver Saver).	Care was excellent & quick. Thank you.
53	give me the directions ok		good.
54	Everything	thank you	
55	Responded quickly; very pleasant.	If patient must board by herself, a step stool should be available/ I was told to walk to ambulance - found it difficult to step into ambulance (too high).	I cannot climb into any high truck, etc without hurting back & neck which is what happened on 10/7/10. Personnel tried to assist me out that is not enough to avoid strain/ Suggest step stool.
56	Everone was very helpful.	Get better shocks on the truck!	
57	Helpful with comfort	NA	
58	Responded, fast, and helped take care of my wife as needed!	None that i know, now!	
59	Your emergency staff was very polite and explained everthing done to me		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
60	I would like to thank the drivers who came to my call and saved my life. I was unconscious. Please make sure a mgr contacts them to give my thanks and token of appreciation.		
61	Everything		
62	Professional, kind, patient, knowlegable reasurance to family & friend		Very good all around service
63	Put me at ease handled me gently; advised me in advance of procedures; made me laugh		Very kind, caring & professional!!!
64	Everything, honestly	Repeat this ride!	Fantastic. Funny & informative. Thank you! Best crew ever!
65	the two fellows with the ambulance were polite, respectful, and professional; I appreciate that		
66	Everything	no	
67	Arrived promptly and "took over". Good!!		
68	Everything	Don't change anything	
69	Polite, Efficient, nice caring	nothing you are doing good job	
70			Care was outstanding (compassion)
71		Overall Treatment	Used many times always very professional
72	Your team was phenomenal - I was in extreme pain with a fractured vertebra and they made me comfortable & made me laugh		I want to commend everyone, atrick, brent to all of the fire crew ! this was the 1st time in my life I ever called 911 or took and ambulance, I was nervous but from the moment 911 took the call to the time they left me at st. mary's , I couldn't have asked for better service!
73	Service was excellent	Nothing	
74	Personable staff, kind EMT & paramedic.	Communicate with patient and don't leave them alone at all.	I was left in the ambulance all alone while we dropped off another patient for 20-30 minutes and I was frightened and alone.
75	Personal concern about my condition.	Improve your avail time, we had a 2 hr delay & 2 1/2 return delay.	
76	The response time was great & the EMT's were very kind.		My husband was wearing a long sleved red 1/2 zipper shirt. We were wondering if its in your lost and found. He didn't have it on when he was admitted into the hospital. If found please call.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
77	Your crew was amazing. I was scared and they hand carried myself & mom (the Patient) through it all. They were kind & patient. Several hours later in the ER 2 of your paramedics were back with another patient and stopped to check on my mom & me! They knew we were scared!!! Thank you ALL.		
78	arrived quickly	I don't know	
79	Helped me thru the accident	the young men did it all so well and kind	Keep up the kind help. Great young men.
80	Everything from home to hospital	nothing I can think of Thank you	I don't remember giving my insurance information
81	Crew were kind to me & put much ease	keep up the good work!	
82	Everything - the personnel made me feel comfortable	nothing	
83	very attentive		
84	Responded quickly		Didn't tell what was happening or why when he was taken to hospital
85	I was very impressed with both the gentleman that brought me back to elko, thank you so much	Nothing I was taken care of very well, thanks again	service was wonderful
86			I think the care was fine. I had to drive from alturas, ca and wasn't there when she was transported to Renown
87	You took care of my mother! The crew also helped calm me down as I was very unglued. Thx		
88	Everything	nothing	
89	Take me to hospital, gave me oxygen	nothing, they did everything great.	I didn't want to go , but they told me my oxygen is low, Thank you , so much
90	Everything ok		
91	Got my son to ER and were very good with him.	Continue to provide wonderful service.	Do you have the correct insurance info?
92	Communication and trip were excellent	Nada	Nada
93	It was a short trip - from plane to hospital. Transfer went well as did trip to hospital		
94	Everything	Keep it up	
95	Crew was very helpful, cautious and concerned. Everything was done professionally	a job well done!	
96	Look at my situation and made sure it wasn't life threatening and did what need to be done	Nothing keep doing what your doing great job. Thank you, so much	Wonderful and caring job

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
97	Arrived & delivered in a timely matter; stayed with patient until fully admitted.		
98	Everything!!	Hope don't have to call again!	Great crew, nice and made me relaxed - I've used your service several times
99	every thing	nothing	none
100	Everything I had a bowel obstruction and they girls new what to do and were professional		
101	all things		
102	All was done very well	You are the best	
103	youre always polite!	nothing	
104	Everything!	Keep up the high level of care, courtesy a & attention to detail	
105	The young men were all so helpful and kind	nothing, well done!!	
106	Consider patient comfort	service is beyond reproch	keep up the excellent service.
107	The driver apologized for taking their time getting to our house.	Have your dispatchers better trained!!!	When I tried to explain that is was an emergency all the dispatcher asked over and over was "can she talk". Because of the dispatchers ineptness my mom lost almost 8 units of blood in the 40 min wait for the ambulance! Her BP when they arrived was 40/30 and
108	took great care to address my physical inability to move	keep up the good work!	
109	Everything	nothing	
110	nice & courtesy	nothing	
111	The guys (and lady) showed up in a timely manner. they were all very polite and professional and attentive	I can't thing of one thing	I'm very satisfied
112	Everything		
113	Be ther quickly and calmed everyone involved	Keep doing the great job you are doing!	
114	Everything	trying evertime	
115	Remsa has been out quite a few times for my mom & dad - always very helpful & kind to my parents		
116	Everything - professional	Nothing - good job	Excellence in motion!
117	Made me feel secure in a very dangerous situation	I was very satisfied with your service	Service was prompt and very professional
118			
119			Generally pleased with REMSA service
120			Generally pleased with REMSA service

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
121	Explain everything to my daughter		
122	everything		
123	Everything I was seated in a chair in a confined space. I was moved - picked up with almost no pain	I think your trainins is superb.	
124	I felt they handled everything very professionally		
125	My husband was very pleased and comfortable with the service provided. It was comfortable with the service provided. It was his 1st time in an ambulance		
126	a quiet and still fast pickup	can't think but quiet pick up	
127	All phases went well!	nothing	good care & service, although I had nothing very serious.
128	Everyone was outstanding in everyway. My family was so pleased in everyway.	It would be hard to do any better.	We were treated with outstanding care. A big thanks to ALL of you!! P.S. He is still in the hospital in ICU.
129	They did very well.		
130	provide helpful & caring service	did everything well	very professional
131	Overall service very good	prompt	Have not talked to billing staff.
132	Everything	I can't think of anything	Very polite & professional
133	the crew was very polite to you family members		
134	You arrived in 5 minutes approximately	nothing	you were strong, reassuring, efficient, kind, careful and synchronous, Thank you.
135	Arrived quickly - asked me questions to help me indicate what was wrong and what I wanted to do.		
136	Everything	nothing	
137			all good
138	Everything was couterous and polite.	As far as I am concern, nothing.	Excellent care and thoughtfulness.
139	Everything		Excellent!
140	very gentle in handling the patient onto a stretcher and into the hospital	The crew did a very good job and the driver was very careful	I thought the crew resopnded to my call quickly. I waould recommend remsa to anyone. they were very caring
141	all		
142	Everything was excellent	keep up the good work!	Superior
143	Showed up fast & quiet & got me to emergency		Very good!
144	At the scene ordered by primar physician	nothing	nothing / service was excellent

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
145	Communicate, calmed me and very professional EMT's very knowledgable	keep up the " great Service" you provide	
146	Very caring and polite and informative.	Nothing	The people were friendly and kind!
147	Your staff were kind and attentive.	One of your staff read my EKG and told me there was prior evidence of a heart attack. I work at a hospital in the cardian unit & had me EKG done and there was NO evidence of a prior heart attack. I was upset for many days until I could get to work & get evaluated.	
148	Just about everything. The crew were timely professional and really helped the situation	nothing comes to mind	The paramedic was great, knew his "stuff" and rally assisted. Thank you!!
149	Personal exhibited knowlege, assurance, experience and releived me and patient of fear	Do the same again, no changes	wonderful response in time of need
150		continue good word	
151	Crew was very friendly & helpful reacted quickly		
152	everything	I don't know. Everything was great	Every one was so nice and caring.
153	Got here fast. Help so much inform my wife. took my list of meds.	You where all great!	
154	Fast response - professional - calm informed & reassuring	nothing	
155	Very kind to me in ambulance	Just be there!	
156	We were completely satisfied with the REMSA personnel and their attention and service	?	Excellent
157	responed quickley listened well, showed concern		
158	Explained to me what might be causing the hypertension problem - and suggestions to relieve it - good communication	Use warm blankets to cover patient	
159	Calmed the patient. Acted very professionally.	Nothing	
160	very good as usual		
161	peompt, courtious, professional	No	
162	removed patient to hospital safely - were compassionate & caring	I can see no reason to change your method of operations	Serves was the best
163	all	I was fine	None
164	The paramedics were a reassuring presence at a time when I was afraid and hurting. All the while they worked efficiently, they kept talking to me to help me get my mind off my pain		We used your service twice in one week - both crews were top - notch and I am very grateful to them.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
165	transporting my daughter to Renown main with care & concern! Thank you		
166	The 1st responder guys were very nice. Made sure I was well taken care of	nothing on this trip	Billing dept was very nice when I told him I have absolutely zero incom
167			I was told I would not be billed as I was being taken from the jail to Renown. I did not have a choice in my transportation. The ambulance staff told me I would not be billed.
168	Saved my life	Be there - thank you	
169	Took my father to the hospital in a timely manner.	The crew is there to help a patient in distress not have an attitude.	Crew was very rude.
170	The rescue crew were most professional courteous & prompt. IV was connected before we were moving - and operating room on wheels		
171	Patient does not remember any of this ride.		
172	Everything was fine		
173	Were very supportive and did aninformative to my condition	Thank you so much for a job wellappreciated	All the paramedics consoled me in such a way which eased my condition
174	very kind, patient		
175	A crisis situation gone good	keep helping other	everything saved my life
176	Everything	N/A	
177	Reassure me he was in good hands		
178			Job well done
179	Very caring & helpful		We have used Remsa many times vecause johns health & you are always professional - caring & helpful. Thank you so much
180	Crew was friendly and very helpful		My crew want out of the way to make me comfortable
181	All		
182	Very professional	nothing	service excellent
183	explaining the problem	did a great job!!	
184	Provided comfort and reassurance during transport	Put a flatscreen TV on ceiling of ambulances? or something to look at.	
185			The doctors office called REMSA while I was in his office

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
186	Noting at all. You are very lucky you have not already heard from small claims court or worse. However, county hospitals are for taxpayers. Plus I have already talked to the billing supervisor. This will be saved with the letter to make sure that I do not spend the time to deal with you again.		
187	The young man who connected the tube to my vein did a very good job I have nothing veins but found the vein quickly	Keep up the good work	I am very glad that your staff is there when I need them
188	2 very nice care takers & made me feel comfortable. Excellent service.	Nothing every thing was great	
189	paramedics talked me into being admitted to the hospital.	Did everything right.	Hreat service & personnel.
190	talked to me while I was sick. Made me laugh while I was sick.		
191	All things done in timely and good order		
192	all		
193	Everything. If I hadn't been ill, it would have been fun. Everything was polite and helpful	nothing	
194	Fast response, care in helping me		I was happy and greatfull for the help you gave me.
195	Everything - youre guys were great	Thank you	
196	Everything	Nothing	Very good
197	Overall availability.	Stay in there for your community	Want more info on annual subscriptions.
198	Everything!!		Great crew!! Great Care!!
199	The service was grend	It was gentle and kind	Thank you again for such good care
200	You took excellent care of my father & who passed on 11-2-2010 thank you for care		
201	All perfect		
202	They explained my case good to me	nothing	I was glad REMSA was there to calm my mother down.
203	Response time and medical assistance especially I.V and blood pressure and heart rate		
204	Very caring & polite		
205	All above	nothing	
206	Arrived in a short time	You already do a good job	excellent
207	Everything!!	Nothing!!!	The 911 operator was great. The crew didn't waste anytime getting me care and there

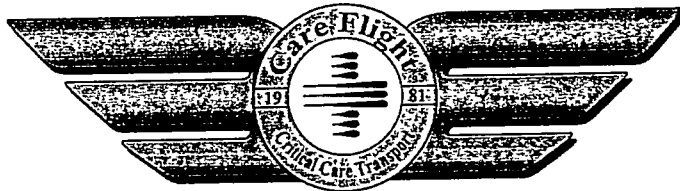
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
208	Rapid arrival & transfer to hospital	?	
209	Dealing with colitis was numbling, they were quick to calm my nerves	Husband was informed I was at st. mary's (not Renown) first ambulance was broken, had to wait for another	Your medics were great!
210	Everything		
211	Everything		
212	Very useful & informative	Everything was fine	
213	They did every thing right I could not be happier	thank you	
214	Quick & professional	Pleased with current system	service was good
215	Transported me faster to the hosp		
216	Everything - we have no complaints		
217	Dispatcher did great. Paramedics - nothing done well where it regarded my asthma.		I filed a complaint online regarding this run. This is the run that caused me to tell 911 on 11/4 NOT to send REMSA. 11/4 Paramedics & Field Supervisor were the best REMSA personnel I have had contact with in the past 10 years.
218	Careful, efficient & friendly handling	Easier riding ambulance	Attendants were very professional, they were neat & clean
219	Very professional and exhibited sincere concern for my well being. Thank you!	Have an ambulance closer for Spanish Springs people.	
220			I arrived at ym Mother's house just as the EMT's were locking up my mom's house. I didn't know they were there untill I arrived. I thought afterward, what would I have done if I arrived after they had left. I wouldn't have known what happened to my mom or where she was. I was sure when I got back to her house the EMT's probably left a note on the table or somewhere saying she had been taken to the St. Mary's ER, but there was no note, no indication that they had been there. I would've been in a panic, calling police, all the hospitals, etc, trying to find her. Had I not received your form I had every intention of writing you and letting you know this. I don't know what your policies are, but I believe a little postcard should be left at the house for family. I don't think they would've found me by phone. My mother was so confused in the ambulance that she didn't know anyone's phone number etc. She didn't remember the name of the preschool where I worked. It would've been very difficult and I believe time consuming for anyone to have found me. Thank you very much for the opportunity to give my opinion on this matter. I hope it helps you and others in the future. Thanks again. P.S. I believe it was 6:30 pm when I got to my mom's house, my work day had ended, they wouldn't have found me if they called every preschool in town.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
221		Help me get well	everythang was vry well done. Thank you
222	Everyone treated me excellent		
223	Good service and caring	I am appreciation the great job you have been done	
224			You are always great with mom! Does she still have "silver saver?"
225	took excellent care of me		Excellent service provided - no comment
226			
227	The remsa crew was really nice and professional and helpful and caring	nothing they did great!!!!	Just that they did a wonderful job!!!!
228	The ambulance responded in a timely manner.	Nothing. Everything was great.	My daughter said the ambulance driver had on music with disgusting lyrics. Perhaps they can turn off music when a patient is in the ambulance.
229	kind conciteret naligable	some tittee's	
230			My license was lost either by the hospital or REMSA & I am low income.



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
NOVEMBER 2010



CARE FLIGHT CUSTOMER COMMENTS NOVEMBER 2010

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Everything-they even visited me in hospital to see how I was doing.		First class outfit - Thanks!
2	Everything		
3	Got me to heart specialist QUICKLY!	Don't know.	Your are very expensive.
4	Everything.		Thank you for making sure I arrived at hospital alive.
5	Provided a safe and comfortable helicopter flight.		
6	The helicopter staff were all so helpful and helped me to be calm before and during my flight.		
7	Got me to the hospital to save my life. My artery to my heart collapsed. Thank you.		
8	Made patient at ease for the flight		I was pleased on how the response went.
9	Everupme was very helpful and very fast and safe.	not a thing. I want to thank you very much.	
10	Took care of me in flight.		
11	Made me feel very secure. Administered proper medication to make me comfortable.	Nothing I can think of.	
12	They got me to the hospital fast.	Made my options clearer	I didn't feel I agreed to be flown. I felt I could have went by ambulance or not at all.
13	Made us feel like our son was being well taken care of.		
14	Were caring and attentive.	Wonderful knowing you are there.	
15	Everything.		When can I expect a bill?
16	Fast service, comforted patient.		
17	Everything.	Just keep doing what you are doing.	Your people and care was excellent.
18	Got my husband to Renown Med Ctr.		
19	Response time; kind/caring attitude.	Keep up the good work!	Your service is greatly appreciated. We/I needed you and you were there. Great service!
20	Excellent response.	Being 6'4" was uncomfortable ride. Not made for tall patients.	



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
NOVEMBER 2010

PUBLIC RELATIONS

November 2010

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding power outage safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote and distributed media advisory regarding ITLS competition at the Atlantis	N/A
Continued to pitch the RGJ to do a story on the new CPR guidelines.	The RGJ ran the story in its 11/9 issue in the front page of the health section.
Set-up interview with REMSA and KOH on power outage preparedness	Glenn Jones did the interview and it ran on 11/10.

NOV 23 2010

November 17, 2010

Attn: Jim Gubbels
REMSA
450 Edison Way
Reno, NV 89502

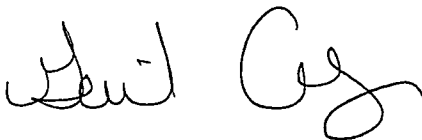
Dear REMSA,

On behalf of the Board of Directors of the Reno-Tahoe Young Professionals Network (YPN), thank you for your generous sponsorship of our 4th Annual Twenty under 40 awards program. Your sponsorship will help YPN further its core mission to cultivate an informed and involved young professional community in the region – creating our next great leaders.

Reno Tahoe YPN was founded in 2007 and has over 250 members that participate in over 30 events per year. We offer opportunities for young professionals to get involved in professional development series called Power Lunch, monthly networking through our Raise the Bar events, community service and special events such as Twenty under 40.

Again, we greatly appreciate your sponsorship of the Reno Tahoe YPN Twenty under 40 Awards. We hope to have you back again in 2011! For more information on YPN and how to get more involved, please go to www.renotahoeypn.com or call 829-3555.

Sincerely,



Gail Conkey
Executive Director
Reno Tahoe Young Professionals Network

**POOR
QUALITY
DOCUMENT**

**POOR
QUALITY
DOCUMENT**



*Thank you for participating in the Carson Valley
Medical Center Hospital Foundation 2010 Fall Classic.*

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

911	Assemblyman Aizley	BDR	Prohibits smoking on buildings and grounds of the facilities of the Nevada System of Higher Education	<p>sales and vending machines. The DHD was in support of this bill in 2009 but did not provide testimony.</p> <p><u>Background.</u> Content is unknown at this time, but is expected to require the NSHE to become a "smoke-free campus," prohibiting smoking in and on 100% of the NHSE property, including outdoor spaces. Currently, smoking is prohibited indoors (per the Nevada Clean Indoor Air Act), within 25' of all doors and entrances (per NHSE policy), and in outdoor sporting facilities (per NHSE policy). A comprehensive "smoke-free policy" may also include bans on tobacco sponsorship, advertisement, distribution, employment recruitment, and sales.</p>	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p> <ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>
TBD	TBD	TBD	Nevada Clean Indoor Air Act (NCIAA)	<p><u>Background.</u> Community efforts will begin soon to prepare for and oppose any legislation that may be introduced to weaken the NCIAA as occurred in the 2009 Session (<u>SB372</u>). Details will be forthcoming.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Uncertain • Ordinance: Uncertain • Policy: Uncertain • Fiscal Impact: Uncertain <p>(J. Hadayia)</p>

(Bills that are no longer active are located at the end of the document and identified in italics).



Regional Emergency Medical Services Authority

REMSA

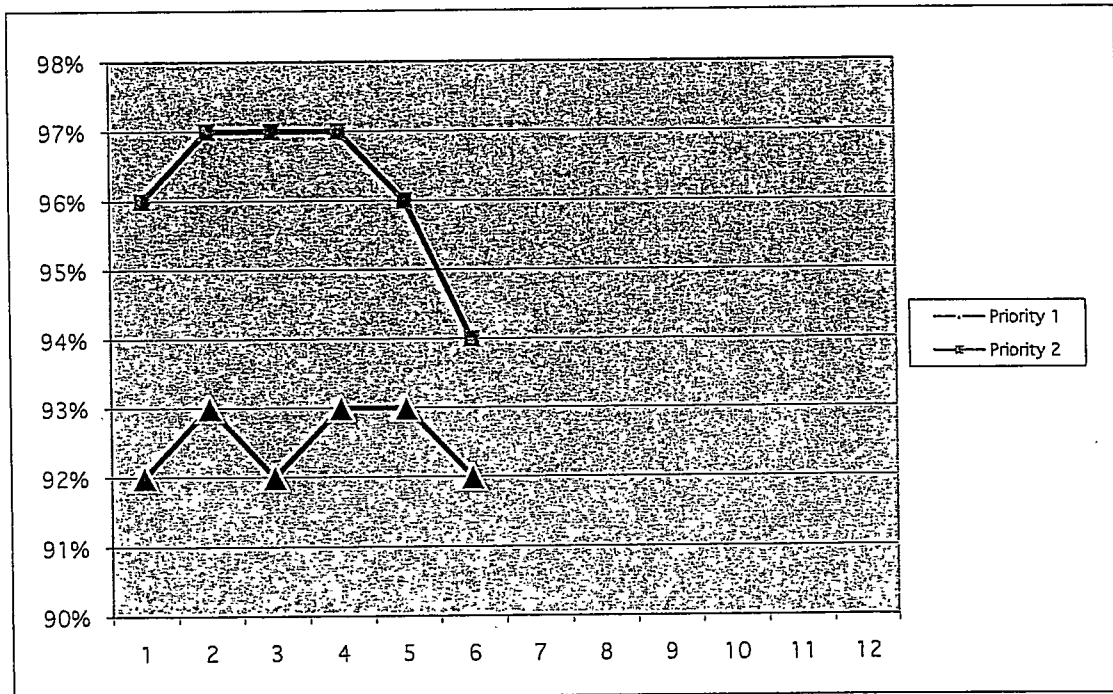
OPERATIONS REPORTS

FOR

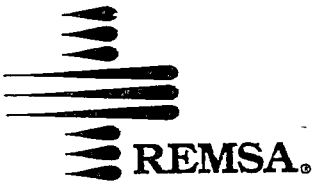
DECEMBER 2010

Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.	5 mins. 54 secs.	4 mins. 49 secs.	93%	97%
Sept.	6 mins. 5 secs.	4 mins.52 secs.	92%	97%
Oct.	5 mins. 58 secs.	4 mins. 56 secs.	93%	97%
Nov.	6 mins. 9 secs.	5 mins. 4 secs.	93%	96%
Dec.	6 mins 3 secs.	4 mins. 58 secs.	92%	94%
Jan. 11				
Feb.				
Mar.				
Apr.				
May				
Jun-11				

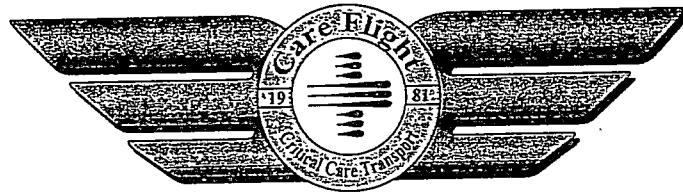


Care Flight		10-11 Sched of Fran Avg. Bill		
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	15	\$109,746	\$7,316	\$7,316
Aug.	9	\$58,163	\$6,463	\$6,996
Sept.	17	\$134,512	\$7,912	\$7,376
Oct.	11	\$76,615	\$6,965	\$7,289
Nov.	9	\$66,171	\$7,352	\$7,298
Dec.	9	\$60,165	\$6,685	\$7,220
Jan. 2011			\$0	\$7,220
Feb.			\$0	\$7,220
Mar.			\$0	\$7,220
Apr.			\$0	\$7,220
May			\$0	\$7,220
June			\$0	\$7,220
Totals	70	\$505,372	\$7,220	\$7,220
			Adjusted Allowed Average Bill -	\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	3090	\$3,040,510	\$984	\$984
Aug.	3121	\$3,079,796	\$987	\$985
Sept.	2934	\$2,905,935	\$990	\$987
Oct.	2889	\$2,859,349	\$990	\$988
Nov.	2750	\$2,724,649	\$991	\$988
Dec.	3129	\$3,122,929	\$998	\$990
Jan. 2011			\$0	\$990
Feb.			\$0	\$990
Mar.			\$0	\$990
Apr.			\$0	\$990
May			\$0	\$990
June			\$0	\$990
Totals	17913	\$17,733,168	\$990	\$990
			Allowed ground avg bill -	\$966.00



Regional Emergency Medical Services Authority

CARE FLIGHT
OPERATIONS REPORT
FOR
DECEMBER 2010



CARE FLIGHT OPERATIONS REPORT
 DECEMBER 2010
 WASHOE COUNTY

- ❖ In Town Transfer:
 - 0 ITTs were completed
- ❖ Outreach, Education, & Marketing:
 - 1 Community Education & Public Events

12/11/10	REMSA Kid's Santa Party	❖ Flight Staff
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❖ Statistics

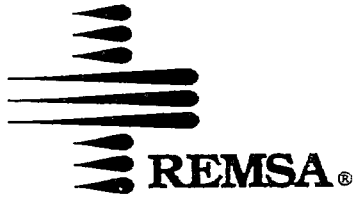
Washoe County Flights

	# patients
Total Flights:	9
Total Patients	9
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	8
Hospital Transports	1
Trauma	3
Medical	3
High Risk OB	0
Pediatrics	1
Newborn	0
Full Arrest	2
Total	9



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
DECEMBER 2010



GROUND AMBULANCE OPERATIONS REPORT

December 2010

1. OVERALL STATISTICS:

Total Number Of System Responses	5331
Total Number Of Responses In Which No Transport Resulted	2219
Total Number Of System Transports	3112

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		48%
OB		1%
Psychiatric/Behavioral		5%
Transfers		13%
Trauma		29%
	Trauma - MVA	9%
	Trauma - Non MVA	20%
Unknown/Other		3%
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
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2582 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Will Hehn, Interim Communications Education and CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
3/13/09	Humboldt General Hospital	15

Advanced Cardiac Life Support Recert

Date	Course Location	Students
11/14/10	Casey Quinlan	5
11/19/10	Northstar Fire Department	6
12/1/10	EMS CES 911	1
12/7/10	REMSA Education	10
12/12/10	EMS CES 911	1
12/13/10	Summit Medical Training Solutions	3
12/15/10	EMS CES 911	1
12/17/10	EMS CES 911	5
12/28/10	REMSA Education	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
12/3/10	REMSA Education	1
12/29/10	REMSA Education	1

Advanced Medical Life Support

Date	Course Location	Students
12/14/10	REMSA Education	5

Health Care Provider

Date	Course Location	Students
10/7/10	Barrick Goldstrike	1
10/28/10	Barrick Goldstrike	9
11/9/10	Humboldt General Hospital	5
11/17/10	Kelly Halleman	10
11/29/10	Great Basin College	12
12/1/10	REMSA Education	9
12/1/10	EMS CES 911	1
12/2/10	REMSA Education	9
12/2/10	Sierra Nevada Job Corps	6
12/3/10	West Hills Hospital	11
12/5/10	NorCal EMS	6
12/6/10	NorCal EMS	10
12/6/10	Great Basin College	17
12/6/10	Randi Hunewill	28
12/6/10	Storey County Fire Dept	2
12/7/10	EMS CES 911	3
12/9/10	NorCal EMS	2
12/10/10	Randall Evans	4
12/12/10	EMS CES 911	1
12/12/10	Jennifer Kraushaar	1
12/13/10	REMSA Education	1
12/13/10	EMS CES 911	2
12/13/10	Sierra Nevada Job Corps	6
12/14/10	REMSA Education	11

12/15/10	EMS CES 911	1
12/16/10	Ken Kruse	1
12/20/10	EMS CES 911	2
12/29/10	Sierra Nevada Job Corps	1

Health Care Provider, Employee

Date	Course Location	Students
12/2/10	REMSA Education	2
12/14/10	REMSA Education	1
12/17/10	REMSA Education	2
12/27/10	REMSA Education	1
12/28/10	REMSA Education	2

Health Care Provider, Recert

Date	Course Location	Students
2/6/09	Humboldt General Hospital	12
2/7/09	Humboldt General Hospital	4
8/25/10	Humboldt General Hospital	4
10/21/10	Barrick Goldstrike	2
11/2/10	Riggs Ambulance Service	21
11/3/10	Riggs Ambulance Service	19
11/4/10	Great Basin College	1
11/11/10	Riggs Ambulance Service	20
11/17/10	Florida Canyon Mine	8
12/1/10	REMSA Education	1
12/3/10	Jason Harris	1

12/3/10	Great Basin College	3
12/4/10	Nye County EMS	1
12/6/10	REMSA Education	7
12/6/10	John Keast	3
12/7/10	Reno Tahoe Airport Authority	1
12/7/10	REMSA Education	7
12/9/10	REMSA Education	8
12/10/10	Tahoe Forest Hospital	5
12/11/10	REMSA Education	9
12/11/10	Great Basin College	5
12/13/10	Steve Silva	1
12/13/10	Trent Waechter	1
12/14/10	Reno Tahoe Airport Authority	1
12/15/10	REMSA Education	7
12/16/10	REMSA Education	9
12/17/10	REMSA Education	5
12/18/10	REMSA Education	7
12/21/10	REMSA Education	10
12/29/10	West Hills Hospital	4

Health Care Provider Skills

Date	Course Location	Students
11/20/10	Tahoe Pacific Hospital	5
11/30/10	Tahoe Forest Hospital	3
12/2/10	Tahoe Forest Hospital	1
12/9/10	REMSA Education	2

12/17/10	REMSA Education	1
12/20/10	REMSA Education	2
12/22/10	REMSA Education	1
12/23/10	REMSA Education	2
12/28/10	REMSA Education	1
12/29/10	REMSA Education	2
12/30/10	REMSA Education	1

Heart Saver AED

Date	Course Location	Students
12/8/10	REMSA Education	4
12/11/10	REMSA Education	9
12/13/10	Randi Hunewill	8
12/17/10	EMS CES 911	8

Heart Saver CPR

Date	Course Location	Students
9/27/10	Sierra Nevada Job Corps	6
12/8/10	Sierra Nevada Job Corps	6

Heart Saver First Aid

Date	Course Location	Students
11/6/10	NorCal EMS	6
11/24/10	Vici Marr	12
11/29/10	Sierra Nevada Job Corps	5
11/30/10	Nevada Department of Corrections	13
11/30/10	Sierra Nevada Job Corps	5
12/1/10	EMS CES 911	1

12/2/10	EMS CES 911	1
12/2/10	Saint Mary's PAS	5
12/2/10	Ralph Renteria	3
12/2/10	Sierra Nevada Job Corps	6
12/6/10	Sierra Nevada Job Corps	5
12/7/10	Sierra Nevada Job Corps	5
12/8/10	Nevada Department of Corrections	30
12/9/10	Elko County School District	1
12/14/10	Nevada Department of Corrections	14
12/15/10	Alex Maclennon	6
12/18/10	REMSA Education	10
12/21/10	Reno Tahoe Airport Authority	2
12/22/10	REMSA Education	1

Heart Saver Pediatric First Aid

Date	Course Location	Students
11/16/10	Robert Painter	9
12/4/10	Tahoe Forest Hospital	4
12/8/10	Leslie Cowger	14
12/11/10	Jennifer Kraushaar	3
12/11/10	REMSA Education	10
12/13/10	Elko County School District	4

Pediatric Advanced Life Support

Date	Course Location	Students
12/14/10	EMS CES 911	2

Pediatric Advanced Life Support Recert

Date	Course Location	Students
9/25/09	Humboldt General Hospital	11
12/8/10	REMSA Education	10
12/12/10	EMS CES 911	2
12/22/10	EMS CES 911	1

Pediatric Emergency Assessment, Recognition & Stabilization

Date	Course Location	Students
12/10/10	Great Basin College	22

Ongoing Courses

Date	Course Description / Location	Students
1/19/10	Paramedic Program	16
7/6/10	Paramedic Program	11
	EMT Basic	
9/13/10	EMT Intermediate	24

Total Students This Report	758
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5. COMMUNITY RELATIONS:

Community Outreach:

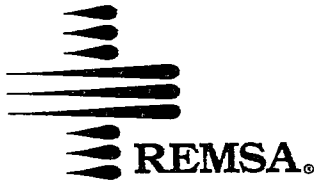
Northern Nevada Fitting Station Project

Date	Description	Attending
12/15/10	St. Mary's Prepared Childbirth Class	12 new parents

Safe Kids Washoe County

Date	Description	Attending
12/1/10	Safe Kids Website Committee meeting, Reno	4 volunteers
12/1/10	Nevada Moves Committee meeting, Sparks.	3 volunteers
12/2/10	Intermountain Region EMS for Children Coordinating Council Family Representative teleconference.	3 volunteers
12/2/10	Esther Bennett Safety Committee meeting, Sun Valley.	7 volunteers
12/3/10	Washoe County Child Death Review Team regular meeting, Washoe County Social Services.	14 volunteers
12/3/10	Saint Mary's WIC Cribs for Kids pilot project training class, Reno.	1 intern, 2 instructors, 3 students
12/3/10	North Lake Tahoe Fire Prevention District Paramedic Refresher Course, Incline Village. Presented class: SIDS? Not SIDS? - Safe Sleep/ Cribs for Kids project.	1 staff; 100 students
12/7/10	Virginia Palmer Parent Involvement Committee meeting on nutrition, Sun Valley	1 intern, 5 parents
12/8/10	Virginia Palmer Kick-Off Frequent Walking Program, lunch-time program, Sun Valley.	2 volunteers; 525 students
12/8/10	Esther Bennett Safety Committee Body Mass Index (BMI) Measurement presentation at school-wide staff meeting, Sun Valley.	2 SK volunteers, 35 staff members
12/9/10	Safe Kids Website Committee meeting, Reno	3 volunteers
12/9/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; computer classroom session, Sun Valley.	4 volunteers, 18 students
12/14/10	Intermountain Region EMS for Children Coordinating Council teleconference.	7 members
12/14/10	Safe Kids Washoe County monthly Coalition meeting, Sparks.	13 members
12/15/10	Safe Kids USA Webinar.	2 staff
12/15/10	Northern Nevada Immunization Coalition annual winter mixer, Reno	2 volunteers
12/16/10	Safe Routes to Schools Strategic Planning meeting, Reno.	9 partners
12/16/10	Photojournalism Project with Esther Bennett sixth grade safety patrol; final session, Sun Valley. 18 students	3 volunteers; 18 Project

	presented their pictures and findings to the two 6th grade classes, staff and parents.	students; 10 staff and parents; 46 students
12/22/10	Annual Safe Kids Planning meeting with Officers, Reno.	6 volunteers
12/22/10	Cribs for Kids committee meeting, Reno.	2 volunteers
12/30/10	Northern Nevada Immunization Coalition Childhood Committee monthly teleconferenc, Reno.	4 volunteers



Regional Emergency Medical Services Authority

GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
DECEMBER 2010

INQUIRIES

December 2010

There was one inquiry in the month of December. A caller wrote to inquire about certain procedures in the dispatch process. We spoke to her on the telephone and explained why pre-arrival instructions are given, dispatching of the fire department as first responders, mapping of outlying areas and more. This caller was grateful for the information and the inquiry is closed.



Regional Emergency Medical Services Authority

GROUND AMBULANCE
CUSTOMER SERVICE
FOR
DECEMBER 2010

GROUND AMBULANCE CUSTOMER COMMENTS DECEMBER 2010

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Your crew was pleasant, made me feel that I was in capable hands.	Nothing that I can see
2	They were very professional	cover me better
3	Very kind and great with my son	
4		Was very appreciative how quickly ERMSA arrived at the house for my husband Thank you
5	You didn't let me die.	Your post service with billing was thorough, extremely helpful, professional & patient.
6	Pleasant & helpful driver and assistant	same
7		Make sure ins. pays
8	Everything	Nothing
9	Very kind & caring EMT's	
10		Great service and professional staff
11	You people are very (more than nice) and very efficient	None
12	every thing	nothing
13	They were professional and very proper	If you speak Spanish and or English he can understand
14	Everything!	Not necessary, your service was excellent
15	REMSA men were very uplifting and funny.	
16	Informed me of all process & type of treatment I was receiving.	If not able to pay I am told you have a top notch legal & collections agency.
17	Everything	?
18	Everything	Keep up the good work
19	Everything	Keep up the good work
20	The flight crew called me (son) at home, to let us know our dad made it to Reno, and gave details of his condition	nothing
21	Everything! Your the best.	
22	Timely- comforting. The crew made me as comfortable as possible and i felt very safe in there care	No complaints
23	My husband was transported from NNMC to St Mary's & the three EMT's were so nice, helpful, and very profesional. They get an A+	?- As it was as good as it could be. Again A+
24	Helped when I needed it	You answered all my needs
25	You saved my life. I thank you.	
26	Everything	Nothing
27	Very professional. Got the patient ready to transport to the hospital.	
28	I was very pleased with all services	

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
29		The crew were extremely polite and easy to talk to.
30	Fast, got to the hospital fast	all ok
31	Transferred from Circus Circus with pt having chest pains	Excellent service and polite ad caring staff 0 improvment necessary
32	Kind Caring	
33	Prompt and polite	
34	Good!	Good!
35	Staff was efficient and kind to my mom.	
36		You had a n excellent service
37	Everything	Nothing The crew was great. The man and the young lady were very caring and professional.
38	Response time very prompt	Keep up the good work Personell were great, efficient, and helpful
39	The dispatcher told me to stay calm. She got the paramedics quickley here. within a few minuts	Thank the paramedics for coming so fast and working fast getting us to the hospitas getting Jordan stable. Thank the fire deptfor being there too. Thank tou for your service, being so fast and helpful to all of us.
40		Keep up the good work.
42	The crew was very good to our family, we would like to thank youall for what they did for us.	
43	Very kind paramedics. Very professional & nice.	Everything was great. Thank you for taking such great care of me!
44	Professional	did a great job
45		The staff was very caring & thoughtful, and respond very quick. Keep up the good work!
46	Everything	Nothing
47	Everything	
48	Very helpful- concerned & caring	I can't think of anything
49	Everything	The care they gave me was great.
50		Excellent rponsece time & staff.
51	The peramedics were very friendly and always told me what was happening	
52	They kept me warm they were rendering aid to my girlfriend.	n/a services rendered were excellent and professional. n/a
53	The guys took very good care of me & was knowldelsle. They made me feel safe	Can't think of anything your team was great
54	Get me to ER at Northern Nev hosp-	
55	All staff did everything they could to me to feel comfortable and unafraid.They showed great concern and arrived quickley	Thank you.
56	Very well	Great service
57	Everything- kind & helpful	

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
58	Every thing	I was very satisfied
59	Everything! You were great. Thank you	
60	Everything, but my mother passes away the next day anyway. Thank you for all you did.	I've heard of a plan for seniors, I would appreciate a brochure sent to me. Thank you. I couldn't ask for better service. God bless you all.
61	Kept me warm	Good service.
62	Everything	
63		Blood pressure device didn't work. Staff very helpful.
64	Fast	Keep up the good work
65	Made me very comfortable	
66	Everything	?
67	The whole experience with the crew should be commended	This crew is not broke (don't fix) Very personable and professional. Give them a raise or good x-mass bonus. Bless you all
68	Well done	Nothing
69	Curties & palite	Keep up the good work
70	all of service	
71	Very caring, explained where they were taking me to my wife, gave her directions	I was very pleased with the service & care received
72	Everything	
73	Kind & very professional	Nothing
74	Paramedics were very professional and helpful	I was involved in an accident & and REMSA transported me to st. mary's ER. Thank you for the great service & caring attitude your professional paramedics provided at this stressful time.
75	talked to me first instead of listening to my mother. she can be stubborn	n/a n/a
76	I was in a lot of pain & pretty bitchy . They were very tolerant of my attitude.	Your service has always been excellent
77	No issues/ good run	Don't know n/a
78	The crew and staff were very helpful as always - thank you	
79	Very efficient, very pleasant	
80	Everything	Nothing, they did very well
81	Friendly - helpful	Served- me swiftly and kindly
82	Every one was great	nothing I always love every one, every time I have gone
83	Thank you for promptness of arrival.	Information provided re: symptoms of my husband were not reported fully to ER staff if ER medical records we obtained is correct. Symptoms more serious than documented.
84		The City of Reno fire engine was here at pickup site at least 20 minutes before the REMSA unit arrived. Have used REMSA at other times and there arrival time was very good.

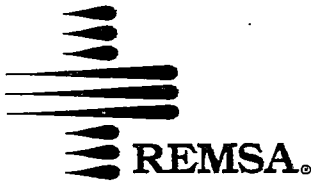
What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	
85	arrived promptly		
86	Excellent		
87	Every thing was done very well.		
88	You respond immediately!	I don't know	excellent service!
89	Everything, Staff was polite knowlegable and very helpful.	not a thing I can think of	No comment Everything was handled great!
90	Everything, this was my 2nd time in 2 weeks and everything was just as great as the 1st time		The care they gave me was wonderful, thank you so much.
91	Start to finish.		
92	All were professional	Nothing	did not discuss billing
93	Everything	I don't know	
94	You did a fantastic job. Thanks		Great job
95	Great		
96	Your attendants are wounderful and comforting when a person is scared	You're perfect as far as I'm consened	My being frightned was well put at ease and I thank you! Have a very merry christmas - all @ REMSA.
97			I have always felt the ENT's are the true heroes. It starts with them when saving a life- my first experience with Remsa was in 1999 when I had my first near fatal asthma attack- I knew when they came through my bedroom door they were going to do everything they could to save my life- I was told later that when I saw them I totally relaxed- after that I remember nothing since that time I have had 4 or 5 attacks. and every time I see them, I relax. Relaxing has helped me get controll so I don't have another near fatal asthma attack- Thank all of you wonderful men and woman that are saving lives everyday- with love and gratitude 12/12/10
98	Everything well	Service good	
99	Everything	Nothing	
100	We have no complaints		
101	Everything was taken care of verry well	Cant think of anything	Everything was handled very well
102	Helpful and considerate people. Smooth ride	I think "As good as it gets"!	
103	How quickley Remsa arrived at our home after calling 911	n/a	We were pleased with all the services
104	Everything done very well!		
105	Crew was very compassinent		
106			
107	Prompt and attentive not sure why fire department showed up	maybe explain a little more whats going on.	
108	Everything!! I awoke w/my bedroom full of light and men & a neighbor. My daughter had been unable to contact me & called the police (she lives in calif) Wow! I thought I died & hit the jackpot ! Your EMT's convinced me to go to (NNMC) where i stayed for a week.	If I ever need your services again please send the the same team. really wounderful!	The two EMT's were wounderful! Kind and polite & the one who set up an IV "plug" in my hand was very thoughtful & careful. I hate thoes things. Please! Thank them for me. They were great & you are fortunate to have such fine men working with and for you!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
109	Provided pain medication promptly		
110	Well oeganized to get me down stairs (2nd floor)	Continue to be available	Thank you- again - for your courcticies
111	The move from my location to the hospital was done in the most accomadating, friendly, professional way	I was totally satisfied with the service	
112	Got me to emergency on time	You served me well	
113		unknown	
114	Everything		
115	Very thorough. I appreciated the fact they stayed w/ me till placed in an ER room		Excellent
116	Were there quickly		
117	Everything		
118	Everything. paramedics were very respectful and coutious		
119	Everyone	Stay the same	
120	Everything		
121			EXCELLENT
122	Thanks to Teresa for her kind voice and patience		
123			Very good
124	Very kind		My mom just passed away - 12-03-2010
125	All.		Dispatcher could have been a little more patient.
126	Excellent service		
127	Kept me calm made me feel they were taking good care of me and didn't feel scared		
128	Taking me to the hospital	Nothing	
129	Everything	Nothing	
130		Listen to the person in the house on how to get person out of house.	Paramedics did not listen.
131	Everything!		
132	They made me feel very comfortable and they were very nice people		
133	Good service		
134	Were very helpful	bilingual is always a plus	
135	Your people are really very nice and helpful. I felt my husband was in good hands with them.		Please send me an application to be a member of your company. My neighbor has been a member with you for a long time.
136	your personnell was very friendly an helpful. They were great!!		
137	Very friendly and comforting	No fire truck	Thank you
138	Everything	Nothing	Very happy with everythin done

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
139			Service was good.
140	Everything, stayed with me (patient until hospital staff took charge)		Excellent
141	Every thing the greatest crew so helpful and so caring so helpful thank-you!!		"Out standing" Thank you so much
142	very prompt & friendly	Keep up the good work	
143	All care was excellent		
144	Caring staff: excellent service	Thank you	
145	Everything	A okay	
146	The three gentlemen who transported our daughter were incredible. They were very professional as well. They made sure we knew what was going on and made sure the nurse knew we were on the floor.		Thank you.
147	Fast response		
148	You responded very quickly from time called	Your ser was good	
149	Did very well and provided care and concern	None	
150	Your people were very nice and polite. Thank you very much.		
151	Very prompt efficient		
152	Very polite		
153	Everything	Don't change a thing. You are all great	I had super glue in my eye they had something to stop the pain in seconds
154	They cared for me.		
155	Lead paramedic was communicative & concerned about my condition. Very pleasant- did good job		
156	Quick response	Quick Response again if necessary!!!	First time we needed an ambulance. Felt care and service were very good.
157	Tried to make comfortable		
158	Excellent		
159	Everything		
160	Everything	Have an inflight movie- haha	Very careful, great service, very caring!
161	Take care of by va. Ever thing was grate		
162	Everything		
163	Yes		
164	they were helpful and very nice made me feel like I was in good hands.		
165			
166	Good in-flight care and took me to room in hospital		
167	All was well done	?	Thank you

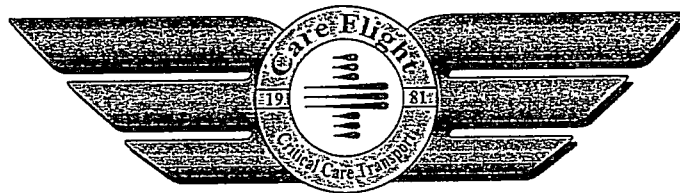
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
168	Everything	Not a thing	
169	Professional and friendly		
170	Everything, with one exception. See below.	Increase training for crew members installing IV's for patients with very small veins. The IV attempt was abandoned before pt was admitted to St Mary's ER.	We ave both been transported to St Mary's before. REMSA personnel are ALWAYS top notch!
171	They were very informative and professional	Hopefully nothing	Very good
172	Everything.		They all gave me over excellent care. Especially the female.
173			The crew was most efficient
174	Everything		
175	All showed empathy and intrest was cared for pleasantly, proffessionaly and with effeiently		
176	Immediate and friendly response	Keep up the good work	
177	You saved my life		
178	Very polite & helpful	You did just fine	Excellent service
179	Excellent care & treatment.	Keep up the good work!	I was calmed down professionally - treatment I received excellent care after impact of my vehicle I was stunned(the lady new exactly what to do) Thank you very much fro your help.
180	No complaints		
181	Didn't beat the hell out of me trying to get me to respond to stimuli.	Train all your employees to what Kleine Levis (sleeping disease) and non proliferative systemic mastacytosis. No Insuline.	Hi Jim Gubbles - Do you still work there. Imoved back into town. Thanks/
182	You took care of my wife and her needs and handeld her with care	Everything was ok	
183	Every thing		
184	Pleasant trip to hospital gave excellent care to the wife	Keep doing the same	
185	They did everything great		
186	Made me feel at ease		
187	Treated me in a kind and courtious manner	Nothing	0
188	"Finally".took me to Renown Hospital after spending lots of time trying to convince me that I was having a panic attack, which I was NOT. I kept telling your red headed man that I had a thyroidectomy & partial removal of para thyroids five days earlier at Renown.		
189	Billing staff was very understanding.		
190	Prompt arrival- very helpful		
191	Nothing. Wrong protocol was ran and agravated wifes symptoms/condition.	Tran your paramedics properly or leave town.	No comment - lawyers advice.
192	Friendly as personable		

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
193 The driver did not listen to the 2 EMTs and didn't take the long way to Renown via airport.	Instruct EMT's not to play GOD; don't let me hear that there's "no rush" on this one & he's a long term heroin user. I could hear & understand every word that was said!	I couldn't respond to these comments for the first 2/3's of the trip but I heard every word! It was crista; c;ear the EMT's were going to let me die. All this disturbed me big time. I'm an insulin dependent Diabetic, in my 69 years on this earth I have never even seen heroin let alone tried it. Just makes me wonder how many people who don't live up to EMT standards didn't live to tell their tale. I did, it was only the driver, 2 EMT's and me. Who is to be believed? Feel free to contact me.
194 First ride on an ambulance, so as far as im concerned they did everything well.	n/a	With their confidence and professionalizam they calm me down and relaxed me.
195 Yes	Service is fine- dispatchers very nice	
196 Deliver me to Renown Emergency	All ok	No comment
197 Crew was kind and very thoughtful.	Keep up the good work.	
198 Were at the house in minutes. started monitoring patient right away		Haven't been billed yet, going through ins.
199 Everything	Nothing	Excellent
200 Communication	Everything was great	Very good
201 I don't know your staff was very professional and friendly	Lower your transport costs	You guys and gals are great thanks again-
I have a great impression of all they did!		
203 You saved my life...	Nothing...	
204 They did everything perfectly!!!	Keep thoes ones!!!!	They were kind and considerate and made me feel better so I calm down. Tell them thank you so so very much.
205 Great	Get me to a bottom floor!	
206 Everything		Complete professionals
207 Everyone was great!	Just keep up the great work.	
208 Everything		
209 Very careful and understanding	Keep up the good work	
210 Came in and took care of him and took him to the emergency twice - fast service	Nothing	
211 All		Excellent care; informative; showed warmth and compassion while remaining professional.



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
DECEMBER 2010



CARE FLIGHT CUSTOMER COMMENTS DECEMBER 2010

What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1 Everything		
2 Very professional, quality care and extremely compassionate.		As an EMS provider I work with Care Flight, but this was my first (hopefully only) experience as the patient. I would recommend them to everyone. We love these guys and gals and thank them from the bottom of our hearts.
3 Great help!		
4 The only thing my husband remembers is a crew member leaning over him and saying "don't worry, you'll be okay." Please thank the crew for what they do and for getting my husband safely to Renown for care. We are so grateful.		
5 Communication.	Keep up the good work!	
6 Fast response, professional	Lower the cost of Care Flight, 7,900 is ridiculous.	
7 Got me to the hospital.		
8 Everything!	Nothing!	Staff was very reassuring during a stressful time.
9 Everything you did was perfect.		
10 The crew were very helpful due to the fact that I do not fly. I want to thank the crew for being very kind to my wife and daughter.	nothing	The crew was very professional and very helpful to my family.
11 Everything from start to finish at hospital.	Keep up excellent service. Great job.	
12 Everything! They showed great care and concern!		
13 Entire experience was done well and very prompt.		
14 Everything!		
15 Everything!		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
DECEMBER 2010

PUBLIC RELATIONS

December 2010

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding holiday toy safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Coordinated Channel 2 and REMSA for their annual shopping day for the Food Bank's holiday food drive.	REMSA received coverage on Channel 2 regarding their shopping and food donation on Dec. 8, 9 and 10
Spoke with Melissa Krall regarding PR ideas for the Buffalo Stampede safety walk taking place at Esther Bennett Elementary School.	The event will take place in January.
Worked with Melissa Krall and Kurt Althof regarding ski helmet donations from Care Flight to Sky Tavern.	The media event around the donation will take place in January.
Designed artwork for the Point of Impact for better visibility and awareness for the program.	The Point of Impact trailer has the signage put on it the last week of December.



Renown Health Foundation
1300 Mill Street
Reno, NV 89502-1474

P 775-982-5545
F 775-982-5565
www.renown.org

December 31, 2010

JAN 05 2011

REMSA
Mr. Jim Gubbels
450 Edison Way
Reno, NV 89502

Dear Mr. Gubbies,

On behalf of Renown Health Foundation, thank you again for supporting Magic 2010, Renown Health Foundation's Fundraising Gala. We are truly grateful for your Jump Sponsorship in the amount of \$1,500.00. (For tax purposes it may be helpful for you to know that \$867.76 of your contribution is tax-deductible.)

While Magic 2010 provided a memorable evening for all involved, it also generated needed support for Renown Children's Hospital. Proceeds from Magic 2010 are helping to fund the relocation and renovation of our children's inpatient floor and Pediatric Intensive Care Unit, which is the only PICU between Sacramento and Salt Lake City. One of our primary goals is to keep care close to home for the children and families of northern Nevada, and by building a strong Children's Hospital and attracting more children's specialists, we can do just that. Renown Children's Hospital is no illusion - we're working hard to keep kids healthy and get them back to what's most important - having fun and just being kids.

With the support of generous gifts such as yours, Renown Children's Hospital will continue to grow and preserve the health of this region's children for generations to come. Thank you again.

Sincerely,

A handwritten signature in cursive script that reads "Jody Musgrave".

Jody Musgrave
Donor Relations Coordinator

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Sparks police honored in yearly ceremony

by Dan McGee - For the Tribune

Dec 19, 2010 | 291 views | 0 | 2



Tribune/Dan McGee REMSA supervisor Bryan Taylor (left) never knew when trained the SWAT team on the use of tourniquets it would save some one's life. Earlier this year Sparks officer Chris Rowe (right) used that training to save the life of the gunshot victim, which earned him both the department's Lifesaving award as well as a special award from REMSA. Behind them police chief Steve Keefer and EMT Kevin Romaro exchanged comments.

SPARKS — Members of the Sparks Police Department, both sworn and non-sworn, as well as some civilians gathered Saturday afternoon at the Recreation Center on Richards Way for the the department's annual awards ceremony.

Among the special guests was mayor Geno Martini, who said, "We recognize some of our citizens that have done things, our police officers, so this is a good event and I don't like to miss these as it's something positive for a change."



Tribune/Dan McGee Tom Crouse (left) was named Officer of the Year at the annual Sparks Police Awards ceremony on Saturday. Here police chief Steve Keefer reads officer Crouse's many accomplishments over the past 13-years before presenting him with the award.

Chief Steve Keefer was master of ceremonies and he began with the Officer of the Year award, which went to 13-year veteran officer Tom Crouse.

"It's a huge honor of all the sworn officers to be selected as the Officer of the Year," he said. "It is a career goal that one should have and I'm very honored and fortunate to receive it today."



Tribune/Dan McGee Maureen Dyette was given the Non-Sworn Employee of the Year award for her efforts as a supervisor in the emergency dispatch center. Here chief Steve Keefer presents it to her during the annual Sparks Police Awards Ceremony.

Among his accomplishments was gathering old cell phones for the department to give to victims of domestic violence. This allows these people to call 911 in case of an emergency.

Next was veteran dispatch supervisor Maureen "Mo" Dyette, who was named the Non-Sworn Employee of the Year. She came to the department with 16 years of experience and Chief Keefer said Dyette has worked hard

to help those on her shift, to improve the center and to act as an advocate for the center.

"It's very humbling to be selected and it's overwhelming," she said. "I've got

a great group of dispatchers I work with that have supported me and have helped me be a good supervisor."

The first Medal of Valor went to officer Jason Edmonson, who risked his own safety to confront an armed suspect who seemed ready to shoot a victim lying on the ground.

More Medals of Valor went to officers Scott Hale-Byron and Jace Thelin. Supporting them were dispatchers Joanna Bellamy and Laurie Howard, who were awarded Certificates of Commendation.

Keefer explained that these five were involved in a call regarding the stabbing deaths of Lana Stone and 2-year-old Connor Lawrence in November. As the officers handled the incident on scene, the dispatchers used the information gathered by officers to get assistance from Reno, which aided in stopping the suspect before he could flee the area.

Sgt. Charlie Alt, who couldn't be present at the ceremony, also received a Medal of Valor.

Officer Chris Rowe received the Lifesaving Award while Lt. Pete Krall was awarded a Certificate of Commendation. They were involved in an incident in which they helped a female shooting victim, who was losing a large amount of blood, in time to prevent the loss of her arm. While Krall removed the shooter, Rowe applied a tourniquet that doctors later credited with saving the woman's life and arm. Several medics from REMSA, led by supervisor Bryan Taylor, who helped train Rowe, presented both men with awards.

Asked about his award, Rowe said, "REMSA gave us top notch training. They came in, instructed the SWAT team, gave us training for gunshot purposes and that absolutely helped. This award means a lot and I'm extremely grateful that the lady survived, she was able to keep her arm and we were able to apprehend the suspect, as well."

Detective Jason Woodard was awarded the Medal of Meritorious Service for his work in high profile and child abuse cases. His skill at interrogating has led him to instruct other officers in Nevada and California in this technique.

"I think it has a lot to do with old-fashioned police work and dedication to the case, the victims and a lot of it isn't just to my credit but it has to do with the people I work with and help me," Woodard said. "It's very nice to be recognized by your peers and it means you're probably doing things right. I'm very fortunate to work with the people I work with in the Sparks Police Department as it's a great place to work and a great community."

There were numerous Certificates of Commendation handed out to officers, dispatchers, records supervisors, a marketing team that produces the department's calendar, an information technology specialist and a victim's advocate. One non-department civilian was Sparks resident Bruce Garafola, who received commendation for his efforts in locating a robbery suspect, chasing him down and assisting officers with the man's apprehension.

"It's an outstanding day to pay respect to the great service the men and women of the Sparks Police Department have shown throughout the year," Keefer said. "I'm proud to be affiliated with them and very honored to tell the stories that show bravery, compassion, professionalism and tenacity so it's going to be a great day."

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Washoe County Health District



Public Health
Prevent. Promote. Protect

January 18, 2011

To: Members District Board of Health

From: Eileen Coulombe, Administrative Health Services Officer

Subject: Public Health Fund Revenue and Expenditure Report for December 2010

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for December of fiscal year 11.

Background

The attached reports are for the accounting period 6/11 and the percentages should approximate 50% of the year. Our total revenues and expenditures for the current year (FY11) compared to last year (FY10) are as follows:

December 2010	FY11 – REV	FY10 – REV	FY11 – EXP	FY10 – EXP
Transfer	25%	35%		
AHS	36%	38%	39%	42%
AQM	50%	43%	46%	40%
CCHS	39%	35%	46%	43%
EHS	51%	46%	48%	46%
EPHP	17%	31%	25%	28%
TOTAL	37%	37%	42%	40%

The Environmental Oversight Account for December 2010 was \$163,179.71.

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

Washoe County Health District
REVENUE
Pds 1-6, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00	23,962.00	19,038.00	56	69,000.00	21,739.00	47,261.00	32
422504 Pool Permits	63,000.00	11,620.00	51,380.00	18	33,000.00	14,605.00	18,395.00	44
422505 RV Permits	10,500.00	5,418.00	5,082.00	52	10,500.00	5,754.00	4,746.00	55
422507 Food Service Permits	342,000.00	171,916.00	170,084.00	50	355,000.00	178,236.00	176,764.00	50
422508 Wat Well Const Perm	34,500.00	14,516.00	19,984.00	42	44,000.00	20,139.00	23,861.00	46
422509 Water Company Permits	4,000.00	702.00	3,298.00	18	12,000.00	2,410.00	9,590.00	20
422510 Air Pollution Permits	391,000.00	178,321.50	212,678.50	46	402,399.00	195,609.75	206,789.25	49
422511 ISDS Permits	47,000.00	30,143.00	16,857.00	64	90,000.00	23,060.85	66,939.15	26
422513 Special Event Permits	70,500.00	40,183.00	30,317.00	57	75,000.00	48,824.20	26,175.80	65
422514 Initial Applic Fee	35,000.00	13,615.00	21,385.00	39	38,000.00	16,888.00	21,112.00	44
* Licenses and Permits	1,040,500.00	490,396.50	550,103.50	47	1,128,899.00	527,265.80	601,633.20	47
431100 Federal Grants	7,053,078.76	2,060,649.27	4,992,429.49	29	8,060,346.66	2,559,117.69	5,501,228.97	32
431105 Federal Grants - Indirect	31,928.00	31,430.92	497.08	98	31,540.00	17,916.36	13,623.64	57
432100 State Grants	470,737.42	229,263.26	241,474.16	49	627,556.00	219,442.90	408,113.10	35
432310 Tire Fee NRS 444A.090	370,535.00	226,129.72	144,405.28	61	370,534.52	209,568.78	160,965.74	57
432311 Pol CtrI 455B.830	290,140.86	159,845.00	130,295.86	55	280,000.00	158,650.00	121,350.00	57
* Intergovernmental	8,216,420.04	2,707,318.17	5,509,101.87	33	9,369,977.18	3,164,695.73	6,205,281.45	34
460162 Services to Other Agencies					63,657.69	23,909.21	39,748.48	38
460500 Other Immunizations	85,000.00	46,232.44	38,767.56	54	110,000.00	42,749.95	67,250.05	39
460501 Medicaid Clinical Services	32,000.00	22,903.22	9,096.78	72	36,500.00	10,339.50	26,160.50	28
460503 Childhood Immunizations	140,000.00	31,811.50	108,188.50	23	190,000.00	73,113.65	116,886.35	38
460505 Non Title X Revenue						1,369.00	1,369.00	
460508 Tuberculosis	7,000.00	3,849.94	3,150.06	55	10,000.00	3,931.20	6,068.80	39
460509 Water Quality		432.00	432.00					
460510 IT Overlay	111,000.00	45,093.00	65,907.00	41	121,001.00	55,642.00	65,359.00	46
460511 Birth and Death Certificates	210,000.00	124,116.00	85,884.00	59	215,000.00	106,356.00	108,644.00	49
460512 Duplication Service Fees	115.00	1,129.43	1,014.43	982	200.00	57.50	142.50	29
460513 Other Health Service Charges	2,700.00	5,099.25	2,399.25	189	8,000.00	2,621.00	5,379.00	33
460514 Food Service Certification	8,000.00	6,856.00	1,144.00	86	8,000.00	8,667.00	667.00	108
460515 Medicare Reimbursement	500.00	265.60	234.40	53	500.00	672.90	172.90	135
460516 Pgm Inc-3rd Pty Rec	6,500.00	2,785.32	3,714.68	43	9,000.00	3,929.28	5,070.72	44
460517 Influenza Immunization	12,000.00	4,814.99	7,185.01	40	5,000.00	20,025.06	15,025.06	401
460518 STD Fees	30,000.00	15,014.21	14,985.79	50	30,000.00	13,838.64	16,161.36	46
460519 Outpatient Services					12,500.00		12,500.00	
460520 Eng Serv Health	55,000.00	21,486.00	33,514.00	39	90,500.00	32,153.00	58,347.00	36
460521 Plan Review - Pools & Spas	2,500.00	3,265.00	765.00	131	5,000.00	5,032.00	32.00	101
460523 Plan Review - Food Services	17,000.00	11,469.15	5,530.85	67	30,000.00	9,306.15	20,693.85	31
460524 Family Planning	66,000.00	22,379.66	43,620.34	34	100,000.00	34,184.85	65,815.15	34
460525 Plan Review - Vector	24,000.00	18,675.00	5,325.00	78	64,000.00	16,795.00	47,205.00	26
460526 Plan Review-Air Quality	11,270.00	14,049.00	2,779.00	125	15,500.00	17,819.00	2,319.00	115
460527 NOE-AQM	40,000.00	42,585.00	2,585.00	106	32,900.00	44,610.00	11,710.00	136
460528 NESHAP-AQM	62,000.00	37,077.00	24,923.00	60	62,000.00	43,714.00	18,286.00	71
460529 Assessments-AQM	21,000.00	14,700.00	6,300.00	70	22,000.00	14,040.00	7,960.00	64
460530 Inspector Registr-AQ	1,900.00	3,395.00	1,495.00	179	1,900.00	3,735.00	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00	83,888.00	81,112.00	51	178,333.00	89,732.00	88,601.00	50
460533 Quick Start		87.00	87.00			170.00	170.00	
460534 Child Care Inspection	8,300.00	4,278.00	4,022.00	52	9,000.00	4,843.00	4,157.00	54
460535 Pub Accomod Inspectr	17,000.00	7,249.00	9,751.00	43	21,000.00	7,415.00	13,585.00	35

Washoe County Health District
 REVENUE
 Pds 1-6, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
460570 Education Revenue	13,400.00-	6,898.00-	6,502.00-	51		6,826.00-	6,826.00	
* Charges for Services	1,149,185.00-	601,883.71-	547,301.29-	52	1,451,491.69-	697,596.89-	753,894.80-	48
484050 Donations Federal Pgm Income		20,203.37-	20,203.37			100.00-	100.00	
485100 Reimbursements		150.00-	150.00		450.00-	150.00-	150.00	
485300 Other Misc Govt Rev		25.00-	25.00		450.00-	309.00-	141.00-	69
* Miscellaneous		20,378.37-	20,378.37		450.00-	559.00-	109.00	124
** Revenue	10,406,105.04-	3,819,976.75-	6,586,128.29-	37	11,950,817.87-	4,390,117.42-	7,560,700.45-	37

Washoe County Health District
EXPENSE
Pds 1 - 6, FY 2010

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
70110 Base Salaries	10,272,697.47	4,594,668.32	5,687,999.15	45	10,661,133.97	4,592,494.55	6,068,639.42	43
70120 Part Time	654,044.80	287,523.26	366,521.54	44	700,249.99	335,486.91	364,763.08	48
70130 Pooled Positions	380,511.88	201,739.81	178,772.07	53	325,364.33	99,508.86	225,855.47	31
70140 Holiday Work	1,200.00	1,592.87	392.87	133	1,500.00	846.49	653.51	56
70150 xcContractual Wages					255,500.00	34,693.95	220,806.05	14
701200 Incentive Longevity	162,000.00	80,367.34	81,632.66	50	167,094.00	76,737.73	90,356.27	46
701300 Overtime	144,685.26	68,007.78	76,677.48	47	301,520.21	102,853.90	198,666.31	34
701406 Standby Pay	30,000.00	16,894.65	13,105.35	56	30,000.00	16,434.65	13,565.35	55
701408 Call Back	3,000.00	1,510.06	1,489.94	50	3,000.00	2,178.23	821.77	73
701412 Salary Adjustment	103,719.57		103,719.57		185,747.75		185,747.75	
701413 Vac Payoff/Sick Pay-Term		67,000.86	67,000.86			68,402.29	68,402.29	
701417 Comp Time		16,984.33	16,984.33			25,531.98	25,531.98	
701500 Merit Awards	120,175.23		120,175.23		329,645.39		329,645.39	
* Salaries and Wages	11,424,214.61	5,326,289.28	6,097,925.33	47	12,301,464.86	5,355,169.54	6,946,295.32	44
705110 Group Insurance	1,598,298.03	707,976.41	890,321.62	44	1,570,574.85	701,526.58	869,048.27	45
705210 Retirement	2,377,608.28	1,065,825.48	1,311,782.80	45	2,467,024.18	1,071,465.43	1,395,558.75	43
705215 Retirement Calculation	410,797.00		410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	148,666.06	70,397.47	78,268.59	47	151,277.42	70,027.00	81,250.42	46
705320 Workmens Comp	54,530.00	27,265.02	27,264.98	50	64,271.45	30,666.78	33,604.67	48
705330 Unemply Comp	33,440.00	33,440.01	0.01	100	12,350.00	24,545.00	12,195.00	199
705360 Benefit Adjustment	8,094.00		8,094.00		9,504.31		9,504.31	
* Employee Benefits	4,631,433.37	1,904,904.39	2,726,528.98	41	4,475,002.21	1,898,230.79	2,576,771.42	42
710100 Professional Services	1,737,137.94	89,613.54	1,647,524.40	5	2,031,672.72	266,191.12	1,765,481.60	13
710105 Medical Services	7,248.00	1,058.00	6,190.00	15	13,600.00	7,657.50	5,942.50	56
710108 MD Consultants	60,900.00	26,881.25	34,018.75	44	55,382.00	17,731.25	37,650.75	32
710110 Contracted/Temp Services	106,854.22	34,742.23	72,111.99	33	147,602.00	54,481.00	93,121.00	37
710119 Subrecipient Payments	186,242.00	116,667.43	69,574.57	63	102,210.00	56,551.60	45,658.40	55
710200 Service Contract	74,415.00	43,714.39	30,700.61	59	15,505.00	22,642.30	7,137.30	146
710205 Repairs and Maintenance	16,864.00	6,261.14	10,602.86	37	350.00	17,802.29	17,452.29	5,086
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75	270,541.22	91,067.85	179,473.37	34
710300 Operating Supplies	131,537.14	50,521.29	81,015.85	38	1,385.00	750.33	634.67	54
710302 Small Tools & Allow	1,685.00	325.50	1,359.50	19	2,000.00		2,000.00	
710308 Animal Supplies	2,000.00		2,000.00		560,707.00	360,413.48	200,293.52	64
710319 Chemical Supplies	360,450.00	321,290.65	39,159.35	89	36,024.50	12,836.96	23,187.54	36
710334 Copy Machine Expense	32,001.00	12,635.00	19,366.00	39	62,342.26	23,611.87	38,730.39	38
710350 Office Supplies	55,950.43	21,723.78	34,226.65	39	7,587.00	4,230.75	3,356.25	56
710355 Books and Subscriptions	8,084.00	1,792.52	6,291.48	22	26,958.44	11,777.99	15,180.45	44
710360 Postage	27,538.00	11,280.18	16,257.82	41	1,135.00	197.54	937.46	17
710361 Express and Courier	765.00	247.94	517.06	32	100.00		100.00	
710391 Fuel & Lube	100.00		100.00		94,550.30	12,811.09	81,739.21	14
710500 Other Expense	57,009.88	30,459.36	26,550.52	53	49,651.24	9,563.79	40,087.45	19
710502 Printing	32,263.72	15,749.21	16,514.51	49	8,625.00	5,287.67	3,337.33	61
710503 Licenses & Permits	6,875.00	5,470.00	1,405.00	80	900.00		900.00	
710504 Registration					2,800.00	869.00	1,931.00	31
710505 Rental Equipment	1,800.00	360.00	1,440.00	20	273.40	450.00	176.60	165
710506 Dept Insurance Deductible		176.19	176.19		4,705.00	2,615.73	2,089.27	56
710507 Network and Data Lines	5,460.00	2,950.66	2,509.34	54	60,808.05	22,506.91	38,301.14	37
710508 Telephone Land Lines	53,453.92	20,483.05	32,970.87	38				

Washoe County Health District
EXPENSE
Pds 1 - 6, FY 2010

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
71050 Seminars and Meetings	30,848.00	13,672.18	17,175.82	44	29,770.00	6,293.00	23,477.00	21
710512 Auto Expense	16,457.00	6,217.16	10,239.84	38	20,954.14	5,976.48	14,977.66	29
710514 Regulatory Assessments		27.99	27.99					
710519 Cellular Phone	13,410.00	7,615.30	5,794.70	57	13,597.00	6,772.34	6,824.66	50
710529 Dues	6,846.00	5,644.00	1,202.00	82	4,476.00	5,573.00	1,097.00	125
710535 Credit Card Fees	10,545.00	5,144.90	5,400.10	49	12,394.78	5,155.74	7,239.04	42
710546 Advertising	20,394.70	17,999.27	2,395.43	88	37,047.00	18,774.50	18,272.50	51
710577 Uniforms & Special Clothing	3,450.00	300.35	3,149.65	9	3,150.00	940.63	2,209.37	30
710585 Undesignated Budget	31,928.00		31,928.00		31,540.05		31,540.05	
710590 Bad Debt Expense						1,293.40	1,293.40	
710600 LT Lease-Office Space	120,932.89	65,233.98	55,698.91	54	195,423.01	95,312.10	100,110.91	49
710703 Biologicals	313,025.68	58,111.07	254,914.61	19	291,252.68	72,289.26	218,963.42	25
710714 Referral Services	11,300.00		11,300.00		11,300.00		11,300.00	
710721 Outpatient	122,249.97	36,323.24	85,926.73	30	119,940.00	55,990.06	63,949.94	47
710872 Food Purchases	2,851.00	1,474.34	1,376.66	52	2,695.00	850.02	1,844.98	32
711010 Utilities	1,100.00	1,212.00	112.00	110				
711100 ESD Asset Management	21,600.00	10,050.00	11,550.00	47				
711113 Equip Srv Replace	41,946.18	22,123.56	19,822.62	53	101,823.48	55,017.97	46,805.51	54
711114 Equip Srv O & M	58,538.39	26,578.53	31,959.86	45	71,986.43	26,718.66	45,267.77	37
711115 Equip Srv Motor Pool	2,325.00	4,849.70	2,524.70	209	12,070.00	5,827.50	6,242.50	48
711117 ESD Fuel Charge	41,646.75	25,961.58	15,685.17	62	54,173.64	22,035.52	32,138.12	41
711119 Prop & Liab Billings	72,200.00	36,099.96	36,100.04	50	66,930.00	32,964.96	33,965.04	49
711210 Travel	184,975.05	36,145.43	148,829.62	20	194,849.02	20,172.95	174,676.07	10
711213 Travel-Non Cnty Pers					1,942.00		1,942.00	
711300 Cash Over Short		19.32	19.32					
711504 Equipment nonCapital	72,068.02	39,238.59	32,829.43	54	76,536.11	133,801.19	57,265.08	175
** Services and Supplies	4,179,281.88	1,243,407.12	2,935,874.76	30	4,909,465.47	1,573,787.30	3,335,678.17	32
781004 Equipment Capital	105,454.72	43,283.58	62,171.14	41	371,424.85	84,204.12	287,220.73	23
** Capital Outlay	105,454.72	43,283.58	62,171.14	41	371,424.85	84,204.12	287,220.73	23
** Expenses	20,340,384.58	8,517,884.37	11,822,500.21	42	22,057,357.39	8,911,391.75	13,145,965.64	40
485192 Surplus Equipment Sales						12.60	12.60	
* Other Fin. Sources						12.60	12.60	
621001 Transfer From General	8,192,500.00	2,048,124.00	6,144,376.00	25	8,795,500.00	3,060,000.00	5,735,500.00	35
* Transfers In	8,192,500.00	2,048,124.00	6,144,376.00	25	8,795,500.00	3,060,000.00	5,735,500.00	35
** Other Financing Src/Use	8,192,500.00	2,048,124.00	6,144,376.00	25	8,795,500.00	3,060,012.60	5,735,487.40	35
*** Total	1,741,779.54	2,649,783.62	908,004.08	152	1,311,039.52	1,461,261.73	150,222.21	111

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,191,109.00-	427,812.00-	763,297.00-	36	1,205,291.00-	455,466.99-	749,824.01-	38
* Intergovernmental	1,191,109.00-	427,812.00-	763,297.00-	36	1,205,291.00-	455,466.99-	749,824.01-	38
460512 Duplication Service Fees	115.00-		115.00-		200.00-	57.50-	142.50-	29
* Charges for Services	115.00-		115.00-		200.00-	57.50-	142.50-	29
485300 Other Misc Govt Rev					450.00-	205.00-	245.00-	46
* Miscellaneous					450.00-	205.00-	245.00-	46
** Revenue								
701110 Base Salaries	1,191,224.00-	427,812.00-	763,412.00-	36	1,205,941.00-	455,729.49-	750,211.51-	38
701120 Part Time	1,806,128.35	816,607.36	989,520.99	45	1,748,051.93	804,604.27	943,447.66	46
701130 Pooled Positions	24,427.89	10,960.13	13,467.76	45	24,553.03	11,138.57	13,414.46	45
701140 Holiday Work	83,483.00	16,243.32	67,239.68	19	68,296.19		68,296.19	
701200 Incentive Longevity	29,800.00	171.47	171.47-					
701300 Overtime	29,800.00	14,559.62	15,240.38	49	31,000.00	13,003.10	17,996.90	42
701412 Salary Adjustment	1,000.00	10,480.55	9,480.55-	1,048	6,000.00	4,783.08	1,216.92	80
701413 Vac Payoff/Sick Pay-Term	5,347.52-		5,347.52-		7,104.00		7,104.00	
701417 Comp Time		2,350.06	2,350.06-					
* Salaries and Wages								
705110 Group Insurance	1,939,491.72	871,372.51	1,068,119.21	45	1,885,005.15	840,890.65	1,044,114.50	45
705210 Retirement	288,679.65	134,477.60	154,202.05	47	268,699.06	128,451.65	140,247.41	48
705215 Retirement Calculation	394,720.53	178,611.97	216,108.56	45	381,561.51	174,922.66	206,638.85	46
705230 Medicare April 1986	410,797.00		410,797.00		200,000.00		200,000.00	
705320 Workmens Comp	26,138.11	12,152.41	13,985.70	46	24,601.66	11,453.66	13,148.00	47
705330 Unemploy Comp	10,332.00	5,165.94	5,166.06	50	11,458.00	5,728.98	5,729.02	50
* Employee Benefits								
710100 Professional Services	1,137,003.29	336,743.89	800,259.40	30	888,530.23	322,766.95	565,763.28	36
710105 Medical Services	2,300.00	1,905.00	395.00	83	3,300.00	510.00	2,790.00	15
710200 Service Contract	750.00	207.00	207.00-					
710205 Repairs and Maintenance	700.00	573.48	176.52	76	750.00	794.38	44.38-	106
710300 Operating Supplies	26,100.00	7,063.00	700.00	27	800.00	96.22	703.78	12
710334 Copy Machine Expense	11,594.00	3,539.04	8,054.96	31	52,049.29	6,955.39	45,093.90	13
710350 Office Supplies	16,200.00	3,508.10	12,691.90	22	11,594.00	3,420.61	8,173.39	30
710355 Books and Subscriptions	1,350.00	537.90	812.10	40	1,370.00	1,475.50	9,398.15	42
710360 Postage	1,550.00	350.63	1,199.37	23	1,600.00	534.56	1,065.44	33
710361 Express and Courier	100.00	8.89	91.11	9	100.00	31.77	68.23	32
710500 Other Expense	1,100.00	542.85	557.15	49	1,100.00	494.85	605.15	45
710502 Printing	9,050.00	429.81	8,620.19	5	9,550.00	1,159.80	8,390.20	12
710503 Licenses & Permits	2,300.00	740.00	1,560.00	32	2,400.00	400.00	2,000.00	17
710507 Network and Data Lines	480.00	242.94	237.06	51				
710508 Telephone Land Lines	11,380.00	4,314.89	7,065.11	38	11,800.00	4,894.18	6,905.82	41
710509 Seminars and Meetings	5,300.00	2,102.18	3,197.82	40	5,100.00	1,845.00	3,255.00	36
710512 Auto Expense	3,900.00	684.65	3,215.35	18	4,350.00	748.91	3,601.09	17
710519 Cellular Phone	250.00	564.13	314.13-	226	350.00	49.61	300.39	14
710529 Dues	2,850.00	320.00	2,530.00	11	955.00	2,530.00	1,575.00-	265
710546 Advertising	150.00		150.00		150.00		150.00	
710600 LT Lease-Office Space	80,296.00	41,639.36	38,656.64	52	80,296.00	47,029.48	33,266.52	59
710872 Food Purchases	150.00	330.00	150.00		150.00		150.00	
711010 Utilities	100.00	180.00	230.00-	330				
711100 ESD Asset Management	360.00		180.00	50				

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
711113 Equip Srv Replace	702.30	359.55	342.75	51	2,122.20	1,271.10	851.10	60
711114 Equip Srv O & M	1,000.00	445.00	555.00	45	1,043.60	323.36	720.24	31
711115 Equip Srv Motor Pool	509.46	278.64	230.82	55	636.64	290.00	290.00	
711117 ESD Fuel Charge	13,680.00	6,839.94	6,840.06	50	11,798.00	233.42	403.22	37
711119 Prop & Liab Billings	17,500.00	7,211.78	10,288.22	41	16,500.00	5,899.02	5,898.98	50
711210 Travel		19.32	19.32			4,259.22	12,240.78	26
711300 Cash Over Short	1,700.00	4,997.53	3,297.53	294	1,700.00	4,188.20	2,488.20	246
711504 Equipment nonCapital	213,401.76	89,896.97	123,504.79	42	237,749.73	96,379.57	141,370.16	41
* Services and Supplies	3,289,896.77	1,298,013.37	1,991,883.40	39	3,011,285.11	1,260,037.17	1,751,247.94	42
** Expenses	2,098,672.77	870,201.37	1,228,471.40	41	1,805,344.11	804,307.68	1,001,036.43	45
*** Total								

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422510 Air Pollution Permits	391,000.00	178,321.50	212,678.50	46	402,399.00	195,609.75	206,789.25	49
* Licenses and Permits	391,000.00	178,321.50	212,678.50	46	402,399.00	195,609.75	206,789.25	49
431100 Federal Grants	686,099.00	225,447.25	460,651.75	33	681,349.00	140,512.33	540,836.67	21
431105 Federal Grants - Indirect		7,116.75	7,116.75	100		6,236.67	6,236.67	
432100 State Grants	140,000.00	140,000.00		100				
432311 Pol Ctrt 455B.830	290,140.86	159,845.00	130,295.86	55	280,000.00	158,650.00	121,350.00	57
* Intergovernmental	1,116,239.86	532,409.00	583,830.86	48	961,349.00	305,399.00	655,950.00	32
460513 Other Health Service Charges		701.00	701.00	100		992.00	992.00	
460526 Plan Review-Air Quality	11,270.00	14,049.00	2,779.00	125	15,500.00	17,819.00	2,319.00	115
460527 NOE-AQM	40,000.00	42,585.00	2,585.00	106	32,900.00	44,610.00	11,710.00	136
460528 NESHAP-AQM	62,000.00	37,077.00	24,923.00	60	62,000.00	43,714.00	18,286.00	71
460529 Assessments-AQM	21,000.00	14,700.00	6,300.00	70	22,000.00	14,040.00	7,960.00	64
460530 Inspector Registr-AQ	1,900.00	3,395.00	1,495.00	179	1,900.00	3,735.00	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00	83,888.00	81,112.00	51	178,333.00	89,732.00	88,601.00	50
* Charges for Services	301,170.00	196,395.00	104,775.00	65	312,633.00	214,642.00	97,991.00	69
** Revenue	1,808,409.86	907,125.50	901,284.36	50	1,676,381.00	715,650.75	960,730.25	43
701110 Base Salaries	1,368,978.42	639,394.04	729,584.38	47	1,311,733.43	618,824.54	692,908.79	47
701130 Pooled Positions	18,000.00	10,379.17	7,620.83	58	8,000.00	2,930.41	5,069.59	37
701150 xcContractual Wages					50,000.00		50,000.00	
701200 Incentive Longevity	23,000.00	10,575.02	12,424.98	46	21,150.00	10,400.00	10,750.00	49
701300 Overtime	6,576.10	1,817.34	4,758.76	28	6,057.21		6,057.21	
701408 Call Back						305.36	305.36	
701413 Vac Payoff/Sick Pay-Term		42,911.41	42,911.41					
701417 Comp Time		11,850.01	11,850.01					
* Salaries and Wages	1,416,554.52	716,926.99	699,627.53	51	1,396,940.64	632,460.41	764,480.23	45
705110 Group Insurance	175,898.81	82,572.79	93,326.02	47	156,554.89	75,126.79	81,428.10	48
705210 Retirement	299,272.94	139,542.39	159,730.55	47	285,871.82	134,548.54	151,323.28	47
705230 Medicare-April 1986	18,558.58	9,523.04	9,035.54	51	17,726.98	8,289.97	9,437.01	47
705320 Workmens Comp	5,740.00	2,869.98	2,870.02	50	6,740.00	3,370.02	3,369.98	50
705330 Unempl Comp	3,520.00	3,519.99	0.01	100	1,300.00	585.00	715.00	45
* Employee Benefits	502,990.33	238,028.19	264,962.14	47	468,193.69	221,920.32	246,273.37	47
710100 Professional Services	205,628.23	26,614.91	179,013.32	13	176,599.41	11,599.04	165,000.37	7
710105 Medical Services		628.00	628.00					
710110 Contracted/Temp Services	40,000.00		40,000.00					
710200 Service Contract	350.00	51.62	298.38	15	350.00	363.00	13.00	104
710205 Repairs and Maintenance	7,000.00	4,353.02	2,646.98	62	7,000.00	2,175.27	4,824.73	31
710300 Operating Supplies	9,100.00	5,551.48	3,548.52	61	4,100.00	7,043.07	2,943.07	172
710334 Copy Machine Expense	4,400.00	1,751.30	2,648.70	40	4,387.20	2,225.64	2,161.56	51
710350 Office Supplies	4,000.00	3,888.05	111.95	97	3,500.00	1,009.08	2,490.92	29
710355 Books and Subscriptions	224.00	213.82	10.18	95	224.00	221.86	2.14	99
710360 Postage	2,200.00	1,482.50	717.50	67	2,200.00	1,807.22	392.78	82
710361 Express and Courier	200.00	38.47	161.53	19	200.00	19.02	180.98	10
710500 Other Expense	200.00	50.00	150.00	25	200.00	567.77	367.77	284
710502 Printing	1,000.00	541.98	458.02	54	1,000.00	257.95	742.05	26
710503 Licenses & Permits	90.00		90.00		90.00			
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710508 Telephone Land Lines	7,000.00	2,784.95	4,215.05	40	9,000.00	3,305.00	5,695.00	37
710509 Seminars and Meetings	5,000.00	1,195.00	3,805.00	24	4,200.00	575.00	3,625.00	14

Washoe County Health District
 Air Quality Management
 Pds 1 - 6, FY 2011

Account	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710512 Auto Expense	1,200.00	107.00	1,093.00	9	1,200.00	312.68	887.32	26
710519 Cellular Phone	3,800.00	2,289.04	1,510.96	60	3,800.00	1,656.15	2,143.85	44
710529 Dues	435.00	2,750.00	2,315.00	632	435.00	1,750.00	1,315.00	402
710535 Credit Card Fees	1,500.00	442.60	1,057.40	30	1,500.00	1,044.28	455.72	70
710546 Advertising	1,000.00	325.80	674.20	33	5,700.00	420.18	5,279.82	7
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space	1,316.00		1,316.00		74,490.12	24,688.00	49,802.12	33
710721 Outpatient	2,880.00	1,650.00	1,230.00	57	1,316.00		1,316.00	
711100 ESD Asset Management	7,677.51	6,920.81	756.70	90	30,340.92	9,683.99	20,656.93	32
711113 Equip Srv Replace	13,966.50	5,028.17	8,938.33	36	13,520.37	5,542.55	7,977.82	41
711114 Equip Srv O & M		325.00	325.00					
711115 Equip Srv Motor Pool	11,125.62	5,551.24	5,574.38	50	12,187.68	5,676.80	6,510.88	47
711117 ESD Fuel Charge	7,600.00	3,799.98	3,800.02	50	7,940.00	3,469.98	4,470.02	44
711119 Prop & Liab Billings	28,500.00	4,230.97	24,269.03	15	40,227.52	3,831.95	36,395.57	10
711210 Travel	14,000.00	12,296.37	1,703.63	88	4,000.00	6,752.16	2,752.16	169
711504 Equipment nonCapital	384,292.86	94,862.08	289,430.78	25	412,608.22	98,235.31	314,372.91	24
* Services and Supplies	92,697.72	43,283.58	49,414.14	47	91,708.35		91,708.35	
781004 Equipment Capital	92,697.72	43,283.58	49,414.14	47	91,708.35		91,708.35	
* Capital Outlay	2,396,535.43	1,093,100.84	1,303,434.59	46	2,369,450.90	952,616.04	1,416,834.86	40
** Expenses						12.60	12.60	
485192 Surplus Equipment Sales						12.60		
** Other Financing Src/Use								
*** Total	588,125.57	185,975.34	402,150.23	32	693,069.90	236,952.69	456,117.21	34

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 6, FY 2011

Account	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,322,415.70	928,794.28	1,393,621.42	40	2,482,580.00	855,096.04	1,627,483.96	34
431105 Federal Grants - Indirect		12,691.06	12,691.06					
432100 State Grants	255,737.42	53,013.26	202,724.16	21	552,556.00	181,692.90	370,863.10	33
* Intergovernmental	2,578,153.12	994,498.60	1,583,654.52	39	3,035,136.00	1,036,788.94	1,998,347.06	34
460162 Services to Other Agencies		46,232.44	38,767.56	54	63,657.69	23,909.21	39,748.48	38
460500 Other Immunizations	85,000.00	22,903.22	9,096.78	72	110,000.00	42,749.95	67,250.05	39
460501 Medicaid Clinical Services	32,000.00	31,811.50	108,188.50	23	36,500.00	10,339.50	26,160.50	28
460503 Childhood Immunizations	140,000.00				190,000.00	73,113.65	116,886.35	38
460505 Non Title X Revenue						1,369.00	1,369.00	
460508 Tuberculosis	7,000.00	3,849.94	3,150.06	55	10,000.00	3,931.20	6,068.80	39
460515 Medicare Reimbursement	500.00	265.60	234.40	53	500.00	672.90	172.90	135
460516 Pgm Inc-3rd Pty Rec	6,500.00	2,785.32	3,714.68	43	9,000.00	3,929.28	5,070.72	44
460517 Influenza Immunization	12,000.00	4,814.99	7,185.01	40	5,000.00	20,025.06	15,025.06	401
460518 STD Fees	30,000.00	15,014.21	14,985.79	50	30,000.00	13,838.64	16,161.36	46
460519 Outpatient Services					12,500.00		12,500.00	
460524 Family Planning	66,000.00	22,379.66	43,620.34	34	100,000.00	34,184.85	65,815.15	34
460570 Education Revenue	11,000.00	5,540.00	5,460.00	50	100,000.00	6,333.00	6,333.00	
* Charges for Services	390,000.00	155,596.88	234,403.12	40	567,157.69	234,396.24	332,761.45	41
484050 Donations Federal Pgm Income		20,203.37	20,203.37			100.00	100.00	
485300 Other Misc Govt Rev						6.00	6.00	
* Miscellaneous						106.00	106.00	
** Revenue								
701110 Base Salaries	2,968,153.12	1,170,298.85	1,797,854.27	39	3,602,293.69	1,271,291.18	2,331,002.51	35
701120 Part Time	2,613,654.20	1,200,819.25	1,412,834.95	46	3,078,262.37	1,244,434.00	1,833,828.37	40
701130 Pooled Positions	573,266.06	269,821.16	303,444.90	47	640,119.02	283,368.37	356,750.65	44
701200 Incentive Longevity	153,345.03	101,866.87	51,478.16	66	120,571.14	32,305.12	88,266.02	27
701300 Overtime	52,628.00	28,046.71	24,581.29	53	54,703.00	27,192.98	27,510.02	50
701412 Salary Adjustment	300.00	9,826.70	9,526.70	3,276	2,175.00	4,311.06	2,136.06	198
701413 Vac Payoff/Sick Pay-Term	175,244.98		175,244.98		114,541.03		114,541.03	
701417 Comp Time		1,424.06	1,424.06					
701500 Merit Awards		176.13	176.13					
* Salaries and Wages	53,002.53		53,002.53		329,645.39		329,645.39	
705110 Group Insurance	3,270,950.84	1,611,980.88	1,658,969.96	49	3,680,726.17	1,634,031.77	2,046,694.40	44
705210 Retirement	473,252.59	200,662.90	272,589.69	42	524,221.04	221,246.45	302,974.59	42
705230 Medicare April 1986	695,312.38	322,964.31	372,348.07	46	808,950.04	341,246.28	467,703.76	42
705320 Workmens Comp	42,923.94	20,858.72	22,065.22	49	49,212.59	21,492.08	27,720.51	44
705330 Unemploy Comp	17,220.00	8,610.06	8,609.94	50	21,231.00	10,615.38	10,615.62	50
705360 Benefit Adjustment	10,560.00	10,560.03	0.03	100	4,095.00	4,085.00	10.00	100
* Employee Benefits	1,239,268.91	563,656.02	675,612.89	45	1,505.00	1,505.00	1,505.00	
710100 Professional Services	79,586.00	35,720.15	43,865.85	45	1,406,204.67	598,685.19	807,519.48	43
710105 Medical Services	600.00	75.50	524.50	13	305,393.00	126,176.90	179,216.10	41
710108 MD Consultants	48,900.00	21,881.25	27,018.75	45	13,000.00	6,254.50	6,745.50	48
710119 Subrecipient Payments	186,242.00	116,667.43	69,574.57	63	43,382.00	14,731.25	28,650.75	34
710200 Service Contract	4,395.00	3,836.82	558.18	87	147,602.00	54,481.00	93,121.00	37
710205 Repairs and Maintenance	6,786.00	557.63	6,228.37	8	12,200.00	6,294.33	5,905.67	52
710210 Software Maintenance					6,105.00	19,220.88	13,115.88	315
710300 Operating Supplies	58,525.00	24,011.88	34,513.12	41	350.00	58,111.83	39,020.17	60
710334 Copy, Machine Expense	12,310.00	5,652.64	6,657.36	46	16,463.00	5,535.35	10,927.65	34

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 6, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710350 Office Supplies	9,645.01	6,037.86	3,607.15	63	14,405.00	4,383.10	10,021.90	30
710355 Books and Subscriptions	1,900.00	478.85	1,421.15	25	1,730.00	827.66	902.34	48
710360 Postage	4,640.00	2,514.71	2,125.29	54	4,858.00	2,834.02	2,023.98	58
710361 Express and Courier	290.00	92.42	197.58	32	535.00	99.76	435.24	19
710500 Other Expense	15,131.67	4,382.69	10,748.98	29	60,624.30	11,748.47	48,875.83	19
710502 Printing	6,060.00	3,112.52	2,947.48	51	11,303.24	2,911.24	8,392.00	26
710503 Licenses & Permits	2,150.00	2,315.00	165.00-	108	3,800.00	685.00	3,115.00	18
710504 Registration					900.00-		900.00-	
710506 Dept Insurance Deductible					273.40		273.40	
710507 Network and Data Lines	2,280.00	1,214.70	1,065.30	53	1,505.00	1,150.95	354.05	76
710508 Telephone Land Lines	14,360.00	6,709.82	7,650.18	47	18,459.00	7,351.42	11,107.58	40
710509 Seminars and Meetings	7,350.00	5,480.00	1,870.00	75	8,050.00	1,920.00	6,130.00	24
710512 Auto Expense	11,057.00	5,089.18	5,967.82	46	14,793.00	4,412.00	10,381.00	30
710519 Cellular Phone	505.00	329.45	175.55	65	462.00	459.30	2.70	99
710529 Dues	1,100.00	1,050.00	50.00	95	1,550.00	550.00	1,000.00	35
710535 Credit Card Fees	4,245.00	2,390.22	1,854.78	56	5,935.00	1,888.98	4,046.02	32
710546 Advertising	17,124.70	17,122.75	1.95	100	29,997.00	17,329.32	12,667.68	58
710577 Uniforms & Special Clothing	650.00		650.00		350.00		350.00	
710590 Bad Debt Expense								
710703 Biologicals	308,879.00	58,111.07	250,767.93	19	286,952.00	459.00	459.00-	25
710714 Referral Services	11,300.00		11,300.00		11,300.00		214,836.74	
710721 Outpatient	117,933.97	36,146.04	81,787.93	31	109,576.00	55,711.62	11,300.00	51
710872 Food Purchases	2,701.00	1,077.40	1,623.60	40	2,545.00	850.02	53,864.38	33
711010 Utilities	1,000.00	702.00	298.00	70			1,694.98	
711100 ESD Asset Management	360.00	30.00	330.00	8				
711113 Equip Srv Replace	1,047.46	28.65	1,018.81	3	1,397.28	880.74	516.54	63
711114 Equip Srv O & M	472.80		472.80		904.60	252.16	652.44	28
711115 Equip Srv Motor Pool	1,125.00	375.00	750.00	33	4,870.00	285.00	4,585.00	6
711117 ESD Fuel Charge		317.58	317.58-		538.69		538.69	
711119 Prop & Liab Billings	22,800.00	11,400.00	11,400.00	50	21,861.00	10,930.44	10,930.56	50
711210 Travel	32,466.53	8,809.32	23,657.21	27	48,190.50	3,127.76	45,062.74	6
711213 Travel-Non Cnty Pers					1,942.00		1,942.00	
711504 Equipment non-Capital	4,876.00	1,819.37	3,056.63	37	6,828.00	4,024.09	2,803.91	59
* Services and Supplies	1,000,794.14	385,539.90	615,254.24	39	1,316,262.01	497,993.35	818,268.66	38
** Expenses	5,511,013.89	2,561,176.80	2,949,837.09	46	6,403,192.85	2,730,710.31	3,672,482.54	43
*** Total	2,542,860.77	1,390,877.95	1,151,982.82	55	2,800,899.16	1,459,419.13	1,341,480.03	52

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	23,962.00-	19,038.00-	56	69,000.00-	21,739.00-	47,261.00-	32
422504 Pool Permits	63,000.00-	11,620.00-	51,380.00-	18	33,000.00-	14,605.00-	18,395.00-	44
422505 RV Permits	10,500.00-	5,418.00-	5,082.00-	52	10,500.00-	5,754.00-	4,746.00-	55
422507 Food Service Permits	342,000.00-	171,916.00-	170,084.00-	50	355,000.00-	178,236.00-	176,764.00-	50
422508 Wat Well Const Perm	34,500.00-	14,516.00-	19,984.00-	42	44,000.00-	20,139.00-	23,861.00-	46
422509 Water Company Permits	4,000.00-	702.00-	3,298.00-	18	12,000.00-	2,410.00-	9,590.00-	20
422511 ISDS Permits	47,000.00-	30,143.00-	16,857.00-	64	90,000.00-	23,060.85-	66,939.15-	26
422513 Special Event Permits	70,500.00-	40,183.00-	30,317.00-	57	75,000.00-	48,824.20-	26,175.80-	65
422514 Initial Applic Fee	35,000.00-	13,615.00-	21,385.00-	39	38,000.00-	16,888.00-	21,112.00-	44
* Licenses and Permits	649,500.00-	312,075.00-	337,425.00-	48	726,500.00-	331,656.05-	394,843.95-	46
431100 Federal Grants	277,000.00-	125,013.72-	151,986.28-	45	277,000.00-	107,687.64-	169,312.36-	39
432100 State Grants	75,000.00-	36,250.00-	38,750.00-	48	75,000.00-	37,750.00-	37,250.00-	50
432310 Tire Fee NRS 444A.090	370,535.00-	226,129.72-	144,405.28-	61	370,534.52-	209,568.78-	160,965.74-	57
* Intergovernmental	722,535.00-	387,393.44-	335,141.56-	54	722,534.52-	355,006.42-	367,528.10-	49
460509 Water Quality		432.00-	432.00-					
460510 IT Overlay	111,000.00-	45,093.00-	65,907.00-	41	121,001.00-	55,642.00-	65,359.00-	46
460512 Duplication Service Fees		583.22-	583.22-					
460513 Other Health Service Charges	2,700.00-	4,398.25-	1,698.25-	163	8,000.00-	1,629.00-	6,371.00-	20
460514 Food Service Certification	8,000.00-	6,856.00-	1,144.00-	86	8,000.00-	8,667.00-	667.00-	108
460520 Eng Serv Health	55,000.00-	21,486.00-	33,514.00-	39	90,500.00-	32,153.00-	58,347.00-	36
460521 Plan Review - Pools & Spas	2,500.00-	3,265.00-	765.00-	131	5,000.00-	5,032.00-	32.00-	101
460523 Plan Review - Food Services	17,000.00-	11,469.15-	5,530.85-	67	30,000.00-	9,306.15-	20,693.85-	31
460525 Plan Review - Vector	24,000.00-	18,675.00-	5,325.00-	78	64,000.00-	16,795.00-	47,205.00-	26
460533 Quick Start		87.00-	87.00-					
460534 Child Care Inspection	8,300.00-	4,278.00-	4,022.00-	52	9,000.00-	4,843.00-	4,157.00-	54
460535 Pub Accomod Inspecth	17,000.00-	7,249.00-	9,751.00-	43	21,000.00-	7,415.00-	13,585.00-	35
460570 Education Revenue	2,400.00-	1,358.00-	1,042.00-	57		493.00-	493.00-	
* Charges for Services	247,900.00-	125,229.62-	122,670.38-	51	356,501.00-	142,145.15-	214,355.85-	40
485100 Reimbursements		150.00-	150.00-					
485300 Other Misc Govt Rev		150.00-	150.00-					
** Miscellaneous		150.00-	150.00-					
** Revenue		150.00-	150.00-					
701110 Base Salaries	1,619,935.00-	824,848.06-	795,086.94-	51	1,805,535.52-	829,055.62-	976,479.90-	46
701130 Pooled Positions	3,318,749.95	1,431,502.48	1,887,247.47	43	3,399,403.84	1,428,061.85	1,971,341.99	42
701140 Holiday Work	92,377.86	73,078.69	19,299.17	79	90,097.00	52,674.91	37,422.09	58
701150 xcContractual Wages	1,200.00	671.28	528.72	56	1,500.00	846.49	653.51	56
701200 Incentive Longevity	48,750.00	23,100.00	25,650.00	47	9,500.00	6,121.44	3,378.56	64
701300 Overtime	33,788.00	26,303.00	7,485.00	78	52,100.00	23,246.17	28,853.83	45
701406 Standby Pay	30,000.00	16,894.65	13,105.35	56	34,288.00	17,978.32	16,309.68	52
701408 Call Back	3,000.00	1,510.06	1,489.94	50	30,000.00	16,434.65	13,565.35	55
701412 Salary Adjustment					3,000.00	1,872.87	1,127.13	62
701413 Vac Payoff/Sick Pay-Term					304.20-		304.20-	
701417 Comp Time						21,031.55	21,031.55-	
701500 Merit Awards	173,177.76-	1,573,060.16	173,177.76-	47		1,578,314.84	2,041,269.80	44
* Salaries and Wages	3,354,688.05	221,604.52	274,406.67	45	3,619,584.64	207,390.60	273,263.48	43
705110 Group Insurance	496,011.19	316,235.29	407,768.99	44	740,272.62	314,361.38	425,911.24	42
705210 Retirement	724,004.28	20,105.37	23,555.11	46	43,911.91	19,823.90	24,088.01	45
705230 Medicare April 1986	43,660.48	8,036.04	8,036.04	50	18,535.00	9,267.42	9,267.58	50
705320 Workmens Comp	16,072.00							

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
705330 Unempy Comp	9,856.00	9,856.02	0.02	100	3,575.00	16,505.00	12,930.00	462
* Employee Benefits	1,289,603.95	575,837.24	713,766.71	45	1,286,948.61	567,348.30	719,600.31	44
710100 Professional Services	257,890.90	5,448.00	252,442.90	2	179,930.29	75,871.00	104,059.29	42
710105 Medical Services	6,548.00	147.50	6,400.50	2	500.00	959.50	459.50	192
710110 Contracted/Temp Services	67,300.00	12,566.29	12,566.29	55	87,300.00	45,058.13	42,241.87	52
710200 Service Contract	1,000.00	37,071.42	30,228.58	126	1,000.00	878.48	121.52	88
710205 Repairs and Maintenance	20,900.00	3,381.70	17,518.30	16	23,593.05	17,802.29	17,802.29	14
710300 Operating Supplies	1,685.00	325.50	1,359.50	19	1,385.00	3,246.64	20,346.64	54
710302 Small Tools & Allow	2,000.00		2,000.00		2,000.00	750.33	634.67	
710308 Animal Supplies	360,450.00	321,290.65	39,159.35	89	560,707.00	360,413.48	2,000.00	64
710319 Chemical Supplies	920.00	325.97	594.03	35	1,280.00	329.44	200,293.52	26
710334 Copy Machine Expense	9,900.00	4,270.99	5,629.01	43	9,150.00	5,948.09	950.56	65
710350 Office Supplies	2,400.00	249.47	2,150.53	10	1,600.00	347.24	3,201.91	22
710355 Books and Subscriptions	7,300.00	5,788.97	1,511.03	79	5,900.00	5,451.76	1,252.76	92
710360 Postage	175.00	75.72	99.28	43	300.00	46.99	448.24	16
710361 Express and Courier	100.00		100.00		100.00		253.01	
710391 Fuel & Lube	5,800.00	25,442.82	19,642.82	439	800.00	1,018.68	100.00	32
710500 Other Expense	3,825.00	2,476.71	1,348.29	65	3,225.00	1,965.00	2,206.32	84
710502 Printing	2,335.00	2,415.00	80.00	103	2,335.00	450.00	370.00	
710503 Licenses & Permits	2,700.00	176.19	176.19		3,200.00	450.00	450.00	
710506 Dept Insurance Deductible	10,500.00	1,214.70	1,485.30	45	11,425.00	1,150.95	2,049.05	36
710507 Network and Data Lines	9,400.00	4,540.06	5,959.94	43	11,200.00	4,812.54	6,612.46	42
710508 Telephone Land Lines	200.00	4,300.00	5,100.00	46	375.00	1,903.00	9,297.00	17
710509 Seminars and Meetings	27.99		200.00		375.00	60.78	314.22	16
710512 Auto Expense	8,455.00	3,494.72	4,960.28	41	8,405.00	3,442.14	4,962.86	41
710514 Regulatory Assessments	1,611.00	979.00	632.00	61	896.00	743.00	153.00	83
710519 Cellular Phone	4,000.00	1,725.14	2,274.86	43	4,959.78	1,731.98	3,227.80	35
710529 Dues	1,050.00	300.72	749.28	29	500.00	25.00	475.00	5
710535 Credit Card Fees	1,700.00	300.35	1,399.65	18	1,700.00	940.63	759.37	55
710546 Advertising	40,636.89	23,594.62	17,042.27	58	40,636.89	23,594.62	17,042.27	58
710577 Uniforms & Special Clothing	18,000.00	7,110.00	10,890.00	40	6,048.00		6,048.00	
710590 Bad Debt Expense	33,221.21	14,965.97	18,255.24	45	67,963.08	43,182.14	24,780.94	64
710600 LT Lease-Office Space	43,396.79	20,965.33	22,431.46	48	56,517.86	20,095.84	36,422.02	36
710721 Outpatient	30,011.67	3,537.20	3,537.20	66	7,000.00	5,240.00	1,760.00	75
711100 ESD Asset Management	21,280.00	19,735.54	10,276.13	50	39,610.63	16,125.30	23,485.33	41
711113 Equip Srv Replace	36,395.16	13,289.06	23,106.10	37	35,650.00	9,542.52	9,542.48	50
711114 Equip Srv O & M	9,152.00	2,438.99	6,713.01	27	2,643.97	6,609.90	29,040.10	19
711115 Equip Srv Motor Pool	1,022,238.62	555,867.87	466,370.75	54	1,198,921.55	660,181.79	2,643.97	55
711117 ESD Fuel Charge	5,666,530.62	2,704,765.27	2,961,765.35	48	6,105,454.80	2,805,844.93	3,299,609.87	46
711119 Prop & Liab Billings					350,000.00		350,000.00	
711210 Travel					350,000.00		350,000.00	
711504 Equipment non-Capital								
** Services and Supplies								
** Expenses								
** 62100 Transfer From General								
** Other Financing Src/Use								
*** Total	4,046,595.62	1,879,917.21	2,166,678.41	46	3,949,919.28	1,976,789.31	1,973,129.97	50

Washoe County Health District
Epidemiology and Public Health Preparedness
Pds 1 - 6, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,576,455.06	353,582.02	2,222,873.04	14	3,414,126.66	1,000,354.69	2,413,771.97	29
431105 Federal Grants - Indirect	31,928.00	11,623.11	20,304.89	36	31,540.00	11,679.69	19,860.31	37
* Intergovernmental	2,608,383.06	365,205.13	2,243,177.93	14	3,445,666.66	1,012,034.38	2,433,632.28	29
460511 Birth and Death Certificates	210,000.00	124,116.00	85,884.00	59	215,000.00	106,356.00	108,644.00	49
460512 Duplication Service Fees		546.21	546.21					
* Charges for Services	210,000.00	124,662.21	85,337.79	59	215,000.00	106,356.00	108,644.00	49
485300 Other Misc Govt Rev		25.00	25.00					
* Miscellaneous		25.00	25.00					
** Revenue		25.00	25.00					
701110 Base Salaries	2,818,383.06	489,892.34	2,328,490.72	17	3,660,666.66	1,118,390.38	2,542,276.28	31
701120 Part Time	1,165,156.55	496,345.19	668,811.36	43	1,123,682.40	496,569.79	627,112.61	44
701130 Pooled Positions	56,350.85	6,741.97	49,608.88	12	35,577.94	40,979.97	5,402.03	115
701140 Holiday Work	33,305.99	171.76	33,134.23	1	38,400.00	11,598.42	26,801.58	30
701150 xcContractual Wages		750.12	750.12					
701200 Incentive Longevity	7,822.00	4,085.99	3,736.01	52	196,000.00	28,572.51	167,427.49	15
701300 Overtime	103,021.16	19,580.19	83,440.97	19	253,000.00	75,781.44	5,245.52	36
701412 Salary Adjustment	76,872.93		76,872.93		64,406.92		177,218.56	30
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33					
701417 Comp Time		4,958.19	4,958.19					
* Salaries and Wages	1,442,529.48	552,948.74	889,580.74	38	1,719,208.26	669,471.87	1,049,736.39	39
705110 Group Insurance	164,455.79	68,658.60	95,797.19	42	140,445.78	69,311.09	71,134.69	49
705210 Retirement	264,298.15	108,471.52	155,826.63	41	250,368.19	106,386.57	143,981.62	42
705230 Medicare April 1986	17,384.95	7,757.93	9,627.02	45	15,824.28	8,967.39	6,856.89	57
705320 Workmens Comp	5,166.00	2,583.00	2,583.00	50	6,307.45	1,884.98	4,622.47	27
705330 Unemploy Comp	3,168.00	3,168.00		100	1,170.00	1,160.00	10.00	99
705360 Benefit Adjustment	8,094.00		8,094.00		11,009.31		11,009.31	
* Employee Benefits	462,566.89	190,639.05	271,927.84	41	425,125.01	187,510.03	237,614.98	44
710100 Professional Services	1,191,732.81	19,925.48	1,171,807.33	2	1,366,450.02	52,034.18	1,314,415.84	4
710105 Medical Services	100.00		100.00		100.00	369.00	269.00	369
710108 MD Consultants	12,000.00	5,000.00	7,000.00	42	12,000.00	3,000.00	9,000.00	25
710110 Contracted/Temp Services	66,854.22	22,175.94	44,678.28	33				
710200 Service Contract	1,620.00	2,181.05	561.05	135	1,610.00	4,041.76	2,431.76	251
710205 Repairs and Maintenance	1,378.00	94.95	1,283.05	7	600.00	271.45	328.55	45
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75				
710300 Operating Supplies	16,912.14	10,513.23	6,398.91	62	93,666.88	15,710.92	77,955.96	17
710334 Copy Machine Expense	2,777.00	1,366.05	1,410.95	49	2,300.30	1,325.92	974.38	58
710350 Office Supplies	16,215.42	4,018.78	12,196.64	25	19,102.26	5,484.75	13,617.51	29
710355 Books and Subscriptions	2,210.00	312.48	1,897.52	14	2,663.00	1,358.49	1,304.51	51
710360 Postage	11,848.00	1,143.37	10,704.63	10	12,400.44	1,150.43	11,250.01	9
710361 Express and Courier		32.44	32.44					
710500 Other Expense	34,778.21	41.00	34,737.21	0	31,826.00		31,826.00	17
710502 Printing	12,328.72	9,188.19	3,140.53	75	24,573.00	4,216.12	20,356.88	17
710505 Rental Equipment		360.00	360.00		1,000.00	869.00	131.00	87
710507 Network and Data Lines		278.32	278.32			230.19	230.19	
710508 Telephone Land Lines	10,213.92	2,133.33	8,080.59	21	10,124.05	2,143.77	7,980.28	21
710509 Seminars and Meetings	3,798.00	595.00	3,203.00	16	1,220.00	50.00	1,170.00	4
710512 Auto Expense	100.00	336.33	236.33	336	236.14	442.11	205.97	187
710519 Cellular Phone	400.00	937.96	537.96	234	580.00	1,165.14	585.14	201

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 6, FY 2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710529 Dues	850.00	545.00	305.00	64	640.00	490.50	640.00	
710535 Credit Card Fees	800.00	586.94	213.06	73		1,000.00	490.50-	
710546 Advertising	1,070.00	250.00	820.00	23	700.00		300.00-	143
710585 Undesignated Budget	31,928.00		31,928.00		31,540.05		31,540.05	
710590 Bad Debt Expense							390.00-	
710703 Biologicals	4,146.68	177.20	4,146.68	6	4,300.68	154.00	4,146.68	4
710721 Outpatient	3,000.00	396.94	2,822.80		3,000.00	278.44	2,721.56	9
710872 Food Purchases		180.00	180.00-					
711010 Utilities		1,080.00	1,080.00-					
711100 ESD Asset Management		208.13	208.13-					
711113 Equip Srv Replace		225.48	225.48-					
711114 Equip Srv O & M		167.50	32.50	84	200.00	504.75	504.75-	6
711115 Equip Srv Motor Pool	200.00	78.58	78.58-		1,200.00	12.50	187.50	
711117 ESD Fuel Charge		3,420.00	3,420.00	50	6,246.00	3,123.00	1,200.00	50
711119 Prop & Liab Billings	6,840.00	2,604.30	67,509.06	4	54,281.00	2,344.12	3,123.00	4
711210 Travel	70,113.36	17,686.33	24,653.69	42	61,364.14	118,836.74	51,936.88	4
711504 Equipment nonCapital	42,340.02	117,240.30	1,441,314.20	8	1,743,923.96	220,997.28	57,472.60-	194
* Services and Supplies	1,558,554.50							
781004 Equipment Capital	12,757.00	860,828.09	12,757.00	25	279,716.50	84,204.12	1,522,926.68	13
* Capital Outlay	12,757.00	370,935.75	12,757.00	25	279,716.50	84,204.12	195,512.38	30
** Expenses	3,476,407.87	860,828.09	2,615,579.78	25	4,167,973.73	1,162,183.30	195,512.38	30
*** Total	658,024.81	370,935.75	287,089.06	56	507,307.07	43,792.92	3,005,790.43	28
							463,514.15	9



WASHOE COUNTY

"Dedicated To Excellence in Public Service"
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DBOH AGENDA
ITEM # 11
JANUARY 27, 2011

CM/ACM _____
Finance _____
DA _____
Risk Mgt. _____
HR _____
Other _____

STAFF REPORT BOARD MEETING DATE: January 25, 2011

DATE: January 24, 2011
TO: Board of County Commissioners
FROM: John Sherman, Finance Director
THROUGH: Katy Simon, County Manager

SUBJECT: Update and status report on Fiscal Year 2011/12 Budget and possible direction to staff regarding funding levels and budget planning guidelines for same. (All Commission Districts.)

SUMMARY

The initial deficit estimate in the General Fund for Fiscal Year 2011/12 is \$33.5 million. Staff is recommending four specific actions to close the deficit:

- \$13.8 million** Obtain a resetting of labor costs including wages and health insurance through collective bargaining;
 - \$5.0 million** Determine which services the County can sustainably continue to deliver to meet its mission of a safe, secure, and healthy community. Achieve structural service cost savings through alternative, less costly service delivery such as outsourcing, privatizing, and consolidation/shared services and/or phased service elimination;
 - \$5.0 million** Generate efficiency savings from department operating budgets with the amount of savings required from each department determined by using the core service, non-core service, and administrative service prioritization recommended by the Organizational Effectiveness Committee; and
 - \$9.7 million** Invest fund balances to finance long-term changes in service delivery and structural change in labor costs.
-
- \$33.5 million**

The forecasted deficit does not include any potential dollar impact to the County from actions by the Legislature to balance the State budget.

Washoe County requires decisive, strategic actions that are both short and long-term focused to address a structural deficit caused by falling revenues, labor cost growth, and taxation policies that are not efficiently aligned with the cost to deliver government services. The proposed plan begins a correction course to bring costs and revenues into

a sustainable balance. It will take more than one-year to achieve sustainability, but without the first steps being taken Washoe County will confront continued structural deficits.

County Priority supported by this item:

4. Sustainable Economic, Natural, Organizational, and Social Resources

PREVIOUS ACTION

January 11, 2011	Acceptance of Organization Effectiveness Committee's recommendations on defining core services and budget prioritization Board Workshop on Future of County Government #3: Scenario Planning
December 15, 2010	Organizational Effectiveness Committee: Fundamental Review of Resource Allocation Process, Meeting #4
December 14, 2010	Board Workshop on Future of County Government #2: Organizational and Financial Sustainability
December 1, 2010	Organizational Effectiveness Committee: Fundamental Review of Resource Allocation Process, Meeting #3
November 23, 2010	Organizational Effectiveness Committee: Fundamental Review of Resource Allocation Process, Meeting #2
November 16, 2010	Organizational Effectiveness Committee: Fundamental Review of Resource Allocation Process, Meeting #1
November 9, 2010	Board Workshop on Future of County Government #1: Compensation and Benefits

BACKGROUND

At the December 14, 2010 Board Workshop on Organizational and Financial Sustainability the Board provided broad direction and a goal for Fiscal Year 2011/12 of ensuring organizational and financial sustainability. This goal informs the budget plans for next fiscal year. Attaining the goal will not be easy in a decision-making climate that must deal with an economy that remains depressed; with the State looking to address a multi-billion dollar deficit through program and/or revenue shifts that will negatively impact local government budgets; and with labor costs continuing to rise faster than revenues can support. All of these changes will impact Washoe County's financial and organizational sustainability.

The proposed budget plan balances the Fiscal Year 2011/12 Budget closing the \$33.5 million deficit and sets a foundation for sustainability by:

- Resetting the cost of delivering services;
- Refining the focus on which services the County can sustainably continue to deliver;

- Rethinking ways for greater efficiency in delivering core services; and
- Investing fund balances to achieve long-term changes in service delivery and labor costs.

These four deficit-closing strategies align with the Balanced Plan for Sustainability presented at the Organizational and Financial Sustainability Workshop on December 14, 2010.

Understanding the Budget Deficit

Washoe County and the State's economy remains mired in a deep recession with the steepness and duration of the decline in property taxes continuing to be greater than originally expected. Property taxes, which provide nearly 55 percent of the revenue for the General Fund, will continue to decline and will not keep up with the cost to provide services in Fiscal Year 2011/12 and into the near future. More specifically, labor costs, which represent more than 75 percent of the General Fund operating budget, will continue to grow at rates that are not supportable by current revenue sources. As a result, the initial estimate of the deficit for Fiscal Year 2011/12 is \$33.5 million. The tables below illustrate the assumptions on revenues are show in Table 1 and expenditures in Table 2 with a sources and uses provided in Table 3.

**Balanced Plan for Sustainability
 \$33.5M Deficit Solution**

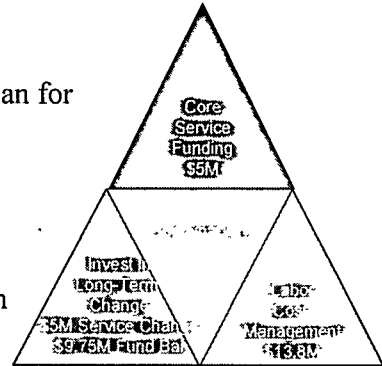


Table 1:

General Fund		
Projected Changes in Major Revenues		
	FY 2011/2012 Projected % Change from ETC	FY 2011/12 Projected Dollar Change from ETC
Property Tax	-7.9%	(\$12 million less)
Consolidated Tax	1.0%	\$685,000 more
Total Revenue	-4.3%	(\$11.9 million less)

Table 2:

General Fund	
Projected Changes in Major Expenditures (before reductions)	
Fiscal Year 2011/12	
Restored Labor Concessions	\$5.4 million
Health Insurance estimated increase 12.0%	\$2.2 million
Eligible Merits, Longevity, and Other Contract Salary and Wage Changes (with no COLAs)	\$2.75 million

General Fund	
Projected Changes in Major Expenditures (before reductions)	
Fiscal Year 2011/12	
Employee Retirement (PERS) increase	
Regular Retirement of 2.25% from 21.5% to 23.75%	
Police/Fire Retirement of 27.75% from 37% to 39.75%	
(The increase is shared with employees taking a wage adjustment equal to 50% of the PERS contribution rate increase: Regular 1.12% and Police/Fire 1.37%)	\$3.3 million
Retiree Health Benefit (OPEB) full funding of annual required contribution (ARC)	\$8 million
Increased Capital Infrastructure Investment	\$2.4 million
Increase Investment in Employee Development	\$500,000
Indigent Medical (statutorily required 4.5% increase)	\$585,000
No Property Tax Payment to State (4 cent diversion)	(\$5.3 million)
Total Expenditures (before reductions up 6.4%)	\$18.2 million

Table 3:

<i>Projected General Fund Budget Deficit</i>	
<i>Fiscal Year 2011/2012</i>	
<u>SOURCES</u>	<u>FY 2011/12</u>
Beginning Fund Balance	\$28,096,296
Revenues	\$265,211,989
Total Sources	\$293,308,285
<u>USES</u>	
Expenses	\$283,901,261
Contingency	\$1,500,000
Transfers Out	\$16,513,395
Ending Fund Balance 8.3%	\$24,934,416
Total Uses	\$326,849,072
Sources over (under) Uses	(\$33,540,787)

The "Sources and Uses" in Table 3 show the estimated deficit for Fiscal Year 2011/12 to be \$33.5 million.

The deficit can be closed by increasing revenues and/or decreasing expenditures. Board options to change revenues are limited. The County is at the statutory property tax rate of \$3.66 per \$100 of taxable property value; therefore, increasing property taxes is not an option. Consolidated taxes (mostly sales taxes) are controlled by state law and the Board cannot change those laws without legislative authorization. Fees generate about 8 percent of total revenue (\$22.7 million). Departments routinely evaluate fees to ensure they are at a reasonable price point, but raising fees in the current economic climate has risks. Another option could be increasing the government services tax (GST), which is the tax people pay on their cars and trucks. In 2009, the Legislature gave the Board authority to increase the GST by 1 cent. Imposing that tax could generate about \$8 million a year in new revenue. Then again, the Board increasing taxes or fees of any type remains a risk-based proposition while the local economy has 13.8 percent unemployment and continued job losses.

Therefore, the proposed budget plan to close the \$33.5 million is composed of reductions in expenditures coming from labor costs and department operating budgets. It also includes the use of fund balances to bring transition costs to bring about long-term cost changes in labor costs and to phase in service delivery changes. Details of the plan are outlined in the paragraphs that follow.

Reset the Cost to Deliver Services by Permanently Lowering Labor Costs by \$13.8 Million

Labor cost growth with its imbedded pressures combined with declining revenues are the two primary structural deficit drivers. Therefore, achieving sustainable labor costs is the most important component of the Balanced Plan. While wages and benefits represent more than 75 percent of the General Fund operating budgets, a savings target of \$13.8 million by resetting labor costs represents only about 40 percent of the deficit solution. This proposal must be negotiated with employee associations pursuant to NRS 288.

At this point there is no specific proposed pay and benefits changes to employee compensation. Pursuant to NRS 288, pay and compensation matters are subject to collective bargaining for represented employees. For the purpose of giving examples of how \$13.8 million in savings could be achieved, it could be done by an 8 percent wage resetting or some lesser wage reduction amount combined with reducing imbedded labor cost drivers such as longevity pay, merit pay, and health insurance.

Statutorily the Board must adopt a budget by June 1. However, the timeline for labor negotiations may not align with the statutory budget timeline. Should labor contracts not be negotiated by the time the budget must be adopted, a budget that anticipates labor cost savings will likely result. In the event that such savings are not achieved, additional department budget and staffing reductions will be necessary to balance the budget.

Refine the Focus of Services Provided to Achieve \$5 Million in FY 2011/12 Savings

A key part of creating a sustainable organization is refining the focus of services that the County can sustainably continue to deliver to meet its mission of a safe, secure, and healthy community. This focus builds on the recommendations made by the Organizational Effectiveness Committee in their Fundamental Review of Washoe County's Resource Allocation Process.

As the County plans for Fiscal Year 2011/12, it faces many challenges. The three most immediate budget challenges will be the continued decline in property taxes, labor cost containment, and the impacts of the legislative session. The strategic approach crafted to meet these challenges and create a balanced budget must also grapple with the “big picture” questions of organizational and financial sustainability. In the last four years, Washoe County has reduced its budget by more than \$123 million and eliminated 16% of its workforce (more than 700 positions). Any organization undergoing such a loss of resources must ask itself how has it been changed and is the current business approach sustainable. As a public agency required by law to provide certain services and as a public service provider that the public expects to be there for many other services, it is all the more essential for the County to grapple with how it has been changed by this economy and develop a plan that sustains the organization into the future.

Recognizing this landscape, the Board charged the Organizational Effectiveness Committee (OEC) with conducting a fundamental review of the resource allocation process to ensure that it supported creating a sustainable organization. To date, the primary resource allocation method used to navigate the County through budget reductions has been budget prioritization. Services have been prioritized into four funding groups based on highest to lowest priority with the lower priority services being cut more than the higher priority services. The budget prioritization approach used was grounded in the work done by the Charting Our Course (COC) Committee in 2004. The budget prioritization method remains broadly supported and is a fundamentally sound method to allocate resources. However, with such significant budget reductions over the last four years, it is prudent to make sure that the prioritization approach is properly calibrated to support a sustainable organization. To this end, the OEC conducted its fundamental review.

The OEC recommended that the definition of core service:

A core service is central to fulfilling the Board’s mission of making Washoe County a safe, secure, and healthy community.

This definition was accepted by the Board on January 11, 2011.

Accordingly, it was recommended the County adopt a budget prioritization method that simplifies prioritization into three categories of services:

- 1- Core Services
- 2- Non-Core Services
- 3- Services in Transition (which could be core or non-core services)

The service in transition category is for core and non-core services that would be identified for alternative service delivery review or phased elimination. Alternative service delivery could be outsourcing, privatization, consolidation, shared services, and jurisdictional specialization, among other models. In addition, the OEC recommended that services which provide administrative support to direct services should be scaled to support the remaining services and have their funding adjusted based on the weighted average change in funding. Lastly, the OEC suggested the Board establish a committee that reviews services and makes recommendations as to what should be prioritized for continuation and what might be discontinued, i.e., the committee could identify and review services for transition. This could be a subcommittee of the OEC. The OEC also

affirmed that a continued emphasis on efficiency and effectiveness in delivery of all services is implicit as well as management's responsibility to ensure risks and liabilities are limited.

The \$5 million savings is a target to be achieved in Fiscal Year 2011/12. Specific services and plans to achieve the savings from will be identified through the OEC review process with recommendations brought to the Board. Once transition plans are put in motion it may take longer than one-year to realize total savings. The goal is to achieve \$5 million budget savings in year one with total future savings being greater. It is important to note that this \$5 million target is in addition to the \$5 million in efficiency savings required of departments.

Rethink Ways to Achieve Greater Efficiency and Attain \$5 Million Savings from Department Operating Budgets

In the last four years, much of the \$123 million in budget savings have come from department budgets and it is challenging to continue to further reduce these budgets. However, historically actual expenditures usually come in about 3 percent less than budget. Therefore, staffing is proposing the budget plan pre-capture 2 percent in budget savings by placing continued emphasis on ensuring all services are being provided as efficiently as possible. As departments review operations to generate these savings, they should focus on how services help to achieve a department's mission. Those services that are less central and less core to meeting the mission should be reduced first.

Utilizing the OEC categorization of core, non-core, and administrative services, the efficiency savings targets have been prioritized. Departments that were previously in the public safety, judicial, health and social services prioritization tiers have been classified as core related services. The remaining departments from the previously used general government and culture/recreation tiers have been classified as either administrative services or noncore related services. The following reduction targets have been determined to attain \$5 million.

- Core Services 1.7% savings
- NonCore Services 3.7% savings
- Admin Services 2.0% savings

It is recognized that some departments have blended service missions with some services directly relating to the safety, security, and the health of the community, and others being an administrative service or not core related. Staff will work with departments that have these blended missions on their budget plans. In April, these plans will be presented to the Board at the budget hearings. The schedule below shows the specific savings targets for each department.

Department Operating Reductions: Core, NonCore, and Admin Services

Priority Group	General Fund Dept	FY 11/12 Initial		
		Funding Level (does not include restricted)	Percent Reduction	\$\$ Reduction
Core Related	Alternate Public Defender	\$ 1,936,615	1.7%	32,000
Core Related	Alternative Sentencing	\$ 669,758	1.7%	11,000
Core Related	Child Protective Services	\$ 613,791	1.7%	10,000
Core Related	Conflict Counsel	\$ 1,780,463	1.7%	29,000
Core Related	Coroner	\$ 1,948,215	1.7%	32,000
Core Related	District Attorney	\$ 17,765,497	1.7%	294,000
Core Related	District Court	\$ 15,479,848	1.7%	256,000
Core Related	Fire Suppression	\$ 262,564	1.7%	4,000
Core Related	Health Fund (Gen Fund Support)	\$ 8,192,500	1.7%	136,000
Core Related	Incline Constable	\$ 235,463	1.7%	4,000
Core Related	Incline Justice Court	\$ 376,190	1.7%	6,000
Core Related	Juvenile Services	\$ 13,503,932	1.7%	224,000
Core Related	Public Administrator	\$ 953,688	1.7%	16,000
Core Related	Public Defender	\$ 7,316,017	1.7%	121,000
Core Related	Public Guardian	\$ 1,551,893	1.7%	26,000
Core Related	Registrar of Voters	\$ 1,384,514	1.7%	23,000
Core Related	Reno Justice Court	\$ 4,637,712	1.7%	77,000
Core Related	Senior Services	\$ 232,860	1.7%	4,000
Core Related	Sheriff's Department	\$ 89,938,609	1.7%	1,489,000
Core Related	Social Services- Net Medical	\$ 3,220,722	1.7%	53,000
Core Related	Sparks Justice Court	\$ 2,210,469	1.7%	37,000
Core Related	Wadsworth Justice Court	\$ 271,061	1.7%	4,000
Core Related		\$ 174,482,381		\$ 2,888,000
NonCore Related	Community Development	\$ 2,378,067	3.7%	87,000
NonCore Related	Community Support	\$ 411,466	3.7%	15,000
NonCore Related	Law Library	\$ 670,531	3.7%	25,000
NonCore Related	Library Department	\$ 9,229,618	3.7%	337,000
NonCore Related	Regional Parks and Open Space	\$ 5,225,068	3.7%	191,000
NonCore Related	Public Works	\$ 21,210,908	3.7%	775,000
NonCore Related	Regional Water Planning	\$ 750,955	3.7%	27,000
NonCore Related		\$ 39,876,613		\$ 1,457,000
Admin Service	Assessor	\$ 6,092,478	2.0%	122,000
Admin Service	Board of County Commissioners	\$ 530,344	2.0%	11,000
Admin Service	County Clerk	\$ 1,434,236	2.0%	29,000
Admin Service	County Manager	\$ 2,839,073	2.0%	57,000
Admin Service	County Recorder	\$ 2,086,965	2.0%	42,000
Admin Service	Finance Department	\$ 3,374,939	2.0%	67,000
Admin Service	Human Resources	\$ 2,328,584	2.0%	47,000
Admin Service	Technology Services	\$ 11,848,268	2.0%	237,000
Admin Service	Treasurer	\$ 2,131,982	2.0%	43,000
Admin Service		\$ 32,666,869		\$ 655,000
Grand Total		\$ 247,025,863		\$ 5,000,000

Investing Fund Balances of \$9.75 Million to Create Long-Term Changes

The last component of the Balanced Plan is an investment of \$9.75 million in fund balances. Fund balances need to be used to redefine the business of government. If the balances are used to subsidize existing cost structures and not make long-term change, the County will not be financially sustainable. Therefore, staff recommends these be used to promote long-term changes in labor costs and service delivery.

FISCAL IMPACT

There is no direct fiscal impact for this Board item. Any fiscal impact related to the policy decisions made will be reflected in the budget for Fiscal Year 2011/12.

RECOMMENDATION

It is recommended the Board acknowledge the update and status report on Fiscal Year 2011/12 Budget and possible direction to staff regarding funding levels and budget planning guidelines for same.

POSSIBLE MOTION

Should the Board agree with staff's recommendation: Move to acknowledge the update and status report on Fiscal Year 2011/12 Budget and possible direction to staff regarding funding levels and budget planning guidelines for same.

Summary of Impacts to County Government of Proposed 2011-2013 Executive Budget

“County Reimbursements”

The Governor's Executive Budget shifts the funding source for several programs or services from General Fund to “county reimbursements”. Many of these services are provided and funded by the local government in some counties and by the state in others. The following services will continue to be provided by the state with county funding:

Health and Human Services General Fund

- Elder Protective Services \$2,400,000
- Medical Assistance to the Aged, Blind and Disabled (MAABD) and Medicaid Waiver costs - modify income thresholds for County Match program \$37,200,000
- Mental Health Court \$6,026,000
- Consumer Health Protection (inspection and licensing of food and facilities) \$1,180,000
- Emergency Medical Services (standards, training, licensing) \$1,507,000
- Developmental services for children (per NRS 435.010) \$11,553,000
- Child Protective Services for rural counties \$4,800,000
- Youth Parole \$12,000,000

Nevada System of Higher Education

- Property taxes shifted to NSHE (9-cents in Washoe and Clark County only) \$120,900,000

Budget Cuts

The following programs or services will no longer be provided by the state or the subsidy provided by the state is being reduced or eliminated:

Child Welfare

- The state currently provides funding to Clark and Washoe counties for child welfare programs. The budget converts the funding to a block grant that includes incentive funding for reaching performance goals. The block grant will offer greater flexibility to meet child welfare needs and provides performance goals and expectations. The budget also continues to transfer funding from the Indigent Accident Account to the

General Fund.

Health and Human Services General Fund Savings

- Child Support Employment Assistance Program \$506,000
- Child Support Enforcement - Out-stationed staff \$1,473,000
- TANF Emergency Assistance \$1,634,000
- Funding for Community Juvenile Justice Programs \$2,800,000
- County Youth Camps \$2,800,000
- Mental Health Room and Board for children not in DCFS custody \$8,100,000
- Senior Citizen Property Tax Assistance \$11,375,000
- Medical care related to tuberculosis and sexually transmitted diseases \$1,239,430

Department of Public Safety

- Pre-Sentence Investigations \$10,600,000

Total Statewide Impact to Counties: \$276,000,000

Note: All fiscal impacts noted are statewide. Staff is developing estimates for the total impact to Washoe County



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: December 10, 2010

TO: Washoe County District Board of Health

FROM: Douglas L. Coulter, P.E.
Senior Registered Engineer
Environmental Health Services

SUBJECT: Wading Pool Flow Rate Variance Application
Sun Valley GID
5000 Sun Valley Boulevard
Sun Valley, NV 89433

Recommendation

The Sun Valley GID has requested a variance to NAC 444.202 (2) of the District Board of Health Public Bathing Place Regulations for the Wading Pool, Permit Number GL100017. A remodel permit to upgrade the recirculation system was approved in 2009. The wading pool Section 444.202 (2) requires a 30 minute turnover rate which equals 212 gallons per minute (gpm). The small diameter of the pipes under the deck prevent the recirculation system from meeting the 30 minute turnover rate. Sun Valley GID is proposing to maintain a 49 minute turnover rate with a dirty filter which equals 130 gpm. I recommend approval of this variance request based on the operational plan submitted by Sun Valley GID and the attached conditions.

Background

The wading pool was constructed in 1982 under the less stringent 4 hour turnover rate or 42 gpm. The standards changed in 1988 to require a 30 minute turnover rate because it was recognized that maintaining the require disinfection levels and water clarity was difficult with a 4 hour turnover rate.

Section 444.204 (5) states:

“Wading pools, by the nature of their usage, are likely to become polluted and a public hazard. Where installed, they must be operated very carefully to minimize the danger to public health.”

Sun valley GID took over the operation of the pool in 2009. A review of the Health District Wading Pool records show that between 2005 and 2009 half of the inspection reports documented low chlorine residuals, pH levels that were outside the range of 7.0 to 8.0 and cloudy or dirty water. Based on the past history we required the wading pool to meet the 30 minute turnover rate as a condition of approval of the heating and recirculation system remodel permit. However, due to the small diameter of the pipes under the deck, the current flow rate is 160 gpm with a clean filter. Sun Valley GID has submitted the attached operational plan to maintain higher disinfection levels, a minimum flow rate of 130 gpm with a dirty filter and limit the number of bathers in the wading pool. This should go a long way to improving the water clarity and reducing the health risk to the bathers.

Finding of Fact

The District Board of Health should grant a variance from a regulation only if it finds from the evidence presented at the hearing that:

- a. There are circumstances or conditions, which:
 1. Are unique to the applicant;
 2. Do not generally affect other persons subject to the regulations;
 3. Make compliance with the regulations unduly burdensome; and
 4. Cause a hardship to and abridge a substantial property right of the applicant.

Reply: To meet the minimum flow rate of 212 gpm would require replacing the pipes under the deck and adding more inlets to the wading pool. This would require replacing about 80 feet of piping from equipment room to the wading pool and removing the deck around the wading pool to install more inlets.

- b. Granting the variance:
 1. Is necessary to render substantial justice to the applicant and enable him to preserve and enjoy his property right; and
 2. Will not be detrimental or pose a danger to public health and safety.

Reply: The purpose of NAC 444.202 is to ensure the disinfection levels and water clarity are maintained and to reduce the health risk to the bathers. The current turnover rate is a significant improvement. The operational plan proposed by Sun Valley GID should protect public health.

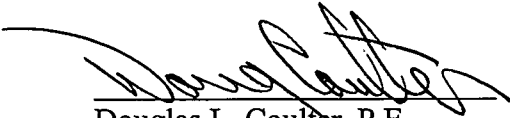
Alternatives

1. Approve the variance request and proposed operational plan.
2. Deny the variance request and require the pipes under the pool deck to be replaced and the addition of more inlets.

Conditions

1. The wading pool must be tested prior to opening the pool and at least two other times daily to ensure the quality is in compliance with Section 444.148 and the approved operational plan. The test results must be recorded as required by Section 444.264. The pattern of the main drain shall be clearly visible at all times the pool is open.
2. If the daily records or inspections reports show that the water quality is not being maintained in compliance with Section 444.148 and the approved operational plan, the variance will become null and void.
3. Sun Valley GID must have at least one Certified Pool Operator on staff to ensure the pool is operated in compliance the all Public Bathing Place Regulations and the approved operational plan.
4. When the deck or pipes under the deck must be replaced, pipes of adequate size and additional inlets are required to be installed.

Respectfully submitted:



Douglas L. Coulter, P.E.
Senior Registered Engineer
Environmental Health Services

DLC/dc

DBolt 1/27/11
Item No. 13

Washoe County



Health District

Washoe County, NV

*The Communities of
Reno and Sparks*

invites your interest for the position of



District Health Officer

The County of Washoe

Breathtaking Washoe County is so much more than just an exciting gaming destination.

Located along the eastern slopes of the majestic Sierra Nevada Mountains in northwestern Nevada, Washoe County covers an area of 6,600 square miles bordering California and Oregon. A population of approximately 417,000 enjoys an excellent quality of life with abundant recreational activities, arts and cultural amenities, fine dining, and a variety of entertainment options including being known as the "Biggest Little City" for its variety of cultural and entertainment activities.

A wide range of lifestyle choices are available. The City of Reno is the county seat and the third largest city in Nevada. Named one of the Top 25 Cities for "Best Places to Live 2010" by Men's Journal Magazine (April 2, 2010), Reno has a bustling downtown, diverse neighborhoods, a major university, and a top ranked international airport. Nearby are the communities of Sparks and Incline Village at Lake Tahoe. And miles of high desert and mountains provide additional options in the county's vast unincorporated areas. So whether you prefer an urban setting, suburban, or rural living, Washoe County offers it all.



The Organization

The Washoe County Health District is governed by a seven member policy board comprised of one elected and one citizen representative from each of the two cities and the county, and a physician appointed by the other six Board members. Unlike most other states, in Nevada local health districts have significant statutory autonomy.

The District Health Department is a dynamic and progressive organization with jurisdiction over all health matters within the Health District's boundaries. Washoe County provides a variety of support services and approximately 45% of the \$18,300,000 budget through a transfer of general fund revenues. Other Department revenues come from grants, permit fees and service charges. The District Health Department is comprised of five divisions: Administrative Health Services (AHS); Air Quality Management (AQM); Community and Clinical Health Services (CCHS); Environmental Health Services (EHS) and Epidemiology and Public Health Preparedness.



The Position of District Health Officer

The District Health Officer administers a budget of \$18,300,000 and provides leadership for a staff of 170. The District Health Officer reports to the District Board of Health, and in addition to administrative duties, carries out the Board's mission and strategic plan, assures the enforcement of public health regulations, advocates for public health and facilitates collaborative efforts with the community to improve public health. The mission, vision, priorities and goals can be viewed at: www.washoecounty.us/health. The position class specification can be viewed at: www.washoecounty.us/humanresources.

The District Health Officer will be focused on two key priority areas. As with all health service environments today, the challenges related to financial sustainability must be addressed. This will require very difficult operational and organizational decisions. Innovation and creativity will be essential to identifying alternative yet resourceful means to provide service and program delivery. Within the midst of this significant change, strong leadership skills will be critical in maintaining a positive and supportive work environment. This highly visible position requires responsiveness not only to the Board and Department staff, but also the public, elected officials and other community partners and stakeholders.



The Ideal Candidate

The District Health Officer will be an effective and proven public administrator with exceptional leadership and management skills. Leadership through vision, engagement and a focus on mission will be necessary in addressing a changing landscape focused on operational efficiency, financial limitations and creative alternatives. Active and regular communication with all will be a fundamental requirement to successfully address the complex and challenging decisions that are anticipated. The Ideal Candidate must have a proven track record that demonstrates abilities and strengths in the areas of public health administration; change management, fiscal oversight, interpersonal effectiveness and organizational leadership.

The minimum qualifications for this position are a Master's degree in Public Administration (Master's in Public Health Preferred) and a minimum of five years of progressively responsible management experience in a Public Health environment OR an equivalent combination of education and experience. Physicians with a Board certified medical specialty recognized by the American Board of Medical Specialists, a Masters degree in Public Health and a Public Health Accreditation, and have prior experience as a Medical Director in an operational setting are encouraged to apply.



Compensation & Benefits

Depending on experience and background, the annual salary range for this position is \$114,732.80 - \$149,073.60 without an MD license or \$126,214.40 - \$163,987.20 with an MD license. The County also offers an exceptional benefits package, which includes:

- ◆ Retirement: Nevada PERS. Washoe County pays the employer and employee contribution.
- ◆ Vacation: Accrues at the rate of 96 hours annually for the first three years of employment. Accrual rate gradually increases until it reaches a maximum of 200 hours annually.
- ◆ Sick Leave: Accrual at the rate of 10 hours per month of full-time service for the first 10 years and 12 hours a month of full-time service for 10 years or more.
- ◆ Holidays: Eleven paid holidays annually.
- ◆ Health, Dental, Life and Vision Insurance: The County pays for 100% of employee costs for all premiums. Dependent coverage paid 50% by employer.
- ◆ Longevity Pay: \$100 per year of full-time continuous service to a maximum of \$3,000.
- ◆ Merit Increases: Full-time employees eligible to receive an annual merit increase of 5% until the position classification's maximum salary is received.
- ◆ There are no social security deductions (although a 1.45% deduction for Medicare is required).
- ◆ There is no state income tax in Nevada.



Washoe County, Nevada

**Many Communities.
One County.**

The Process

To be considered for this exciting career opportunity, please forward a letter of interest and your resume with current salary and five work-related references (who will not be called until mutual interest is established) to:

Paul Kimura
Avery Associates
3½ N. Santa Cruz Ave., Suite A
Los Gatos, CA 95030
Fax: 408-399-4423
E-mail: jobs@averyassoc.net
www.averyassoc.net



The final filing date for this recruitment is March 4, 2011. It is anticipated that preliminary interviews with the search firm will take place in mid - March and final interviews with the County will be held in the late April timeframe. An appointment is expected in early May.

For additional information regarding Washoe County District Health, please visit www.washoecounty.us/health. If you have any questions regarding this position, please feel free to contact Mr. Kimura at 408-399-4424.

**Washoe County is an Equal Opportunity /
Affirmative Action employer hiring employment eligible applicants.**

DBOH 1/27/11
Item No. 13

**Washoe County
District Health Officer
Recruitment Timeline – Rev. 3, 1/21/11**

Activity	Date	Comments
Initial Client Meetings	12/20/10 & 12/22/10	completed
Job Announcement		
Draft to County	January 6, 2011	
To Printer	1/21/11	completed
Mailings Out	1/31/11	
Internet Postings/Ads	By 1/25	NACCHO, APHA (and various Western U.S. state associations), Public Health Employment Connection (PHEC), Public Health jobs, American Association of Public Health Physicians (and any Western US state associations), California Public Health Assoc – North and South (CPHA – North & South)
No Posting Sites but Possible email blasts to membership	By 1/31	HOAC (health officers association of Calif), HOAC/CCLHO (Roberta Lawson will do email blast of job announcement), NALBOH
Jobs Available (1 insertion)	February 15 edition	Only print ad anticipated
Outreach Period	1/24 – 3/4/11	6 week outreach – contact list developed via data base, candidate referrals and recommendations. Weekly recruitment updates during this timeframe.
Final Filing Date	3/4/11	
Avery to Evaluate/Interview/Assess/Reference/ Candidates. Development of Candidate Books	3/7 – 3/29	Applicant review based on resume evaluation. Phone qualify those meeting MQ's. Formal interviews, assessments and initial references for those recommended for final interviews.
Presentation of Candidate Recommendations to the County	March 30 – time TBD	
County Interviews Recommended Candidates – Selection of Short List Finalists	4/27/11	Personnel Subcommittee to interview the “long” list and recommend finalists to the full Commission at 4/28 meeting
Short List Finalists Interviews/Appointment	Week of 4/28	Short list interviews with full Commission
Start Date	Mid – May – Mid - June	2-6 week notice



Washoe County Health District



Public Health
Prevent. Promote. Protect

January 19, 2011

TO: District Board of Health Members
FROM: Mary-Ann Brown, RN, MSN
SUBJECT: Legislative Bill Tracking for 2011 Session

Recommendation

Staff recommends the Board accept the update to the Legislative Bill Tracking for the upcoming 2011 Session.

Background

Attached is the update to the preliminary reports of Bill Draft Requests (BDRs) from: Air Quality Management and Community and Clinical Health Services. Staff continues to monitor these various BDRs for the 2011 Legislative Session.

Respectfully,


Interim District Health Officer

DBOH AGENDA ITEM # .14.

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

www.washoecounty.us/health
WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
PRINTED ON RECYCLED PAPER

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING
 AIR QUALITY MANAGEMENT DIVISION

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
AB-2	Assemblywoman Kirkpatrick	Filed 6/28/10 Referred to the Committee on Transportation	Provides for the exemption of older motor vehicles that have been issued the special (classic) license plates from standards for the control of emissions without the performance of any such evaluation if the owner of the motor vehicle certifies that the motor vehicle has not been driven more than 2,500 miles the previous year. Imposes a one time \$6 fee payable to the Department of Motor Vehicles.	May result in increased emissions from these vehicles. There is no mechanism to verify that the vehicles are not driven more than 2,500 miles annually. Approximately 1,000 vehicles currently carry these special plates, a significant increase in this number of vehicles may occur as a result of this bill. Vehicles twenty years and older can qualify (currently vintage 1991). Since the fee (equivalent to the fee for a certificate of compliance with emission standards) is a one time fee, revenue provided to AQMD by DMV will be reduced accordingly.	Track - Kevin Dick
40- 310	Assemblyman Gustavson	Filed 8/31/10	Reduces the frequency of smog checks for motor vehicles that have not previously failed a test.	May result in increased emissions from these vehicles. May decrease the I&M fees received by AQM.	Track - Kevin Dick

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
<u>SB27</u>	Senator Wiener	Introduced in Senate	Requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health and safety of children. (BDR 38-24)	<u>Background.</u> Bill was submitted in response to a staff concept presented at a statewide childhood obesity policy summit held in June 2010 and subsequent email communication between staff and sponsor. The bill: (1) codifies the professional education requirements for licensed childcare providers; and (2) adds required training on " <i>Childhood obesity, nutrition and physical activity</i> ." The intent of this bill is to ensure training in and attention to childhood obesity prevention in the early childhood period. Staff remain in communication with the State Health Officer on next steps related to the bill. <u>Background.</u> Analysis on this bill is pending.	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes Position: Support Ordinance: Yes Policy: Uncertain Fiscal Impact: Uncertain (J. Hadayia)
<u>SB53</u>	Committee on Health and Human Services	Introduced in Senate	Excludes locations where programs are operated by a local government to supervise children from certain licensing requirements. (BDR 38-242)		<ul style="list-style-type: none"> Pending
<u>SB79</u>	Committee on Revenue	Introduced in Senate	Makes various changes relating to the Tobacco Master Settlement Agreement. (BDR 32-291)	<u>Background.</u> This bill clarifies the process for non-Settlement tobacco manufacturers' contribution to the settlement fund in Nevada; it is considered an administrative "clean-up" bill for the Attorney General's office.	<ul style="list-style-type: none"> Priority: Low Action: Monitor Testify: No Position: Neutral Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
34--36	Assemblyman Hambrick	BDR	Requires schools to provide access to their athletic fields to nonprofit youth sport programs	<u>Background.</u> BDR is a placeholder for the reintroduction of 2009 legislation relating to "joint-use agreements" in which school grant the use of facilities (including athletic fields) to community organization (including nonprofit youth sports programs) for the purpose of physical activity. CDC considers this policy a "best practice" in childhood obesity prevention. <i>In 2009, AB145 passed Assembly Education</i>	<ul style="list-style-type: none"> Priority: Low Action: Monitor Testify: No Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

R--71	Senator Wiener	BDR	SCR: Urges support for providing programs of fitness and wellness in schools	and was referred to Ways and Means (with no further action taken); the DHD was in support of the bill, and staff provided testimony. <u>Background.</u> Content is unknown at this time, though is likely to support CCHS priorities related to childhood obesity prevention.	<ul style="list-style-type: none"> • Priority: Moderate • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia)
40--138	Senator Parks	BDR	Revises provisions governing the treatment and control of sexually transmitted diseases	<u>Background.</u> BDR is a placeholder for legislation on behalf of the State AIDS Task Force. Staff serve as Chair of the Task Force's Ad Hoc Policy Committee and point-person for the Task Force's legislative activities. The proposed topic for this BDR is expedited partner therapy (EPT) or partner delivered patient therapy (PDPT) for the treatment of Chlamydia and gonorrhea. In 2009, <u>SB305</u> enabling EPT was passed through to Conference Committee (with no further action taken); the DHD was in support of the bill and provided testimony. Currently, staff are in dialogue with State Health Division staff and other subject matter experts regarding the impact of recent changes to NAC441A on this legislation. NAC441A was <u>revised</u> on December 10, 2010 and now references current CDC partner services treatment <u>guidelines</u> including PDPT for the treatment of Chlamydia and gonorrhea. A legal review of the need for this BDR and its content is pending via the State Health Division.	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia)
112	Senator Wiener	BDR	Authorizes the Health Division to facilitate and encourage the development of comprehensive health centers in public schools.	<u>Background.</u> Content is unknown at this time.	<ul style="list-style-type: none"> • Pending
143	Assemblyman	BDR	Provides for the standardization	<u>Background.</u> BDR is a placeholder for an effort	<ul style="list-style-type: none"> • Priority: High

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

	Bobzien		of sexuality education curricula	by community partners to pass the "Safe & Healthy Teens Act" which "requires comprehensive sexuality education, facilitates community partnerships in schools and requires the state of Nevada to apply for funding in support of teens." The State AIDS Task Force Ad Hoc Policy Committee referenced above voted on November 3, 2010 to formally support this BDR as a legislative priority for the session.	<ul style="list-style-type: none"> Action: Attention Testify: Yes Position: Support Ordinance: No Policy: No Fiscal Impact: No (S. Hardie)
34--188	Legislative Committee on Health Care	BDR	Establishes a statewide school wellness policy	<u>Background</u> . BDR is a placeholder for <u>LCHC recommendations</u> (1-4) related to childhood obesity. Staff remain in communication with the State Health Officer on next steps related to the bill, including proposing bill language to: (1) mandate school wellness policies at the District level; and (2) reference a national standard for the minimum components of such policies.	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
34--191	Legislative Committee on Health Care	BDR	Revises provisions relating to school nutrition programs	<u>Background</u> . BDR is a Placeholder for <u>LCHC recommendations</u> (18-20) related to federal school food programs.	<ul style="list-style-type: none"> Priority: Low Action: Monitor Testify: No Position: Neutral Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
521	Senator Copening	BDR	SCR: Encourages nutritional health of children	<u>Background</u> . Content is unknown at this time, though is likely to support CCHS priorities related to childhood obesity prevention.	<ul style="list-style-type: none"> Priority: Uncertain Action: Monitor Testify: No Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
32--605	Assembly Committee on Taxation	BDR	Revises the rate of taxation on moist snuff.	<u>Background</u> . This BDR is boilerplate legislation introduced in both 2007 and 2009 that proposed to revise the rate of taxation on smokeless tobacco products from a percent of	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

				<p>wholesale price to a weight-based tax. Research shows that applying a weight-based tax on smokeless tobacco results in lower cost to the consumer and, therefore, increased sales, which will result in increased consumption of tobacco by Nevadans.</p> <p>The DHD was in opposition to this bill in both prior sessions and provided testimony.</p>	<ul style="list-style-type: none"> • Position: Oppose • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>
619	Senator Breeden (Senator Parks, Assemblyman Segerblom)	BDR	<p>SCR: Encourages health care providers to offer routine screening for Human Immunodeficiency Virus (HIV) in all health care settings.</p>	<p><u>Background.</u> BDR is a placeholder for legislation on behalf of the State AIDS Task Force. Staff serve as Chair of the Task Force's Ad Hoc Policy Committee and point-person for the Task Force's legislative activities.</p> <p>The purpose of this resolution is to encourage health care providers to implement <u>federal recommendations for universal HIV testing.</u></p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>
661	Senator Denis	BDR	<p>Requires the elimination of trans fats from meals provided in public schools,</p>	<p><u>Background.</u> Content is unknown at this time, though is likely to support CCHS priorities related to childhood obesity prevention.</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Track • Testify: No • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>
40--795	Senator Parks	BDR	<p>Authorizes programs which provide access to clean syringes.</p>	<p><u>Background.</u> BDR is a placeholder for legislation on behalf of the State AIDS Task Force. Staff serve as Chair of the Task Force's Ad Hoc Policy Committee and point-person for the Task Force's legislative activities.</p> <p>The intent of this legislation is to allow access to clean syringes for the purpose of the prevention of HIV, hepatitis C, and other blood borne diseases associated with sharing injection drug using equipment. The current mechanism proposed by legal staff for this legislation is the "de-regulation" of needles and syringes by removing them from the Nevada drug paraphernalia statute. This is the</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING
Community and Clinical Health Services Division

1/18/2011

				<p>recommended approach to syringe access and is currently in place in several states. In addition, the ban on the use of federal funds for syringe access was also lifted in 2010. Affirmative legislation would make it possible for community-based organizations to begin clean syringe distribution in their communities using existing funding.</p> <p>The national <u>Harm Reduction Coalition</u> has been providing subject matter expertise and technical assistance on this bill. A community coalition (called the Public Health Alliance for Syringe Access) has also been formed to garner support.</p>	
881	Assemblywoman Pierce	BDR	Revises the taxes on intoxicating liquors and tobacco products. Makes various changes concerning the taxation of tobacco products.	<p>Background. A statewide coalition (called the Health Investment Partnership) has been formed to advocate for an increase to the Nevada tobacco excise tax as was sought in the 2009 Session. Research shows that increases in the price of tobacco products lead to the most predictable improvements in tobacco rates. The DHD was in support of this bill in 2009 and provided testimony, and is a formal member of the 2011 coalition.</p> <p>The coalition recommendation to the bill sponsors is: (1) a \$1.20 increase to the current cigarette excise tax (for a total tax of \$2.00); (2) a commensurate increase to the percent of wholesale price on Other Tobacco products (OTP); and (3) a partial earmark from new revenue to tobacco prevention, cessation, and research programs in Nevada. The coalition also recommends clarification of the OTP definitions to be inclusive of new smokeless tobacco products.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: Uncertain <p>(J. Hadayia)</p>
884	Assemblywoman Pierce	BDR	Requires provision relating to warning about the health hazard of smoking for pregnant women.	<p>Background. BDR is a placeholder for the reintroduction of 2009 legislation that would require warning labels at the point-of-sale of all tobacco products, including over-the-counter</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Support

(Bills that are no longer active are located at the end of the document and identified in italics).



Washoe County Health District

DBOH AGENDA ITEM NO. 15.



Public Health
Prevent Promote Protect

January 20, 2011

TO: District Board of Health Members
FROM: Mary-Ann Brown, RN, MSN
Interim District Health Officer
SUBJECT: Washoe County Health District Strategic Plan

Recommendation

Staff recommends the Board approve the attached 2011-2012 Washoe County Health District Strategic Plan.

Background

The Leadership Team and key staff members developed the WCHD Strategic Plan incorporating previous DBOH planning activities and documents including the 2009 strategic retreat. The format utilized is consistent with the Washoe County strategic plan. Key performance measures in the WCHD plan are also contained in the Washoe County plan. The deadline for departments to submit current strategic plans for review by the Washoe County Strategic Planning Committee is February 18th.

A handwritten signature in black ink, appearing to read "Mary-Ann Brown".

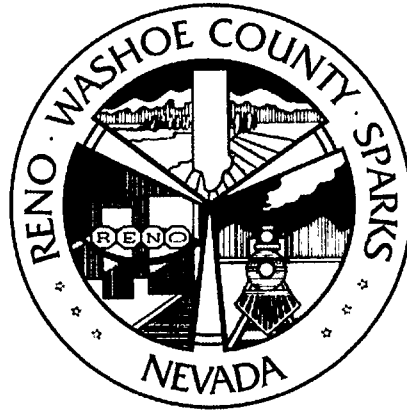
Interim District Health Officer

DBOH AGENDA ITEM # 15.

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

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*Washoe County Health District
2011-2012 Strategic Plan*



Strategic Plan Structure

The Washoe County Health District (WCHD) Strategic Plan consists of the following components, beginning with the broadest, long-term elements to the more specific, short-range and tactical activities:

Vision Statement: A short, concise, vivid statement of the WCHD future, answering the question: *what will the WCHD look like in 10-20 years?*

Mission Statement: An overarching, timeless expression of the WCHD's purpose and aspiration, addressing both what the WCHD seeks to accomplish and the manner in which the WCHD seeks to accomplish it; a declaration of an organization's core purpose. A mission statement answers the question, "why do we exist?"

Values: Shared attributes and behaviors that inform and guide our actions in delivering services. Enduring, passionate and distinctive core beliefs; guiding principles that explain why the organization does what it does, and what the organization stands for. Values guide the organization in its daily business.

Strategic Objectives: The long-term, continuous strategic focus areas that move the organization closer to achieving the vision.

Strategic Outcomes: Statements of intended results related to Strategic Objectives. Strategic Outcomes should be a narrow list of the highest priority outcomes that make the most difference in the organization, answering the question: *what are the highest priority results desired for each Strategic Objective?*

Key Performance Measures: Quantifiable measures that show evidence of movement toward the WCHD's Strategic Objectives, and ultimately to achieving the Vision. Key Performance Measures are viewed as the most important performance measure for a strategic objective/outcome (based on a strategy or major initiative).

Individual Divisional Strategic Plans: Strategic plans at the divisional level detail that specific division's role and activities in support of the WCHD Strategic Plan: the Vision, Values, Strategic Objectives and Strategic Outcomes. Division Strategic Plans also include division-specific goals and objectives that are not specifically addressed within the WCHD Strategic Plan, but are part of the WCHD overall mission and objectives.

Vision Statement

We are Leaders in a Unified Community Committed to Optimal Human and Environmental Health.

Mission Statement

The Washoe County Health District protects and enhances the physical well being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

Organizational Values

Trustworthiness

We **allocate resources appropriately, spend money prudently** and maintain capable **stewardship** of the taxpayers' funds.

We are **industrious**, consistently putting forth the necessary effort to get the job done.

We fully **comply with regulations** that govern us.

We perform our tasks and conduct our interpersonal interactions with others with the highest **integrity**.

We take **intelligent risks** in the pursuit of our mission and to serve our community.

We are **supportive** of each other, our customers and our community.

We **communicate openly**, honestly and respectfully with each other, our customers and community partners.

Professionalism

We conduct all of our business in an **ethical** manner.

We **continually educate** ourselves to maintain and improve our professional competency.

We are **accountable**, each of us taking responsibility for our own actions.

Partnering/Collaboration

We are **flexible**, willing to consider alternative ways of doing things, and we readily **adapt** to changing circumstances.

We are **accessible** to our customers and to each other, promptly responding to all inquiries.

We are **proactive**, initiating creative approaches to projects and problems.

We are **innovative and creative**, developing and embracing new approaches to our work.

Strategic Objectives and Strategic Outcomes

Strategic Objectives are the long-term, continuous strategic focus areas that move the organization closer to achieving the vision. Strategic Objectives are seen as having a five-year or more time horizon.

1. Monitor health status and understand issues facing the community
2. Protect populations from health problems and health hazards
3. Give people information they need to make healthy decisions
4. Enforce public health regulations
5. Develop our workforce
6. Promote fiscal accountability and stability

Strategic Outcomes are statements of intended results related to Strategic Objectives. Strategic Outcomes should be a narrow list of the highest priority outcomes that make the most difference in the organization, answering the question: *what are the highest priority results desired for each Strategic Objective to do business.*

- 1.1 Reportable disease and syndromic surveillance data are collected and analyzed
- 1.2 Vital statistics (births and deaths) are tabulated and available
- 1.3 Behavioral risk factor surveillance system and other chronic disease data are obtained
- 1.4 Ambient air quality indices are calculated and published
- 1.5 Lab reports and data on contaminants impacting water quality

- 2.1 Available safety net of public health services
- 2.2 Communicable disease outbreaks are monitored, investigated and controlled
- 2.3 Air quality, solid waste management and food plans are implemented

- 3.1 Citizens are educated on the risk factor reduction associated with chronic and communicable diseases
- 3.2 The public is aware of air quality indicators daily
- 3.3 Public policies exist that support healthy individual choices and a healthy environment
- 3.4 The community is prepared to respond to public health disasters and emergencies

- 4.1 Permitted facilities are in compliance with local, state and federal public health and environmental protection laws

4.2 Isolation, quarantine and/or other appropriate responses to infectious disease outbreaks are implemented

5.1 Highly engaged workforce with the required skills and knowledge

5.2 Volunteers, interns and students are incorporated into the organization

5.3 Employees are prepared for internal and external disasters and emergencies

6.1 Comprehensive fiscal policies implemented

6.2 Achievement of efficiencies by performance improvement

Key Performance Measures

Key Performance Measures are quantifiable measures that show evidence of movement toward the County's Strategic Objectives, and ultimately to achieving the Vision. Key Performance Measures are viewed as the most important performance measure for a strategic objective/outcome (based on a strategy or major initiative).

Characteristics of Good Performance Measures: Good measures should measure efficiency, effectiveness, quality or workload if the workload is presented in a context that informs the viewer as to its significance. Good measures should be expressed as a discrete number, ratio, percentage or target. Graphical presentation of measures frequently improves the ability of viewers to understand their meaning. Most of all, good measures provide information of the progress towards achieving Strategic Objectives.

<i>Washoe County Health District 2011-2012 Key Performance Measures</i>
1. Leading causes of death
2. Number of reported births and deaths
3. Chronic disease risk factor prevalence
4. National Ambient Air Quality Standards
5. Safe Drinking Water Act Requirements
6. Immunization rates
7. Number of years average life expectancy
8. Birth measurements and infant mortality
9. % of required inspections completed on permitted facilities
10. Rates for tobacco use and obesity
11. Number of air quality exceedances
12. Number of registered and trained MRC volunteers
13. Number of food borne disease outbreaks
14. Rates of infectious diseases
15. % employee evaluations ranked at meets expectations or above
16. % employees NIMS compliant
17. Positive ratio of revenue to expenses

Individual Division Plans

Strategic plans at the divisional level detail that specific division and programmatic role and activities in support of the WCHD Strategic Plan: the Vision, Values, Strategic Objectives, Strategic Outcomes and Key Performance Measures. Divisional Strategic Plans also include Division-specific goals that are not specifically addressed within the WCHD Strategic Plan.

Washoe County Health District Strategic Plan Summary 2011-2012

Washoe County Health District							
Washoe County Strategic Objective #1 Safe, Secure and Healthy Communities							
Strategic Outcome: 1.2 Healthy Communities							
Mission Statement	Strategic Objectives	Strategic Outcomes	Key Performance Measures				
<p>The Washoe County Health District protects and enhances the physical well being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services</p>	<p>1. Monitor health status and understand the health issues facing the community</p>	<p>1.1 Reportable disease and syndromic surveillance data are collected and analyzed</p> <p>1.2 Vital statistics (births and deaths) are tabulated and available</p> <p>1.3 Behavioral risk factor surveillance system and other chronic disease data are obtained</p> <p>1.4 Ambient air quality indices are calculated and published</p> <p>1.5 Lab reports and data on contaminants impacting water quality</p>	<p>1. Leading causes of death</p> <p>2. Number of reported births and deaths</p> <p>3. Chronic disease risk factor prevalence</p> <p>4. National Ambient Air Quality Standards</p> <p>5. Safe Drinking Water Act Requirements</p>				
		<p>2. Protect population from health problems and health hazards</p>	<p>2.1 Available safety net of public health services</p> <p>2.2 Communicable disease outbreaks are monitored, investigated and controlled</p> <p>2.3 Air quality, solid waste management and food plans are implemented</p>	<p>6. Immunization rates</p> <p>7. Number of years average life expectancy</p> <p>8. Birth measurements and infant mortality</p> <p>9. % of required inspections completed on permitted facilities</p>			
			<p>3. Give people information they need to make healthy decisions</p>	<p>3.1 Citizens are educated on risk factor reduction associated with chronic and communicable diseases</p> <p>3.2 The public is aware of air quality indicators daily</p> <p>3.3 Public policies exist that support healthy individual choices and a healthy environment</p> <p>3.4 The community is prepared to respond to public health disasters and emergencies</p>	<p>10. Rates for tobacco use and obesity</p> <p>11. Number of air quality exceedances</p> <p>12. Number of registered and trained MRC volunteers</p>		
				<p>4. Enforce public health laws and regulations</p>	<p>4.1 Permitted facilities are in compliance with local, state and federal public health and environmental protection laws</p> <p>4.2 Isolation, quarantine and/or other appropriate responses to infectious disease outbreaks are implemented</p>	<p>13. Number of food borne disease outbreaks</p> <p>14. Rates of infectious diseases</p>	
					<p>5. Develop our workforce</p>	<p>5.1 Highly engaged workforce with the required skills and knowledge</p> <p>5.2 Volunteers, interns and students are incorporated into the organization</p> <p>5.3 Employees are prepared for internal and external disasters and emergencies</p>	<p>15. % employee evaluations ranked at meets expectations or above</p> <p>16. % employees NIMS compliant</p>
						<p>6. Promote financial accountability and stability</p>	<p>6.1 Comprehensive fiscal policies implemented</p> <p>6.2 Achievement of efficiencies by performance improvement</p>
<p>We are leaders in a unified community committed to optimal human and environmental health</p>							
<p>Health District Vision Statement</p>							



Washoe County Health District



Public Health
Prevent Promote Protect

January 18, 2011

TO: Members, District Board of Health

THROUGH: Mary-Ann Brown, Interim District Health Officer *me*

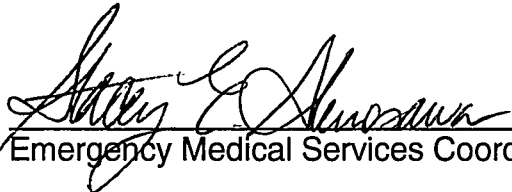
FROM: Stacey Akurosawa, Emergency Medical Services Coordinator

SUBJECT: Board of County Commissioners Multi-Stakeholder Emergency Medical Services Task Force – Membership Composition Update

At their December 14, 2010 The Board of County Commissioners discussed the membership composition of the Multi-Stakeholder Emergency Medical Services Task Force.

Attached is a copy of the BCC Agenda Item #13 from the meeting with the background on the creation of the Multi-Stakeholder Emergency Medical Services Task Force and the two suggested membership composition, one proposed by the Washoe County Manager's Office and an alternate proposal by the community Hospital Executives.

The Board of County Commissioners accepted the recommendation of the Washoe County Manager's Office with the change of the reduction of one representative from either Renown Regional Medical Center or Renown South Meadows Medical Center.



Emergency Medical Services Coordinator

Attachment


DBOH AGENDA ITEM # 16.

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DEC. 14, 2010
NOV. 9, 2010
STAFF REPORT
BOARD MEETING DATE: OCTOBER 12, 2010

CM/ACM KS
Finance _____
DA _____
Risk Mgt. _____
HR N/A
Other N/A

DATE: September 30, 2010 30,
TO: Board of County Commissioners
FROM: Kurt Latipow, Fire Services Coordinator, Management Services Division
Telephone: 775-328-2716 Email: klatipow@washoecounty.us
THROUGH: John Slaughter, Director, Management Services 
SUBJECT: Discussion and possible direction to staff on the membership composition of the Multi-Stakeholder Emergency Medical Services Task Force previously approved by the Board on August 10, 2010 (Continued from the September 14 and 28, 2010 Board Meetings) (All Commission Districts.)

SUMMARY:

This staff report requests consideration be given to providing staff with direction on the membership composition of the Multi-Stakeholder Emergency Medical Services Task Force previously approved by the Board on August 10, 2010.

Strategic Objective supported by this item: *Safe, Secure and Healthy Communities*

Strategic Outcome supported by this item: *Improve Fire Services*

PREVIOUS ACTION:

During the Commission's August 10, 2010 meeting, staff proposed recommendations that staff be directed to convene a Multi-Stakeholder Emergency Medical Services Task Force representative of fire agencies, emergency room physicians, citizens, District Board of Health, the State EMS agency and REMSA. The task force shall: develop evaluation and assessment criteria, make recommendations to assist in determining an outside agency best suited to conduct an inclusive and comprehensive performance audit of the EMS delivery system, identify/develop minimum performance measures by which EMS delivery should be measured, identify benchmarking metrics and recommend a reporting structure and process for data sharing between all participants in the EMS system. Upon conclusion of the above, the task force would report its findings and recommendations during a public meeting of the County Commission, Cities of Reno and Sparks, Health District and the fire districts.

At that meeting the Board accepted staff recommendations and provided direction to two additional representative to the Multi-Stakeholder Emergency Medical Services Task Force: one representing hospitals and one representing Pre Hospital Medical Advisory Committee.

At the Boards September 26, 2010 meeting staff requested and the Board approved postponing action until the Board's October 12, 2010 meeting.

BACKGROUND:

Following the August 10, 2010 BCC Meeting staff received a copy of a letter sent to Chairman Humke from the hospitals (Attachment #1) which indicated support for the existing ambulance transport model and proposed an expansion of the Multi-Stakeholder Emergency Medical Services Task Force to include the CEO's of each hospital and several physician specialists.

On August 19, 2010 staff met with Dr. Cassani, Medical Director for Ambulatory Services for Renown Health and Chairman of the Pre Hospital Medical Advisory Committee (PMAC), and discussed the EMS study project and the makeup of the group as directed. During the meeting the discussion included a review of the first charge for the Multi-Stakeholder Emergency Medical Services Task Force which will be to develop evaluation and assessment criteria which would be used by a consultant to conduct an inclusive and comprehensive performance audit of the Pre Hospital EMS delivery system. The Multi-Stakeholder Emergency Medical Services Task Force will identify/develop minimum performance measures by which the Pre Hospital EMS delivery should be evaluated, identify benchmarking metrics and recommend a reporting structure and process for data sharing between all participants in the Pre Hospital EMS system. Once the criteria have been developed, staff would return to the BCC for direction to move ahead with soliciting proposals for conducting the study. Should the BCC direct the solicitation of bids then the Multi-Stakeholder EMS Task Force would transition to RFP review.

The hospitals' proposed expansion of the Multi-Stakeholder Emergency Medical Services Task Force was discussed and no consensus was reached. Staff had agreed to discuss the request further; however before that could take place, the hospitals returned to the Commission and presented their request during Public Comment resulting in a request from the Commission to place the item on the September 14, 2010 agenda. At the September 14, 2010 meeting the Board postponed taking action until September 28, 2010. At the September 28 meeting, the Board directed staff to work with medical community representatives and return to the Board at their October 12, 2010 meeting. The purpose of the request was to enable staff to meet with the hospital representatives in an effort to identify how and if the efforts of the Multi-Stakeholder Emergency Services Task Force could be coordinated with the Community Hospitals' EMS Review Committee and if additional representatives should be added to the proposed Task Force.

Staff has met with Dr. Cassani, Medical Director for Ambulatory Services for Renown Health and Chairman of the Pre Hospital Medical Advisory Committee (PMAC), received input from all four fire chiefs in the county, and reviewed the EMS related tasks and the proposed Multi-Stakeholder EMS Task Force inclusive of the additions directed by the Commission, and request Board direction regarding any modification of the Stakeholder Task Force. As a result of the meetings and input, staff is recommending expansion of the Task Force to include a representative of the Washoe County Sheriff's Office and that one or more liaisons between the Community Hospitals' EMS Review Committee and the Stakeholder Task Force be designated.

FISCAL IMPACT:

Unknown at this time.

RECOMMENDATION:

Staff recommends that the Board provide direction as to the make up of the Multi-Stakeholder EMS Task Force and consider taking action to confirm the make up as follows:

One representative from each of the fire agencies within the county, one physician representing Emergency Room Physicians to be appointed by the Washoe County Medical Society , two citizen representatives, one District Board of Health representative, a representative from the State EMS agency, one representative on behalf of the hospitals, one physician representative from the Pre Hospital Medical Advisory Committee, a representative from REMSA and one representative of the Washoe County Sheriff's Office ; and that one or more liaisons between the Community Hospitals' EMS Review Committee and the Stakeholder Task Force be designated.

POSSIBLE MOTION:

Should the Board/s agree with the draft Action Plan and with Staff's Recommendations and Updates a possible motion could be: *I move to confirm the make-up of the Multi-Stakeholder EMS Task Force as recommended by staff.*

September 27, 2010

Mr. David Humke, Chairman
Washoe County Commission
PO Box 11130
Reno NV 89520



Dear Chairman Humke and Commissioners:

The community's hospitals have appreciated the opportunity to comment on the fire coordinator's EMS task force recommendation. We first need to be clear in our support of both REMSA and the fire departments and recognize their commitment to providing quality emergency medical services to our community. However, the hospitals are best positioned to provide an objective and balanced approach with consideration given to science, quality, continuum of care and the economic impact of the recommendations. Additionally, emergency physicians and physician specialists are ultimately the most qualified to provide expertise and guidance regarding the practice of medicine.

We find the recommended composition medically inadequate. Further, in our opinion the proposed "process" recommended to the commission is inappropriate, will cost taxpayers unnecessarily and will not likely result in improvement in patient care. The process of developing criteria for a consultant, hiring and paying a consultant, is unnecessary and wastes tax dollars. The hospitals undertook transforming the ambulance problems in 1986 and modeled it into a world-class service. We are the ones best suited to address any concerns today as well.

Absent the commission's support of our involvement, the hospitals and medical community have constituted a committee and begun to move forward to review, discuss and make recommendations. The participants have impressive credentials in medicine. We have the medical expertise to study and recommend the best care alternatives and best use our community's resources.


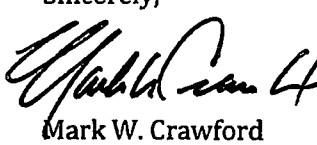
This is the "Practice of Medicine" and EMS stands for emergency *Medical* services. The "Continuum of Medical Care" begins upon the request for services (the 911 call) and continues on to include initial on-site care, care during transport, care in and through the hospital stay. The hospitals already oversee about 80% of that continuum of care. It is therefore logical and appropriate for us to review all the system components. Our committee composition and oversight is medically driven. We consist of hospital and physician specialists to review and provide guidance on how the system could provide the best patient care at the best cost. You should note our committee composition has no EMS providers (i.e., REMSA, fire, 911 dispatch, etc). They will be requested to present information, data, and perspectives. There is no other group better suited and prepared to handle this task for the community.

Our EMS Review Committee is composed of the following distinguished people:

- Chairman, Dr. John Cassani, PMAC Chairman
- Vice Chairman, Mark Crawford, CEO Northern Nevada Medical Center
- Members:
 - Dr. Trudy Larson, Acting Director UNR
 - Dr. Joseph Ryan, Medical Director REMSA
 - Dr. Wayne Hardwick, Medical Director Sparks Fire
 - Dr. John Watson, Medical Director Reno and Sierra Fire
 - Dr. Myron Gomez, Chief Trauma Surgery, Renown Regional
 - Dr. Paul Katz, Neurologist, Stroke Specialist
 - Dr. Devang Desai, Cardiologist
 - Dr. William Davis, Emergency Department Physician
 - Dr. Mary Andersen, Washoe Health District Officer
 - Gregory Boyer, CEO Renown Regional Trauma Center
 - Mike Uboldi, CEO Saint Mary's Regional Medical Center
 - Blain Claypool, Vice President Renown South Meadows Medical Center
 - Leslie Daane, (consumer representative and accountant)


We will be studying items in the Diamonte Report, 911 medical dispatch, care delivery, and performance overall. We will also focus on care delivery related to heart attack, stroke, and trauma. We will review current scientific literature, and evaluate performance, accountability, cost saving potentials, and improvements. Our goal is to complete this work and report back to you and our community in six months.

Sincerely,

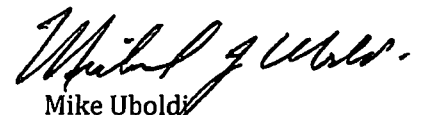


Mark W. Crawford
Chief Executive Officer
Northern Nevada
Medical Center

Greg Boyer
Chief Executive Officer
Renown Regional
Medical Center



Blain Claypool
Vice President
Renown South Meadows
Medical Center



Mike Uboldi
Chief Executive Officer
Saint Mary's Regional
Medical Center

cc: Katy Simon, County Manager
Kurt Latipow, EFO, Fire Services Coordinator



WASHOE COUNTY
"Dedicated to Excellence in Public Service"

OFFICE OF THE COUNTY MANAGER
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Reno, Nevada 89520-0027
Phone: (775) 328-2000
Fax: (775) 328-2037
www.washoecounty.us

November 22, 2010

Dr. John Cassani, D.O. M.B.A.
Pre-Hospital Medical Advisory Committee
1155 Mill Street, - Z - 7
Reno, Nevada 89502

Dear Dr. Cassani:

In keeping with the Board's direction to develop a compromise, and in response to your proposal for the make-up of the Multi-Stakeholder Task Force, I am enclosing my recommendation for the composition of the Task Force.

We have formatted the recommendation so that one can readily see the original composition of the committee that first proposed our current system in 1986, the committee that last reviewed the EMS system in 1994, the list from the August 10, 2010 Board of County Commissioners' discussion, the proposal you sent me and our recommendation. This will go to the Board of County Commissioners for discussion and possible action at their regular meeting of December 14, 2010.

It is important to convey that the Board of County Commissioners' review of the EMS system will not look at medical protocols or standing medical orders for transport. Their specific interest is in ensuring that timely, cost-effective, appropriate and efficient EMS response is available to all residents of Washoe County, consistent with national and other standards.

Please let me know if you have any other questions. We will look forward to seeing you on December 14th and talking beforehand if you would like.

Sincerely,

A handwritten signature in black ink, appearing to read "Katy Simon".

Katy Simon
Washoe County Manager

KS/rl

cc: Washoe County Commission
Hospital Executives
Proposed Task Force Members

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1 E. 9th Street
P.O. Box 11130
RENO, NV 89520-0027

Renown Medical Center
Gregory Boyer, CEO
1155 Mill Street
Reno, NV 89502

OFFICE OF
COUNTY MANAGER
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RENO, NV 89520-0027

Saint Mary's Regional Medical Center
Helen Lidholm, COO
235 W. Sixth St.
Reno, NV 89503

Renown South Meadows Medical Center
Blain Claypool, VP
10101 Double R Blvd.
Reno, NV 89521

FFICE OF
JUNTY MANAGER
E. 9th Street
11130
A 89520-0027

NNMC – Mark Crawford, CEO
2375 E. Prater Way
Sparks, NV 89434

FFICE OF
JUNTY MANAGER
Street
Box 11130
VADA 89520-0027

Pre-Medical Advisory Committee
Dr. John Cassani, D.O. M.B.A.
1155 Mill St. – Z – 7
Reno, NV 89502



WASHOE COUNTY
"Dedicated to Excellence in Public Service"

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November 22, 2010

Chief Michael D. Brown
North Lake Tahoe Fire Protection District
866 Oriole Way
Incline Village, Nevada 89451-9439

Dear Chief Brown:

In keeping with the Board's direction to develop a compromise, and in response to the hospital executives' proposal for the make-up of the Multi-Stakeholder Task Force, I am enclosing my recommendation for the composition of the Task Force.

We have formatted the recommendation so that one can readily see the original composition of the committee that first proposed our current system in 1986, the committee that last reviewed the EMS system in 1994, the list from the August 10, 2010 Board of County Commissioners' discussion, the proposal the hospitals sent me and our recommendation. This will go to the Board of County Commissioners for discussion and possible action at their regular meeting of December 14, 2010.

It is important to convey that the Board of County Commissioners' review of the EMS system will not look at medical protocols or standing medical orders for transport. Their specific interest is in ensuring that timely, cost-effective, appropriate and efficient EMS response is available to all residents of Washoe County, consistent with national and other standards.

Please let me know if you have any other questions. We will look forward to the Board's discussion on December 14th and we will be happy to talk beforehand if you would like.

Sincerely,

A handwritten signature in black ink, appearing to read "Katy Simon".

Katy Simon
Washoe County Manager

KS/rl

Enc.

cc: Washoe County Commission
Hospital Executives
Proposed Task Force Members

OFFICE OF
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E. 9th Street
Box 11130
WADA 89520-0027

Sheriff Michael Haley
WCSO
911 Parr Blvd
Reno, NV 89512

WC District Health – Dr. Mary Anderson
PO Box 11130
1001 E. 9th Street
Reno, NV 89520

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E. 9th Street
Box 11130
WADA 89520-0027

REMSA – Patrick Smith, CEO
450 Edison Way
Reno, NV 89502

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P.O. Box 11130
WADSWORTH, NV 89520-0027

State EMS – Pat Irwin
NV State Health Division
4150 Technology Way
Carson City, NV 89706-

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WADSWORTH, NV 89520-0027

Emergency Room Physician
Dr. William Davis
2375 E Prater Way
Northern Nevada Emergency
Sparks, NV 89434

Sparks Fire Dept.
Chief Andy Flock
1605 Victorian Ave.
Sparks, NV 89431

OFFICE OF
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1 E. 9th Street
P.O. Box 11130
RENO, NEVADA 89520-0027

Chief Michael Greene
Sierra Fire Protection District
4000 Joy Lake Road
Reno, Nevada 89511

COUNTY MANAGER
1 E. 9th Street
P.O. Box 11130
RENO, NEVADA 89520-0027

North Lake Tahoe Fire Protection District
Chief Michael D. Brown
866 Oriole Way
Incline Village, NV 89451-9439

Sparks Fire Medical Director
Dr. Wayne Hardwick
1155 Mill St.
Reno, NV 89502

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VADA 89520-0027

NLTFPD Medical Director
Dr. Lisa Nelson
2375 E. Prater Way
Sparks, NV 89434

E. 9th Street
Box 11130
VADA 89520-0027

Dr. John Watson
Reno Fire/Truckee Meadows Fire
Medical Director
75 Pringle Way, Suite #606
Reno, Nevada 89502

Chief Michael Hernandez
Reno Fire/Truckee Meadows Fire Districts
401 Ryland Street, Suite #100
Reno, Nevada 89505

**Multi-Stakeholder Emergency Medical Services Task Force
Membership**

	1986 Study	1994 Study	BCC Proposed 8/10/2010	Hospital Executives' Proposal	Washoe County Manager Recommendation
Reno City Manager (or Representative)		X			
Sparks City Manager (or Representative)	X	X			
Washoe County Manager or Representative)	X	X			
Reno Fire Chief (or Representative)	X (2)	X	X	X (1 representative for all Fire Chiefs)	X
TM Fire Chief (or Representative)	X	X			
Sparks Fire Chief (or Representative)	X	X			
SFPD Chief (or Representative)					
NLTFPD Chief (or Representative)			X		X
Reno Fire Medical Director				X	X
TM Fire Medical Director				X	X
Sparks Fire Medical Director				X	X
SFPD Medical Director				X	X
NLTFPD Medical Director				X	X
Northern Nevada Medical Center Representative		X		X	X
Renown Regional Medical Center		X		X	X
Renown South Meadows Medical Center				X	X
St. Mary's Regional Medical Center				X	X
Medical Control Board Representative	X	X			
EMS System Advisory Board Representative	X	X			
REMSA Representative		X	X	X(2) Medical Director and 1 other Representative	X
District Health Officer (or Representative)	X	X	X	X	X
District Attorney (or Representative)	X			X (Special Counsel to BCC)	*
UNR Medical School	(Lialson)			X	
Emergency Room Physician			X	X	X
Pre-Medical Advisory Committee				X	X
State EMS			X	X	X
Citizen Representative			X (2)	X (2)	X (2)
WCSO Representative (Search and Rescue					X
Hospital EMS Review Committee					(Lialson)
Chief Trauma Surgeon				X	
Neurologist/Stroke Specialist				X	
Cardiologist				X	

*District Attorney in Manager's recommendation to provide legal counsel and legal staff support and is not a voting member.

Immunization Program Update

Steve Kutz, RN, MPH
Public Health Nurse Supervisor
January 27, 2011

Immunization Program Mission

To promote public health by reducing vaccine preventable disease (VPD) through immunization, with an emphasis on collaboration and cooperation with community partners

Fiscal Overview FY 2009/2010

- Local Funding - \$707,712
- Grant Funding - \$305,776
 - ◆ Staffing 10.1 FTEs
 - ◆ 14 permanent full and part time staff
 - ◆ Non-permanent intermittent hourly employees
- Grant funding primarily supports programmatic deliverables

Local Funding - Activities

- Activities that support the goal of prevention and control of Vaccine Preventable Diseases (VPD):
 - ◆ Inventory control and ordering of vaccines
 - ◆ Education of the community and citizens
 - ◆ Resource to healthcare providers and practitioners
 - ◆ Audits of private school immunization records and technical assistance/education
 - ◆ Partner with the EPHP Division for investigations of Vaccine Preventable Diseases
 - ◆ Partner with EPHP for point of mass dispensing (POD) events
 - ◆ Management and oversight of program

Local Funding Activities - Continued

■ Service Delivery Activities:

	Mon	Tues	Wed	Thurs	Friday
WCHD	8 -12 1 - 4:30		8 -12 1 - 4:30		8 -12 1 - 4:30
KSK Van		1 - 4:30	1 - 4:30	1 - 4:30	

Local Funding Activities - Continued

- Outreach immunization activities provided throughout Washoe County to meet community need:
 - ◆ National, regional and local Immunization events
 - ◆ School based efforts
 - ◆ Clinics during seasonally high demand periods
 - ◆ Events for under immunized (homeless shelters, childcare provider, rural areas)
 - ◆ Community flu clinics

Grant Funding - Activities

- **Grant scope of work (CDC Program Guidelines):**
 - ◆ Assessment, Feedback, Incentives and eXchange of information (AFIX) visits to healthcare providers
 - ◆ Northern Nevada Immunization Coalition (NNIC)
 - ◆ Participation and leadership in community immunization events
 - ◆ Partnership with the Washoe County School District
 - ◆ Immunization Registry promotion
 - ◆ Perinatal Hepatitis B Prevention

Cost – Benefit

- Clients Served FY 2009/2010 - 29,896
- Total Program cost for FY 2009/2010: \$1,016,848
- Cost per person served: \$34.01/person
- Cost per Washoe County citizen protected against VPDs: \$2.43/person
- CDC reports that every dollar spent on immunization saves \$18.40

Program Improvement

- All grantees will actively engage in self-evaluation and utilize findings to inform and improve planning and implementation of program activities to more effectively carry out their mission of achieving and sustaining high immunization rates and maximizing programmatic outcomes

Immunization Program Continuous Quality Improvement

Rate and Volume Evaluation (RAVE)

Margot Jordan, BS, RN
Quality Management Coordinator

January 27, 2011

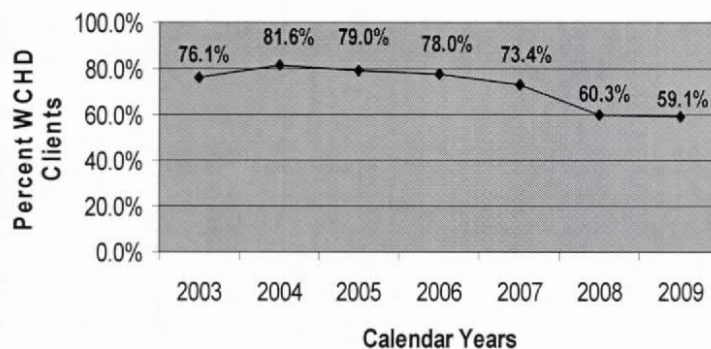
RAVE Team

Created July 2009

Tasked with answering the questions:

1. Why is the 2 year old immunization rate for WCHD clients declining?
2. What interventions can be implemented to halt the decline?

Immunization Rate of 24-35 Month Olds
Immunized at WCHD



2007 - 2 year old definition expanded from 24-35 months to 19 to 35 months

2009 - 2 year old definition returned to 24-35 months

Possible Causes for Drop in Rate

1. Clients are not returning to WCHD to complete vaccination series.
2. WebIZ (Statewide Immunization Registry) data is inaccurate.

Possible Cause #1

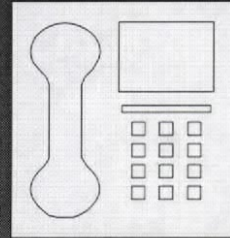
Clients are not returning to WCHD to complete vaccination series.

- ◆ Unable to get appointment?
- ◆ No longer need services?
- ◆ Not aware of need for immunizations?
- ◆ Unable to afford?
- ◆ Lack of transportation?
- ◆ Immunization safety?

Phone Survey Data

Q3 - Which of the following reasons were part of your decision not to bring your child in for shots at the Health District this year?

- ◆ Not aware of need for immunizations (50%)
- ◆ Pending Medicaid - (12.5%)
- ◆ Unable to afford - (6%)
- ◆ Other – (12.5%)
- ◆ Blank – (19%)
- ◆ Unable to get appointment - 0
- ◆ No longer need services - 0
- ◆ Lack of Transportation – 0



Data Collection & Analysis

■ Appointments are adequate

Year	Monthly Average	Unbooked	Percent Unbooked
2009	679	132	19.4%
2010 Jan-June	966	362	37%

■ Lobby Survey

- ◆ No provider, provider doesn't give – 66% (Safety Net)
- ◆ Don't know when next shots due – 63% (Unaware)
- ◆ Best way to remind - mail 37%, shot record 36%, phone 24%, email 14%
- ◆ Prefer to schedule by phone – 70%, computer 22%, in person 12%
- ◆ IZ Reminder – 42% school/daycare

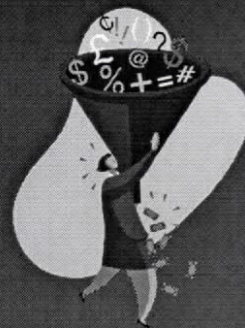
Actions

1. **Increase parent awareness that immunizations are due**
 - ◆ Reminder/Recall System not functional – reinstated June 2010
 - ◆ Return Date on Immunization record missing or font too small – increased font, staff training
2. **Improve customer service & efficiency**
 - ◆ Expand in-person scheduling
 - ◆ Update message
 - ◆ Streamline appointment process
 - ◆ Research online scheduling

Possible Causes #2

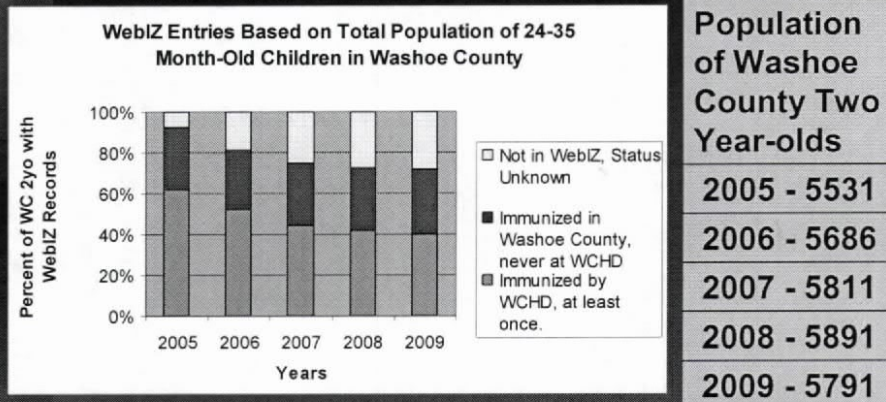
WebIZ (Statewide Registry) data is inaccurate.

- Definition changed
- “Primary” clinic not updated
- Duplicate records in WebIZ
- Change in how WebIZ calculates



Findings and Actions

1. WCHD control of WebIZ has decreased

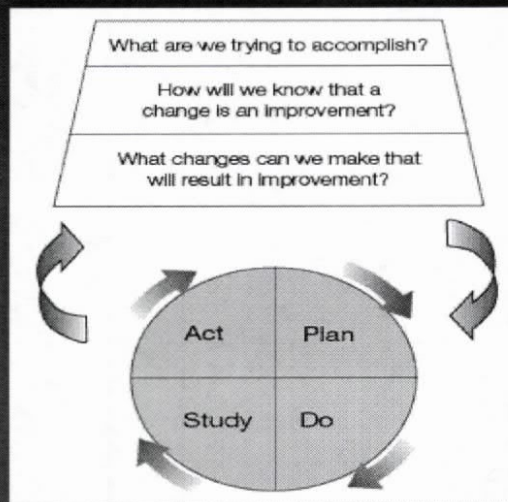


Action – Collect data from multiple sources to measure WCHD immunization program outcomes

Monitoring and Further Action:

- Reminder/Recall Survey
- WCHD WebIZ Data Accuracy
- WCHD Return Date on Parent Record
- Complaints/Suggestions
- Annual Survey of Clients
- Two Year Old Population, Daycare Census
- Availability and Use of Appointments
- Technology, State Data Quality Improvement

It's only the beginning.....



RAVE Team Members:

- **Immunization Program Staff:**
Lynnie Shore, RN BSN
Rebecca Koster, RN BSN
Kathy Dickens, RN BSN
Nicole Mertz, RN BSN
- **Biostatistician:** Sharon Clodfelter, BS
- **IZ Program Manager:** Steve Kutz, RN MPH
- **Quality Management Coordinator:**
Margot Jordan, RN BSN

**Special Thanks to
Clerical Staff
for support with
Lobby and Phone Surveys**





National Public Health Performance Standards Program

Local Public Health Governance Performance Assessment Instrument

Version 2.0



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

Local Public Health Governance Performance
Assessment Instrument
Version 2.0

Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0580).



NPHPS

National Public Health Performance Standards Program

Program Partner Organizations

American Public Health Association

www.apha.org

Association of State and Territorial Health Officials

www.astho.org

Centers for Disease Control and Prevention

www.cdc.gov

National Association of County and City Health Officials

www.naccho.org

National Association of Local Boards of Health

www.nalboh.org

National Network of Public Health Institutes

www.nnphi.org

Public Health Foundation

www.phf.org



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National Public Health Performance Standards Program An Introduction to the Local Public Health Governance Performance Assessment Instrument

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our jurisdiction?” The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/ OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The three instruments were first released in 2002 after a comprehensive development and testing process. Since the NPHPSP began, 21 states and almost 1,000 localities (over 750 local jurisdictions and almost 200 boards of health) have used the instruments and submitted data. One or more of the NPHPSP instruments have been applied in 30 states. In late 2005, the NPHPSP partnership initiated a collaborative effort to update the instruments, in order to ensure the standards remain current and to seek opportunities for improving the tools. Similar to the development process of the original instruments, the effort was guided by three work groups of practitioners from

the field. Input from field test sites as well as subject matter experts on a variety of public health topics further informed the revisions. The “Version 2” instrument presented in this document is the result of this initiative.

About the Performance Assessment Instruments

Each of the three NPHPSP instruments is based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of public health activities that should be provided in any jurisdiction. Therefore, the instrument itself is divided into ten sections – one for each of the Essential Services.

Because many entities contribute to delivering the Essential Services, the NPHPSP addresses the important concept of the “public health system.” A public health system includes all public, private, and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction.

The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The standards were set at the optimal level; for this reason, participating jurisdictions will likely see many differences between their own performance and the “gold standard” presented in the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas in which they are strong.

The topics addressed within each of the three instruments are complementary and mutually-supporting, although each instrument may be used independently of the other. To view how the instruments relate, a side-by-side comparison of the model standard titles within each instrument follows this introduction. However, because the state public health system, local public health sys-

tems, and boards of health play important and synergistic roles in public health within a state, a coordinated application of all three instruments within the same timeframe is considered ideal. Findings from a coordinated use of multiple assessments may more effectively guide statewide efforts to improve public health practice and performance.

The Local Public Health Governance Performance Assessment

The audience for this instrument is the local governing body. Governing bodies have been defined as the individual, board, council, commission, or other body with legal authority over the primary governmental public health agency, usually defined as the health department. The nature of this authority varies from state to state, and even among jurisdictions within a state, and may or may not include regulatory authority. In most cases, however, the governing body assures that an infrastructure exists within the public health system to protect and promote health in the community. A governing board does this by assuring that the governmental public health agency and its local public health system partners have the necessary legal authority, resources, and policies to provide the Essential Services. The Local Public Health Governance Instrument assists board of health members in understanding these important roles and determining how they can strengthen their ability to oversee public health within the community. It serves as an educational, orientation, and improvement tool for boards of health.

This instrument is organized using only one model standard for each of the ten Essential Services, for a total of ten model standards. The model standard relates to all aspects of the governance and oversight activities for each of the Essential Services. Throughout each of the ten model standards, there is consistent attention to resources and policies needed to support each Essential Service, as well as the review and evaluation activities that must occur to ensure continuous quality improvement.

Through the assessment process, participants – primarily board of health members and senior local health department staff – will have an opportunity to discuss and determine how they are performing in comparison to each of the ten model standards. Once the assessment is completed, sites submit their data to the NPHPSP and receive a report summarizing their results within 24 hours. All of this information – the responses to the assessment questions, the NPHPSP report, and the comments shared during the dialogue – should be used to improve and strengthen the governing body’s ability to provide oversight for local public health services.

A variety of technical assistance and training resources are available to assist jurisdictions in undertaking the assessment and post-assessment performance improvement activities. We encourage users to visit our website or contact the NPHPSP partners to access these resources.

- Essential Public Health Services**
1. **Monitor health status to identify community health problems.**
 2. **Diagnose and investigate health problems and health hazards in the community.**
 3. **Inform, educate, and empower people about health issues.**
 4. **Mobilize community partnerships to identify and solve health problems.**
 5. **Develop policies and plans that support individual and community health efforts.**
 6. **Enforce laws and regulations that protect health and ensure safety.**
 7. **Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**
 8. **Assure a competent public and personal health care workforce.**
 9. **Evaluate effectiveness, accessibility and quality of personal and population-based health services.**
 10. **Research for new insights and innovative solutions to health problems.**

National Public Health Performance Standards Program Technical Assistance and Support

For general NPHPSP support and technical assistance resources, go to www.cdc.gov/od/ocphp/nphpsp/ or contact 1-800-747-7649 or phpsp@cdc.gov.

For support with the NPHPSP Local Public Health Governance Assessment, users may also contact NALBOH– www.nalboh.org or 419-353-7714.



Crosswalk of Model Standards Within the Three NPHPSP Instruments

Essential Services	State Public Health System Assessment	Local Public Health System Assessment	Local Public Health Governance Assessment
1. Monitor health status to identify community health problems.	1.1 Planning and Implementation 1.2 State-Local Relationships 1.3 Performance Management and Quality Improvement 1.4 Public Health Capacity and Resources	1.1 Population-Based Community Health Profile 1.2 Current Technology to Manage and Communicate Population Health Data 1.3 Maintenance of Population Health Registries	1. Oversight for Community Health Status Monitoring
2. Diagnose and investigate health problems and health hazards in the community.	2.1 Planning and Implementation 2.2 State-Local Relationships 2.3 Performance Management and Quality Improvement 2.4 Public Health Capacity and Resources	2.1 Identification and Surveillance of Health Threats 2.2 Investigation and Response to Public Health Threats and Emergencies 2.3 Laboratory Support for Investigation of Health Threats	2. Oversight for Public Health Surveillance and Response
3. Inform, educate, and empower people about health issues.	3.1 Planning and Implementation 3.2 State-Local Relationships 3.3 Performance Management and Quality Improvement 3.4 Public Health Capacity and Resources	3.1 Health Education and Promotion 3.2 Health Communication 3.3 Risk Communication	3. Oversight of Public Health Information, Education and Empowerment Activities
4. Mobilize community partnerships to identify and solve health problems.	4.1 Planning and Implementation 4.2 State-Local Relationships 4.3 Performance Management and Quality Improvement 4.4 Public Health Capacity and Resources	4.1 Constituency Development 4.2 Community Partnerships	4. Oversight for Constituency Development and Partnership Building
5. Develop policies and plans that support individual and community health efforts.	5.1 Planning and Implementation 5.2 State-Local Relationships 5.3 Performance Management and Quality Improvement 5.4 Public Health Capacity and Resources	5.1 Governmental Presence at the Local Level 5.2 Public Health Policy Development 5.3 Community Health Improvement Process and Strategic Planning 5.4 Plan for Public Health Emergencies	5. Oversight of Public Health Planning and Policy Development

Crosswalk of Model Standards Within the Three NPHPSP Instruments

Essential Services	State Public Health System Assessment	Local Public Health System Assessment	Local Public Health Governance Assessment
6. Enforce laws and regulations that protect health and ensure safety.	<p>6.1 Planning and Implementation</p> <p>6.2 State-Local Relationships</p> <p>6.3 Performance Management and Quality Improvement</p> <p>6.4 Public Health Capacity and Resources</p>	<p>6.1 Review and Evaluation of Laws, Regulations, and Ordinances</p> <p>6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances</p> <p>6.3 Enforcement of Laws, Regulations, and Ordinances</p>	6. Oversight of Enforcement of Public Health Laws and Regulations
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	<p>7.1 Planning and Implementation</p> <p>7.2 State-Local Relationships</p> <p>7.3 Performance Management and Quality Improvement</p> <p>7.4 Public Health Capacity and Resources</p>	<p>7.1 Identification of Personal Health Service Needs of Populations</p> <p>7.2 Assuring the Linkage of People to Personal Health Services</p>	7. Oversight for Public Health Outreach and Linkage to Personal Health Services
8. Assure a competent public health and personal health care workforce.	<p>8.1 Planning and Implementation</p> <p>8.2 State-Local Relationships</p> <p>8.3 Performance Management and Quality Improvement</p> <p>8.4 Public Health Capacity and Resources</p>	<p>8.1 Workforce Assessment, Planning, and Development</p> <p>8.2 Public Health Workforce Standards</p> <p>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</p> <p>8.4 Public Health Leadership Development</p>	8. Oversight of Public Health Workforce Issues
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.	<p>9.1 Planning and Implementation</p> <p>9.2 State-Local Relationships</p> <p>9.3 Performance Management and Quality Improvement</p> <p>9.4 Public Health Capacity and Resources</p>	<p>9.1 Evaluation of Population-Based Health Services</p> <p>9.2 Evaluation of Personal Health Services</p> <p>9.3 Evaluation of the Local Public Health System</p>	9. Oversight and Evaluation for Personal and Population-based Health Services
10. Research for new insights and innovative solutions to health problems.	<p>10.1 Planning and Implementation</p> <p>10.2 State-Local Relationships</p> <p>10.3 Performance Management and Quality Improvement</p> <p>10.4 Public Health Capacity and Resources</p>	<p>10.1 Fostering Innovation</p> <p>10.2 Linkage with Institutions of Higher Learning and/or Research</p> <p>10.3 Capacity to Initiate or Participate in Research</p>	10. Oversight of Public Health Innovation and Research





Governance

Performance Assessment Instrument



Essential Service #1: Monitor Health Status to Identify Community Health Problems

This service includes:

- Accurate, periodic assessment of the community's health status, including:
 - Identification of health risks, determinants of health, and determination of health service needs;
 - Attention to the vital statistics and health status indicators of groups that are at higher risk than the total population; and
 - Identification of community assets that support the local public health system (LPHS) in promoting health and improving quality of life.
- Utilization of appropriate methods and technology, such as geographic information systems (GIS), to interpret and communicate data to diverse audiences.
- Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health registries, such as disease or immunization registries.

Governance Model Standard 1: Oversight for Community Health Status Monitoring

Community health status monitoring includes the identification of and access to community health data, analysis of data, development of a community health profile, and maintenance of population health registries. The governing body provides oversight and support to assure that a collaborative and effective community health status monitoring process is in place. Many entities, including but not limited to the local health department, may contribute to the collection and monitoring of health status data.

To accomplish this, the governing body:

- Assesses and facilitates access to appropriate resources for community health status monitoring.
- Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.
- Provides oversight and support for community health status monitoring efforts.
- Conducts a process for review and improvement of health status monitoring efforts.



Please answer the following questions related to Essential Service #1 from the perspective of the Board of Health (BOH) or other governing body:

1.1 Does the BOH periodically assess the availability of resources necessary for community health status monitoring?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.1 Discussion Toolbox
 In considering 1.1, does the BOH assess the availability of resources, including:

- Financial resources?
- Personnel resources and expertise?
- Technological resources (e.g., geographic information systems)?

1.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support community health status monitoring?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.2 Does the BOH promote broad-based participation among individuals and organizations active in collecting, analyzing, and disseminating community health status data?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3 Does the BOH support activities necessary for effective and broad-based health status monitoring?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.1 Does the BOH support the establishment and/or adherence to standards or guidelines for the local health department's role in data collection, sharing, and reporting?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

1.3.2 Does the BOH encourage the use of a broad-based set of data in developing a community health profile?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

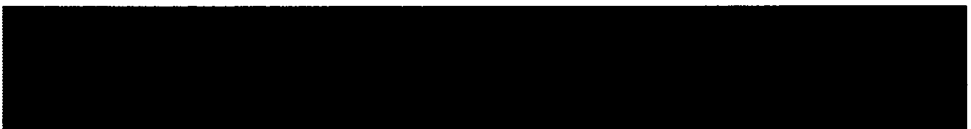
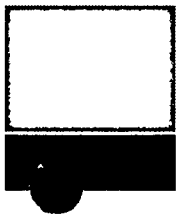
1.3.2 Discussion Toolbox
 In considering 1.3.2, are the following data used:

- Community demographics characteristics?
- Community socioeconomic characteristics?
- Health resource availability data?
- Quality of life data for the community?
- Behavioral risk factors for the community?
- Community environmental health indicators?
- Social and mental health data?
- Maternal and child health data?
- Death, illness, and/or injury data?
- Communicable disease data?
- Sentinel events data for the community?

1.3.3 Does the BOH support the local health department's role in maintaining and/or contributing to population health registries?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL





Governance

1.4 Does the BOH review health status monitoring activities?

Does the BOH:

- 1.4.1 Periodically review reports (i.e., every 1-3 years) on the community's health (community health profile)?
- 1.4.2 Review and update, as appropriate, policies describing the frequency or quality of community health status data collections?
- 1.4.3 Develop a written plan for the continuous improvement of community health monitoring efforts?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This service includes:

- Epidemiologic investigations of disease outbreaks, patterns of infections, chronic diseases, injuries, environmental hazards, and other health threats.
- Active infectious disease epidemiology programs.
- Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Governance Model Standard 2: Oversight for Public Health Surveillance and Response

The governing body is responsible for assuring that the community is adequately served by a public health laboratory and an active infectious disease epidemiology program with the technical capacity sufficient to conduct appropriate epidemiologic investigations.

To accomplish this, the governing body:

- Assesses and facilitates access to appropriate resources for public health surveillance and response.
- Establishes and oversees the implementation of policies to ensure the diagnosis and investigation of health threats in the community, including public health emergency response.
- Promotes collaboration among all relevant groups for the diagnosis and investigation of health threats to the community.
- Periodically reviews these activities and reports its conclusions and recommendations to the community.

Governance

Please answer the following questions related to Essential Service #2 from the perspective of the Board of Health (BOH) or other governing body:

2.1 Does the BOH assess the availability of resources for diagnosis and investigation of health threats in the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.1 Discussion Toolbox

In considering 2.1, does the BOH assess the availability of resources including:

- Appropriately licensed and/or accredited public health and other laboratories?
- Appropriate epidemiologic expertise?
- Financial resources?
- Personnel resources?
- Technological resources?

2.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, for the diagnosis and investigation of health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2 Does the BOH establish and oversee the implementation of policies that support the diagnosis and investigation of health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1 Are there policies for addressing efforts to diagnose and investigate health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.1 Discussion Toolbox

In considering 2.2.1, do policies include:

- Guidelines for the collection of reportable disease information from community health professionals?
- Establishment of a comprehensive surveillance system?
- Integration of surveillance systems with national and state systems?
- Access to laboratory services?



2.2.2 Are there policies for addressing public health emergencies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.2.2 Discussion Toolbox

In considering 2.2.2, do policies address:

- Individuals, agencies, and organizations that are authorized to respond to public health emergencies?
- Maintenance of an up-to-date public health emergency response plan?
- Maintenance of an up-to-date listing of those individuals, agencies or organizations with current contact information?
- Review of the source of legal authority (e.g., regulatory code section or contract provision) authorizing each individual, agency, or organization to engage in emergency response activities?

2.3 Does the BOH promote collaboration among individuals, agencies, and organizations regarding issues of diagnosis and investigation of health threats?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4 Does the BOH periodically review (i.e., every 1-3 years) the adequacy of laboratory services, infectious disease epidemiologic programs, and public health surveillance and response capacity?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

2.4.1 Does the BOH issue written reports on the current status and needed improvements in these services, programs, and capacities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Essential Service #3: Inform, Educate, and Empower People about Health Issues

This service includes:

- Health information, health education, and health promotion activities designed to reduce health risk and promote better health.
- Health communication plans and activities such as media advocacy and social marketing.
- Accessible health information and educational resources.
- Health education and health promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Governance Model Standard 3: Oversight of Public Health Information, Education, and Empowerment Activities

The informing, educating, and empowering of people about health issues depend on the governing body assuring the implementation of appropriate health education and community-based health promotion activities.

To accomplish this, the governing body:

- Assesses and facilitates access to national, state, and local resources that could be used in support of these activities.
- Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues.
- Reviews these activities in light of community needs, including assuring that all population subgroups have an opportunity to provide input on community health issues.



Please answer the following questions related to Essential Service #3 from the perspective of the Board of Health (BOH) or other governing body:

3.1 Does the BOH assess the availability of national, state, or local resources required for community health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.1 Discussion Toolbox
In considering 3.1, does the BOH assess the availability of:
 Financial resources?
 Personnel resources?
 Technological resources?

3.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, for community health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2 Does the BOH establish and oversee the implementation of policies in support of health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH oversee the implementation of:
3.2.1 Policies or guidelines for health education and promotion programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.2.1 Discussion Toolbox
In considering 3.2.1, do policies/guidelines assure that programs:
 Are appropriate for their intended audience (e.g., culture, age, language, gender, race/ethnicity, socioeconomic status, sexual orientation)?
 Are designed to reach their intended audience in different settings (e.g., personal health care delivery locations, work sites, schools, neighborhoods, recreational facilities, places of worship, correctional facilities)?

3.2.2 Policies or guidelines for risk communication during public health emergencies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3 Does the BOH periodically review (i.e., every 1-3 years) public health education and promotion activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

3.3 Discussion Toolbox
In considering 3.3, does the BOH recommend that:
 Various types of mechanisms are used for gathering input (email, websites, forums, annual meetings, etc.) on health issues from the community?
 All population subgroups have an opportunity to provide input and feedback?





Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

This service includes:

- Identifying potential stakeholders who contribute to or benefit from public health and increasing their awareness of the value of public health.
- Building coalitions to draw upon the full range of potential human and material resources to improve community health.
- Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

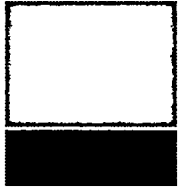
Governance Model Standard 4: Oversight for Constituency Development and Partnership Building

The governing body is responsible for creating a supportive environment that assures traditional and non-traditional partnerships are nurtured in order to draw on the full range of potential human and material resources in the cause of community health.

To accomplish this, the governing body:

- Assesses and facilitates access to resources for constituency development and partnership building activities.
- Establishes and oversees the implementation of policies to support constituency development and partnership building.
- Encourages constituency development and partnership building.
- Reviews these activities and provides relevant feedback to its constituents and the community at large.





Please answer the following questions related to Essential Service #4 from the perspective of the Board of Health (BOH) or other governing body:

4.1 Does the BOH assess resources for constituency development and partnership building activities?

- NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1 Discussion Toolbox
In considering 4.1, does the BOH assess the availability of:
National resources?
State resources?
Local resources?

4.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support constituency development and partnership building?

- NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.1.2 Does the BOH foster coordination of resources for these activities?

- NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.2 Does the BOH establish and oversee the implementation of policies in support of public health constituency development or partnership building?

- NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

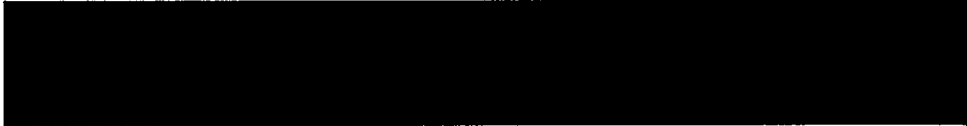
4.2 Discussion Toolbox
In considering 4.2, do policies support:
Establishment of local or regional health improvement coalitions?
Maintenance of a publicly accessible and current directory of organizations that comprise the local public health system (LPHS)?
Processes for identifying key constituents for population-based health?

4.3 Does the BOH recognize and encourage community participation among constituents?

- NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

4.3 Discussion Toolbox
In considering 4.3, does the BOH:
Acknowledge constituents' work?
Participate in constituents' meetings?
Invite constituents to participate in Board meetings?
Recognize LPHS partners for their commitment and role in addressing public health goals and objectives?
Identify and promote the participation of emerging leaders?





Governance

4.4 Does the BOH periodically review (i.e., every 1-3 years) public health constituency development and partnership building activities?

Does the BOH:

- 4.4.1 Provide feedback directly to LPHS partners on community mobilization around health issues?
- 4.4.2 Recognize LPHS partners for their commitment and role in addressing public health goals and objectives?
- 4.4.3 Review the effectiveness of partnership participation in solving health problems?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

This service includes:

- Effective local public health governance.
- Development of policy, codes, regulations, and legislation to protect the health of the public and to guide the practice of public health.
- Systematic local public health system (LPHS) and state-level planning for health improvement in all jurisdictions.
- Alignment of LPHS resources and strategies with community health improvement plans.

Governance Model Standard 5: Oversight of Public Health Planning and Policy Development

Effective oversight in public health requires that individual members of the governing body within a local jurisdiction understand, exercise, and advocate for the authority to improve public health within the framework of a statutory charter, mission statement, or other similar strategic planning statement.

To accomplish this, the governing body:

- Maintains and annually assures the availability of appropriate documentation such as a statutory charter describing its legal authority.
- Maintains and annually reviews documentation of its mission statement or other strategic planning statement.
- Assesses and advocates for adequate resources and organizational support for the local health department's contributions to the provision of Essential Public Health Services.
- Supports planning processes for community health improvement and works to strategically align community resources for these activities.
- Supports planning processes for all-hazards emergency response and works to strategically align community resources for related activities.

Governance

Please answer the following questions related to Essential Service #5 from the perspective of the Board of Health (BOH) or other governing body:

5.1 Does the BOH have appropriate documentation (e.g., statutory charter) describing its legal authority?

5.1 Discussion Toolbox

In considering 5.1, does documentation include:

- A description of the legal responsibilities of the BOH?
- A description of the policy-making and oversight responsibilities of the BOH?
- A description of the rules and procedures of the BOH?
- A description of the duties and responsibilities of any boards or committees appointed by the BOH?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.1.1 Does the BOH periodically review and update, as appropriate, this documentation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2 Does the BOH have a mission statement or other similar strategic planning statement (or other guidance appropriate for overseeing local health department operations)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.2 Discussion Toolbox

In considering 5.2, do the materials include:

- Vision statement?
- Mission statement?
- Goals and objectives?
- Strategic plan?

5.2.1 Does the BOH annually review these materials?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3 Does the BOH assess the availability of adequate resources and organizational support necessary to develop public health plans and policies?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.3 Discussion Toolbox

In considering 5.3, does the BOH assess the availability of:

- Financial resources?
- Personnel resources?
- Technological resources?

5.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to conduct planning and policy development?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



5.4 Does the BOH support a community health improvement process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.4 Discussion Toolbox
 In considering 5.4, does the BOH:

- Establish written policies supporting the community health improvement process?
- Set goals and objectives in coordination with the local health department for protecting and improving individual and community health status?
- Encourage the local health department and its partners to use a community health improvement process such as MAPP?
- Assure that all relevant individuals, agencies, and organizations have the opportunity to participate in the community health improvement process?
- Assure that the process leads to a strategic alignment of resources to improve community health?

5.4.1 Does the BOH periodically review and update, as appropriate, the community health improvement process?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.5 Does the BOH support the establishment of an all-hazards emergency response plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

5.5 Discussion Toolbox
 In considering 5.5, does the BOH oversee activities to:

- Describe the roles, functions and responsibilities of LPHS and other entities in the event of a public health emergency?
- Establish a task force to develop and maintain an emergency response plan?
- Test the plan at least every two years?

5.5.1 Does the BOH periodically review and update, as appropriate, the all-hazards emergency response plan?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Governance

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This service includes:

- Assurance of due process and recognition of individuals' civil rights in all procedures, enforcement of laws and regulations, and public health emergency actions taken under the board of health or other governing body's authority.
- Review, evaluation and revision of laws and regulations designed to protect health and safety, reflect current scientific knowledge, and utilize best practice for achieving compliance.
- Education of persons and entities obligated to obey and agencies obligated to enforce laws and regulations to encourage compliance.
- Enforcement activities in a wide variety of areas of public health concern under authority granted by local, state and federal rule or law including, but not limited to: abatement of nuisances, animal control, childhood immunizations and other vaccinations, food safety, housing code, local sanitary code, on site wastewater disposal (septic systems), protection of drinking water, school environment, solid waste disposal, swimming pool and bathing area safety and water quality, tobacco control, enforcement activities during emergency situations, and vector control.

Governance Model Standard 6: Oversight of Enforcement of Public Health Laws and Regulations

The governing body is responsible for assuring that public health laws, rules and regulations designed to protect the health of the community are appropriately adopted, disseminated, evaluated, improved, and enforced. All enforcement activities must be timely and complete.

To accomplish this, the governing body:

- Knows that appropriate legal authority exists for the adoption, dissemination, evaluation, improvement, and enforcement of laws, rules, and regulations designed to protect the health of the community.
- Assures that its bylaws, rules, and procedures comply with local, state, and federal statutes and regulations.
- Assesses and advocates for national, state, and local resources, including access to legal counsel, that could be used for public health inspection and enforcement activities.
- Advocates for the enactment and retention of beneficial laws, rules, and regulations.
- Periodically reviews laws, rules, and regulations that include the participation of persons and groups that benefit from particular legal requirements as well as those who are regulated and may oppose particular legal requirements.



Please answer the following questions related to Essential Service #6 from the perspective of the Board of Health (BOH) or other governing body:

6.1 Is the BOH knowledgeable about the sources of authority (regulatory code section, contract language, etc.) regarding laws, rules, and regulations designed to protect the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1 Does the BOH understand the actions necessary to establish and amend laws, rules, and regulations designed to protect the public's health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.1 Discussion Toolbox
 In considering 6.1.1, does the BOH know the sources of authority for:

- The enactment of laws, rules, and regulations?
- The dissemination of laws, rules, and regulations?
- The evaluation of laws, rules, and regulations?
- The improvement of laws, rules, and regulations?
- The enforcement of laws, rules, and regulations?

6.1.2 Does the BOH assure the existence of laws, rules, and regulations in areas known to affect public health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.1.2 Discussion Toolbox
 In considering 6.1.2, are laws, rules, and regulations assured for:

- Abatement of nuisances?
- Animal control?
- Childhood immunizations and other vaccines?
- Food safety?
- Housing code?
- Local sanitary code?
- Septic systems?
- Protection of drinking water?
- School environment?
- Solid waste disposal?
- Swimming pools?
- Water quality?
- Vector control?

6.2 Does the BOH have statutory authority to enact laws, rules, and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH:

6.2.1 Periodically review its statutory authority?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Governance

6.2.2 Assure that its bylaws, rules and procedures comply with local, state, and federal statutes and regulations?

6.2.2 Discussion Toolbox

In considering 6.2.2, does the BOH assure:

- Due process and civil rights protections for all who come under the jurisdiction?
- The keeping of records of decisions and actions, minutes of meetings, correspondence and other materials and the timely provision of copies to members of the public upon legal request?
- Compliance with open meeting laws?
- Proper conduct of public hearings, including posting, conducting, and the reporting of decisions?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.3 Understand the laws, regulations, and procedures applicable in extraordinary or emergency situations?

6.2.3 Discussion Toolbox

In considering 6.2.3, is there a full understanding of laws, regulations, and procedures applicable to:

- Quarantine?
- Compulsory treatment?
- Rationing of treatment?
- Civil commitment?
- Seizure, appropriation, entry into or condemnation of private property?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.2.4 Assure the enforcement of the laws, rules, and regulations under its authority?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3 Does the BOH assess the availability of resources that could be used for the inspection and enforcement activities designed to protect the health of the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3 Discussion Toolbox

In considering 6.3, does the BOH assess the availability of:

- National resources?
- State resources?
- Local resources?

6.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to conduct inspection and enforcement activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.3.2 Does the BOH have access to legal counsel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



6.4 Does the BOH routinely advocate for laws and regulations that protect health and ensure safety?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.4.1 Does the BOH adopt written resolutions to this effect?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.5 Does the BOH periodically review the laws, rules, and regulations designed to protect the health of the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the BOH include in its review:

6.5.1 The participation of those that benefit from the laws, rules, and regulations in the evaluation?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

6.5.2 The participation of those who are being regulated by the laws, rules, and regulations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Governance

Essential Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

This service includes:

- Assuring the identification of populations with barriers to personal health services.
- Assuring identification of personal health service needs of populations with limited access to a coordinated system of clinical care.
- Assuring the linkage of people to appropriate personal health services through coordination of provider services and development of interventions that address barriers to care (e.g., culturally and linguistically appropriate staff and materials, transportation services).

Governance Model Standard 7: Oversight for Public Health Outreach and Linkage to Personal Health Services

The governing body works to assure a supportive environment for the coordination of outreach and enabling services designed to facilitate access, service linkage, "care management," transportation, and information for the entire community, with special attention to those who experience barriers to care.

To accomplish this, the governing body:

- Identifies individuals, agencies, or organizations involved in, or responsible for, the coordination of services.
- Assesses and advocates, as appropriate, for national, state, and local resources – public and private – necessary to facilitate access to needed services for the entire community.
- Establishes and oversees the implementation of policies supporting outreach to vulnerable populations and strategies for linking them to personal health services.
- Conducts periodic reviews of outreach and linkage activities with special attention to services for vulnerable populations.

Please answer the following questions related to Essential Service #7 from the perspective of the Board of Health (BOH) or other governing body:

7.1 Does the BOH identify those individuals, agencies, and organizations responsible for the coordination of needed outreach and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2 Does the BOH assess the availability of resources necessary to facilitate access to needed services for the entire community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.2 Discussion Toolbox
 In considering 7.2, does the BOH assess the availability of:

- National resources?
- State resources?
- Local resources?
- Private resources?
- Public resources?
- Resources to address vulnerable populations?

7.2.1 Does the BOH advocate for changes in resource allocation, as appropriate, for needed personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3 Does the BOH establish and oversee the implementation of policies supporting resources for outreach and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.3 Discussion Toolbox
 In considering 7.3, do policies exist concerning:

- Referral systems for needed care?
- Coordinated delivery of services (i.e., services that are coordinated and co-located to optimize access)?
- Culturally and linguistically appropriate staff to assist population groups?
- Culturally and linguistically appropriate materials?
- Transportation services for those with special needs?
- Prescription assistance programs?

7.4 Does the BOH periodically review (i.e., every 1-3 years) community outreach efforts and linkage to personal health services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does the review:

7.4.1 Include input and feedback from a wide spectrum of community participants?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

7.4.2 Consider the impact of these efforts on populations most in need within the community?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL





Governance

Essential Service #8: Assure a Competent Public and Personal Health Care Workforce

This service includes:

- Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services.
- Efficient processes for licensure of professionals.
- Adoption of continuous quality improvement and life-long learning programs that include determinants of health.
- Active partnerships with professional training programs to assure community-relevant learning experiences for all students.
- Continuing education in management and leadership development programs for those charged with administrative/ executive roles.

Governance Model Standard 8: Oversight of Public Health Workforce Issues

The governing body is responsible for assuring competence of the local health department workforce, the availability of workforce training programs for both the workforce personnel and members of the governing body, and the availability of leadership development programs for those charged with administrative and executive roles.

To accomplish this, the governing body:

- Assures licensing and credentialing of local health department personnel, including both paid and volunteer workers.
- Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.
- Assesses and facilitates access to national, state and local resources available for workforce instruction, leadership development and continuing education.
- Provides for the training and continuing education of the board or governing body.
- Reviews the current workforce, including attention to workforce training and education programs, and workforce assessment.



Please answer the following questions related to Essential Service #8 from the perspective of the Board of Health (BOH) or other governing body:

8.1 Does the BOH assure compliance with licensure and credentialing requirements for its public health workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2 Does the BOH establish and oversee the implementation of policies supporting its public health workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Do these policies address:

8.2.1 The necessary knowledge, skills, and abilities needed by the public health workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.2 Written job standard and/or position descriptions for all local health department staff, including credentialing/licensing requirements?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.1-8.2.2 Discussion Toolbox

In considering 8.2.1-8.2.2, do policies exist for:

- Cultural and linguistic competence?
- Understanding of the Essential Public Health Services?
- Understanding of the core public health competencies?

8.2.3 Activities related to annual performance evaluations of the local health department staff?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.4 Continuing education for local health department staff?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.2.5 Leadership development for local health department staff?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3 Does the BOH assess the availability of resources that may be used for workforce training, leadership development, or continuing education?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.3 Discussion Toolbox

In considering 8.3, does the BOH assess the availability of:

- National resources?
- State resources?
- Local resources?
- Financial resources?
- Personnel resources?
- Technological resources?

8.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support these activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4 Does the BOH provide access to continuing training and education for all board members?

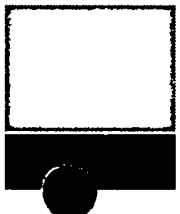
NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.1 Does the BOH routinely support the orientation of new members of the governing body?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.2 Does the orientation and/or training include information on the core functions of public health?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Governance

8.4.3 Does the orientation and/or training include information in governance responsibilities?

8.4.3 Discussion Toolbox
 In considering 8.4.3, are these areas addressed:

- Legal responsibilities and authorities?
- Knowledge of the jurisdiction?
- Development of policies?
- Monitoring and evaluation of policies and programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.4.4 Does each board member receive written orientation or training materials (e.g., a new member handbook or manual)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5 Does the BOH review efforts to strengthen its public health workforce?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Does this include a review of:

8.5.1 Training and continuing education for local health department personnel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5.2 Leadership development activities for local health department personnel?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

8.5.3 Gaps related to workforce size and composition?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

Essential Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-based Health Services

This service includes:

- Assurance of ongoing evaluation and critical review of health program effectiveness, based on analysis of health status and service utilization data.
- Assurance of the provision of information necessary for allocating resources and reshaping programs.

Governance Model Standard 9: Oversight and Evaluation for Personal and Population-based Health Services

The governing body is responsible for the overall quality of Essential Public Health Services provided to the community, including the scope, timeliness, frequency, and cost-effectiveness of those services, and for assuring that the results of evaluations are used to improve system performance.

To accomplish this, the governing body:

- Assesses and facilitates access to the necessary resources to conduct periodic evaluations, including evaluations of the board of health or other governing body itself.
- Assures evaluations of personal and population-based services provided in its jurisdiction.
- Establishes and oversees the implementation of policies supporting evaluations of population-based and personal health services.
- Encourages all public health constituents and partners within the local public health system (LPHS) to provide input into evaluation processes.
- Reviews and utilizes evaluation results to improve system performance.

Governance

Please answer the following questions related to Essential Service #9 from the perspective of the Board of Health (BOH) or other governing body:

9.1 Does the BOH assess the availability of resources that could be used to support evaluation?

9.1 Discussion Toolbox

In considering 9.1, does the BOH assess:

- Financial resources?
- Personnel resources and expertise?
- Technological resources?
- National resources?
- State resources?
- Local resources?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.1.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support evaluation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2 Does the BOH support an evaluation plan for personal and population-based services?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.2 Discussion Toolbox

In considering 9.2, are plans developed to evaluate the:

- Scope of service delivery?
- Timeliness of service delivery?
- Frequency of service delivery?
- Cost-effectiveness of service delivery?
- Overall quality of service delivery?

9.3 Does the BOH establish and oversee the implementation of policies supporting evaluation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.3.1 Does the BOH endorse the use of nationally recognized performance standards applicable to local public health systems (e.g., National Public Health Performance Standards Program Local Public Health System Assessment)?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4 Does the BOH identify individuals, agencies, and organizations that should participate in the evaluation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.4.1 Does the BOH encourage identified individuals, agencies, and organizations to provide input into evaluation activities?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5 Does the BOH review the findings of the evaluations?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5.1 Does the BOH recommend changes based on evaluation results?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

9.5.2 Does the BOH use the findings in the development of their strategic and operational plans?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL



Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems

This service includes:

- Local public health research activities:
 - initiating research,
 - participating in research by others,
 - reporting results, and
 - implementing policy based on these results.

Governance Model Standard 10: Oversight of Public Health Innovation and Research

The governing body is responsible for nurturing an environment within the community that will support and encourage innovation ranging from practical field-based efforts that foster change in public health practice to academic efforts that encourage the development of new topics to guide public health research. The governing body is responsible for assuring the maintenance of continuous linkages with appropriate research partners and the development of internal capacity to mount timely epidemiologic investigations and economic analyses, and to conduct needed health services research.

To accomplish this, the governing body:

- Establishes and oversees the implementation of policies reflecting its commitment to public health research and innovation activities.
- Encourages collaboration between academic (or other health-research) institutions and local public health entities to carry out community-based research activities.
- Assesses and facilitates access to resources for research and identification of best practices.
- Encourages the incorporation of research results and best practices into policies and programs to support the highest current standard of public health practice.

Governance

Please answer the following questions related to Essential Service #10 from the perspective of the Board of Health (BOH) or other governing body:

- 10.1 Does the BOH establish and oversee the implementation of policies designed to foster and reward innovation?
- 10.2 Does the BOH encourage collaboration between local health department and academic or other research institutions for community-based research?
- 10.3 Does the BOH assess the availability of resources for research and identification of best practices in its jurisdiction?

10.3 Discussion Toolbox

In considering 10.3, do resources include:

- Technical libraries?
- Distance learning?
- Online resources?
- Publication subscriptions?
- Membership to national and state organizations?
- Attendance at national and state conferences?

- 10.3.1 Does the BOH advocate for changes in resource allocation, as appropriate, to support research and the identification of best practices?
- 10.4 Does the BOH encourage appropriate use of research findings and best practices in the implementation of public health policies and programs?

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

NO MINIMAL MODERATE SIGNIFICANT OPTIMAL

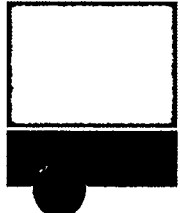


Governance



Respondent Information Form (RIF)





Governance

Respondent Information Form (RIF)

Demographic Information

Board of Health or other Governing Body: _____

Address: _____

State: _____ ZIP: _____ Email: _____

Phone: _____ Fax: _____

Presiding Officer: _____ Email: _____

Health Commissioner/Officer: _____ Email: _____

Contact Information for Board of Health if it is not the Governing Body:

Address: _____

State: _____ ZIP: _____ Email: _____

Phone: _____ Fax: _____

Presiding Officer: _____ Email: _____

Health Commissioner/Officer: _____ Email: _____

1. Characteristics of local boards of health:

a.) Is your board *(check all that apply)*:

Elected

Appointed

Designated

Other: _____

b.) If appointed and/or designated, by whom *(check all that apply)*:

Mayor/City Council

County Commissioner

District/Regional Body

Other: _____

2. Which best describes the function of your board of health?

Advisory

Governing

3. How many people are employed in your health department?

Total FTEs: _____

4. For your current fiscal year, what is the total budget for:

a.) Your local public health agency? _____

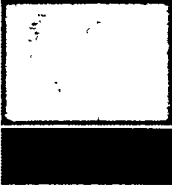
b.) Board of health training? _____

5. What is the population of your jurisdiction?

a. Population: _____

b. Year of population estimate: _____





About Your Site's Assessment Process

Please tell us about your site's experience with the NPHPSP assessment. The assessment coordinator should answer evaluation questions on behalf of the site, based on observations of the process and input from participants.

6. During the assessment process, what type of decision making process was used? *(check all that apply.)*

- Walked through the instrument and voted on questions one-by-one.
- Discussed the model standards with follow-up voting on each question.
- Reviewed, discussed, and voted on sub-questions before voting on stem (first tier questions).
- Discussed the model standards with facilitator/recorder judgment on responses.
- Other (Please describe): _____

7. What process was used to complete the 10 sections of the assessment?

- One large meeting during which the group was broken into separate small groups to address 2-3 Essential Services per group.
- One large meeting during which the same group responded to the entire assessment instrument together.
- A series of meetings during which one or two Essential Services were addressed at each meeting by the same group throughout the entire process.
- A series of meetings during which one or two Essential Services were addressed at each meeting by a core group which invited specific expertise to the meetings, based on the Essential Service that was completed.
- Other (Please describe): _____

8. Participation - please indicate the number and type of public health system representatives involved in the assessment process.

a.) Total number of participants: _____

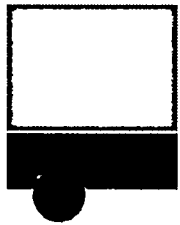
b.) From the list below, select the types of organizations that participants represented. *(check all that apply.)*

- The Board of Health
- The local health official
- Other local health department staff: _____
- Other: _____

9. To date, what effect has the assessment process had on the following among public health systems partners?

	Negative Effect	Somewhat Negative Effect	No Effect	Somewhat Positive Effect	Positive Effect
Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the public health system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of system improvement needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent to implement system improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Governance

10. How satisfied were you with the following aspects of the National Program?

	Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
User Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line Toolkit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toll-Free Helpline (800#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email Help box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How satisfied were you with the overall experience of the NPHPSP assessment process? (circle one)

Dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Satisfied	N/A
1	2	3	4	5	6

12. Would you complete the NPHPSP assessment process again?

- Yes
- No
- Maybe

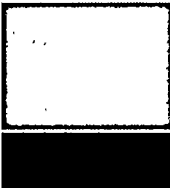
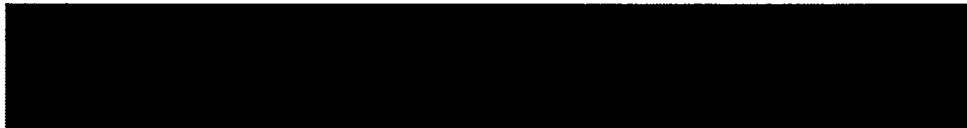
13. Please provide any additional comments on your experience with the NPHPSP process:

Next Steps: Performance Improvement

14. As a result of completing the assessment, which of the following performance improvement steps do you expect to initiate in the next six months to address particular Essential Services or Model Standards?

- Convene participants for performance improvement
- Prioritize areas for action
- Analyze "root causes" of performance
- Develop action plans
- Implement action plans
- Monitor progress
- Report progress
- None





Priority Questionnaire

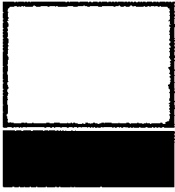


National Public Health Performance Standards Program

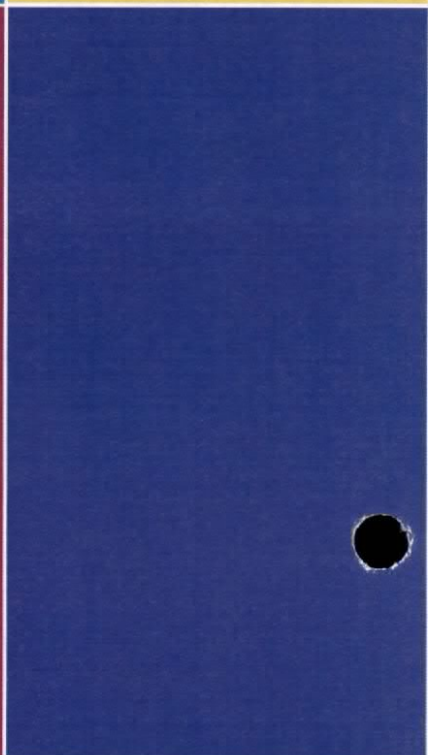
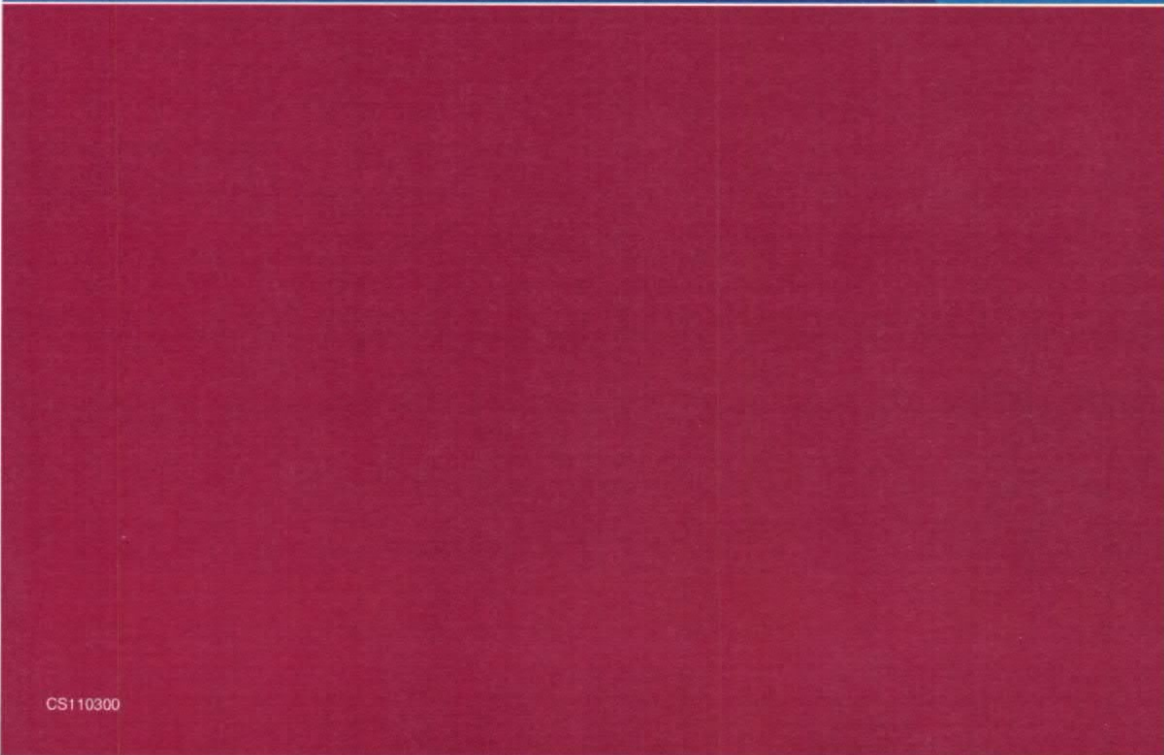
Local Public Health Governance Assessment Supplemental Questionnaire - Priority of Model Standards

OVERVIEW: This optional questionnaire is made available so that governing bodies may consider the priority of each model standard to their system. Governing bodies choosing to complete this supplemental questionnaire will receive an additional component to their reports which will depict their performance scores in relation to how they have prioritized model standards. This information may serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

INSTRUCTIONS: Using a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), please rate the priority of each model standard without regard to performance scores or rank order. In considering this questionnaire, the following questions may be helpful for participants. Example A: "On a scale of 1 to 10, what is the priority of this model standard to our public health system?" Example B: "On a scale of 1 to 10, how important is it to improve our performance in this activity (e.g., through a quality improvement process, increased emphasis or resources)?" Governing bodies may complete this questionnaire in a single group, either at the same time of the assessment or shortly thereafter, so that there is a consistent approach to responding to the questions across the model standards.



Model Standard Number	Question	Response <i>(please circle)</i>
Essential Service #1 - Monitor health status to identify health problems		
P1	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Community Health Monitoring – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #2 - Diagnose and investigate health problems and health hazards		
P2	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Public Health Surveillance and Response – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #3 - Inform, educate and empower people about health issues		
P3	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Information, Education and Empowerment Activities – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #4 - Mobilize partnerships to identify and solve health problems		
P4	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Constituency Development and Partnership Building – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #5 - Develop policies and plans that support individual and statewide health efforts		
P5	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Planning and Policy Development – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #6 - Enforce laws and regulations that protect health and ensure safety		
P6	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Enforcement of Public Health Laws and Regulations – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable		
P7	On a scale of 1 to 10, what is the priority of this model standard – Oversight for Public Health Outreach and Linkage to Personal Health Services – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #8 - Assure a competent public health and personal health care workforce		
P8	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Workforce Issues – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services		
P9	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Evaluation for Personal and Population-based Health Services – to our board of health?	1 2 3 4 5 6 7 8 9 10
Essential Service #10 - Research for new insights and innovative solutions to health problems		
P10	On a scale of 1 to 10, what is the priority of this model standard – Oversight of Public Health Innovation and Research – to our board of health?	1 2 3 4 5 6 7 8 9 10





DISTRICT HEALTH DEPARTMENT

January 18, 2011

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, January 2011

Communicable Disease – Influenza

For the week ending January 8 (week 01) seven of eight participating sentinel healthcare providers in Washoe County saw 101 patients presenting with influenza-like-illness (ILI) out of 2,937 total patients. This yields a total ILI percentage of 3.4% which is below the regional baseline of 4.1%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (52) was 2.6%. This is above the national baseline of 2.5%.

Also during week 52 nine Washoe County death certificates were received listing pneumonia or influenza as a factor contributing to the death. The ratio of deaths with pneumonia or influenza to all deaths (P & I Ratio) for week 52 was 10.3%. The national P & I Ratio for week 52 was 7.7%. The epidemic threshold set by CDC for week 52 was 7.2%.

Scabies

Communicable disease staff have been working with staff from the Nevada State Health Division to control an outbreak of scabies in a state licensed facility located within Washoe County. Human scabies is caused by an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash. The scabies mite usually is spread by direct, prolonged, in-to-skin contact with a person who has scabies.

Scabies occurs worldwide and affects people of all races and social classes. Scabies can spread rapidly under crowded conditions where close body contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks.

Public Health Preparedness (PHP) Activities –

ChemPack

PHP staff have developed a written procedure for deployment of the Strategic National Stockpile (SNS) ChemPack that is located in Washoe County. The ChemPack contains medications that would need to be deployed quickly in the event of an attack with nerve agents. The written procedure has been provided to the Nevada State Health Division.

Health Alert Network (HAN)

The Nevada State Health Division has changed the software utilized for the Health Alert Network (HAN). The new software is NXT Communicator and is owned by the City of Las Vegas. Las Vegas has generously allowed the Health Division to utilize this system for the Health Alert Network. This results in a significant monetary saving. Washoe County PHP staff conducted a call down drill using the new system on December 17.

Medical Reserve Corps (MRC)

The MRC offered two “CBRNE” workshops; one on January 19 and the other on 20, covering Biological WMD’s and Explosives/Incendiary devices. Workshops were 90% to 100% capacity. Members of the MRC, CERT, REMSA, NV Energy, WC School Nurses, El Dorado County Sheriff’s, Reno PD, signed up. Classes were offered free of charge, provided 2 CE’s to RNs and EMTs, and were underwritten with existing Capacity Building Award funding received from NACCHO in 2008-09, at a cost of \$1,000 for each class.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



DISTRICT HEALTH DEPARTMENT

January 18, 2011

TO: District Board of Health Members

FROM: Jennifer M. Hadayia, MPA
Acting Division Director, Community and Clinical Health Services

SUBJECT: Report for January 2011 District Board of Health Meeting

1. ACHIEVE Update – Amending the Truckee Meadows Regional Plan
2. Results of the 2010 CCHS Client Satisfaction Survey

1. ACHIEVE Update – Amending the Truckee Meadows Regional Plan

As presented at the District Board of Health Meeting on November 18, 2010, Goal 1, Objective 3 of the adopted Washoe County ACHIEVE Community Action Plan (CAP) funded by NACCHO is to “incorporate obesity prevention strategies as a priority of regional and local planning boards.” A review of the current Truckee Meadows Regional Plan (TMRP), which establishes local and regional planning priorities to which all three jurisdictions must conform, revealed the lack of a policies related to nutrition, which is consistent with data collected through the ACHIEVE process. To fill this gap in regional planning, staff recommend amending the TMRP to include a priority related to access to healthy foods. The amendment process will require a sponsoring public entity, and it is the recommendation of staff that the District Board of Health sponsor the amendment on behalf of the ACHIEVE initiative. The amendment process also requires a fee, which can be supplied by the ACHIEVE initiative grant. The following steps will be need to taken to facilitate this process by June 2011, when the TMRP is scheduled for amendments:

- (January 2011). Draft the proposed “healthy food” amendment to the TMRP, which will include a policy statement and a list of goals and objectives.
- (February 2011). Meet with representatives from the following local and regional planning entities to discuss the proposed amendment and solicit feedback:
 - The ACHIEVE CHART (a.k.a. leadership team)
 - City of Reno Community Development
 - City of Sparks Community Development
 - Regional Planning Commission
 - Regional Planning Governing Board

DBOH AGENDA ITEM # 20.B.

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

www.co.washoe.nv.us/health

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- (March 2011). Present the amendment to the District Board of Health for approval and action.
- (April 2011). Process amendment with the Board of County Commissioners.
- (May - June 2011). Process amendment with the Regional Planning Commission.
- (May – June 2011). Process amendment with the Regional Planning Governing Board.

A flow chart depicting the steps in this process is included with this report. Please note that public hearings will occur at each stage of the process, and staff will be working with Washoe County Community Development on completion of each task.

2. Results of the 2010 CCHS Client Satisfaction Survey

CCHS conducts a biennial all-clinic client satisfaction survey to generate a “snapshot” of current Health District clients, assess the quality of customer service, and identify areas for improvement in client care. Notable results of the most recent survey (conducted in fall 2010) are summarized below:

- 246 clients completed the survey. 68% were in English, and 32% in Spanish.
- The majority of respondents (70%) were youth and young adults under 30.
- The majority (77%) reported having no health insurance and over half (62%) reported no medical home. When asked where else they would go for services, almost half (49%) indicated “I don’t know.”
- Most commonly cited reasons for choosing CCHS were: quality of staff and convenience of location.
- On average, the clinics were ranked “Excellent/good” the majority of time on all quality ratings, including hours of operation, making appointments, wait time, time spent with the clinician, cost of services, and the quality of the waiting area and exam rooms. Hours of operation and time spent with the clinician scored the highest on average, while cost of services and wait time scored lowest.
- Respondents were also asked to rank their level of knowledge about their health issues before and after being seen by the clinician. There was positive change in self-reported “Excellent/good” knowledge about their health issue in every clinic, ranging from a 3% increase in the immunization clinic to a 31% increase in the Home Visiting Program.
- The vast majority of respondents also agreed that they were treated in a “non-judgmental and respectful manner” by staff and that staff were “friendly.”

Program managers have been reviewing these results with staff and are identifying areas of improvements at the program level.

Washoe County ACHIEVE Community
Washoe County, NV

CAP Implementation (Year 1) Objective 1.3 (Regional Planning)

By September 2011, incorporate obesity prevention strategies as a priority of regional and local planning boards

Objective Timeline (Jan – June 2011)

Goal: Propose an amendment to the Truckee Meadows Regional Plan (TMRP)

Outcome: A Policy that fills gaps in the TMRP related to obesity prevention

Mechanism: DBOH (sponsor), BCC, Regional Planning Commission (RPC), Regional Planning Governing Board (RPGB)

January 2011

- Compare Truckee Meadows Regional Plan (TMRP) Policies against CDC obesity prevention PSE change recommendations to identify gaps.
Product: comparison matrix
- Identify Policy needed as an amendment to the TMRP to reach ACHIEVE goals
- Write Policy. *Product: Policy statement, goals and objectives, supporting data*

February 2011

- Review proposed ACHIEVE Policy with stakeholders:
 1. CHART (via email)
 2. WC Community Development
 3. City of Reno Community Development
 4. City of Sparks Community Development
 5. RPC/RPGB Staff

March 2011

- Process DBOH item. Action: Sponsor an amendment to the TMRP.
Product: DBOH item
- Present item to DBOH for action (March 24, 2011)

April 2011

- Process BCC item. *Product: BCC item*
- Present item to BCC for action (April 12, 2011)
- Process RPC item. *Product: RPC item*

May – June 2011

- Participate in RPC activities including public hearings (May 11, 2011)
- Process RPGB item. *Product: RPGB item*
- Participate in RPGB activities including public hearings (June 9, 2011)




WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: January 27, 2010

To: District Board of Health 

From: Kevin Dick, Director, Air Quality Management

Re: Monthly Report for Air Quality Management

Agenda Item: 20.D.

The enclosed Air Quality Management Division Report is for the month of December, 2010 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 20.D.

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Director's Report

December 2010



December Wrap Up

While sometimes things slow down for the holidays, the Division's monitoring group remained extremely busy in December as they worked on the final stages of launching the new Washoe County NCore advanced air monitoring station. The NCore station is one of a national network of about 80 stations established by air quality programs across the country working collaboratively with U.S. EPA. The station integrates advanced measurement systems for particulate matter, trace-level pollutant gases and meteorology with state of the art calibration and data telemetry equipment. Some of the new NCore monitoring capabilities include trace Carbon Monoxide (CO), trace Sulfur Dioxide, (SO₂), and Total Reactive Nitrogen (NO_y). Through the tireless work of Craig Petersen, Lauri Mendoza, Julie Hunter and Allan Tobey the Division was able to begin operation of the station and reporting data to EPA on January 1.

We're in the wintertime season when strong temperature inversions can form. These inversions can trap air pollutants and cause them to accumulate in the Truckee Meadows. The series of storms that occurred in December, and particularly through the holiday season, brought ice, snow, difficult travel conditions and fears of flooding. But, they also kept temperature inversions and stagnant air conditions from occurring. For the most part the air quality remained good, with only a few moderate days noted. The Burn Code remained Green and no exceedances of the ambient air quality standards occurred during the month of December.

As I mentioned briefly during last month's Board of Health Meeting, EPA continues to push back the date for issuing the new Ozone National Ambient Air Quality Standard (NAAQS). During the October retreat I informed you that EPA was supposed to issue the standard at the end of October. Then EPA pushed back the release of the new standard until the end of December. Now EPA has delayed the deadline for releasing the Ozone standard until July 2011. They have proposed to establish a standard in the range of 60 to 70 ppb. The current standard is 75 ppb. When EPA promulgates the revised standard the Division will have 120 days to identify to EPA whether we believe we are in attainment or non-attainment with the new standard. Within three years after the new standard is promulgated the Health District will be required to submit either an Ozone Infrastructure Plan (if we are deemed to be in attainment) or an Implementation Plan (if we are deemed to be out of attainment).

Lastly, the Washoe County Green Team is scheduled to present the ICLEI (Local Governments for Sustainability) Milestone 1 Certificate to the Board of County Commissioners at their January 11 meeting. Milestone 1 was attained by developing and submitting a County greenhouse gas emissions inventory to ICLEI. The Division led the County's efforts to develop the inventory through the work of my predecessor Andrew Goodrich, who chaired the Green Team, and Yann Ling-Barnes who compiled the emissions inventory. AQM will continue to support the County's sustainability efforts by participating in the development of greenhouse gas emissions reductions targets, and strategies for achieving these emissions reductions (ICLEI Milestones 2 and 3).

Kevin Dick, Director

AIR QUALITY COMPARISON FOR DECEMBER

Air Quality Index Range		# OF DAYS DECEMBER 2010	# OF DAYS DECEMBER 2009
GOOD	0 to 50	22	9
MODERATE	51 to 100	9	14
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	8
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		31	31

- Real-Time data was unavailable for three days due to phone line issues and the Air Quality relocation to the main Washoe County Complex at 1001 East Ninth Street.

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	DEC 2010	YTD for 2010	DEC 2009	Highest for 2009
CARBON MONOXIDE (CO)	31	31	28	37
OZONE 8 hour (O3)	40	104	40	100
PARTICULATES (PM _{2.5})	60	112	149	149
PARTICULATES (PM ₁₀)	70	83	62	94

For the month of December, there were no exceedances of Carbon Monoxide, Particulate Matter or 8-Hour Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of December was seventy (70) for PM¹⁰. There were twenty-two (22) days in the month of December where the Air Quality was in the good range, and nine (9) 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. Implementation of the NCore monitoring site was completed in time for the January 1, 2011, start-up date for all parameters except for a few difficulties with the meteorological instrumentation. Discussions are on-going with the vendor and a fall back position is in place if the situation is not resolved by the end of January 2011.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The delayed announcement (originally scheduled for December 21st and then by December 1st) of the new 8-hour Ozone NAAQS of ≥ 60 ppb but ≤ 70 ppb (currently 75 ppb) has been delayed yet again by EPA until the end of June 2011.

With the Planning Section as the lead, the AQMD continues the process of revising its Emergency Episode Policies given the forthcoming reductions of the NAAQS.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2010		2009	
	DECEMBER	YTD	DECEMBER	ANNUAL TOTAL
Renewal of Existing Air Permits	94	1296	103	1320
New Authorities to Construct	3	40	7	80
Dust Control Permits	7 (180 acres)	127 (2814 acres)	11 (144 acres)	128 (1498 acres)
Wood Stove Certificates	19	254	15	213
WS Dealers Affidavit of Sale	12 (8 replacements)	82 (46 replacements)	22 (15 replacements)	145 (93 replacements)
WS Notice of Exemptions	135 (0 stoves removed)	4978 (33 stoves removed)	741 (5 stoves removed)	5358 (145 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	95	1027	65	1003

Compliance &
Inspection Activity

Staff reviewed thirty-two (32) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-four (54) stationary source renewal inspections and fifty-four (54) gas station inspections in December. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

2010 was a rather "slow" year (due to obvious economic reasons) from a permitting/enforcement standpoint. All key indicators were down (complaints, asbestos acknowledgements, abatement notices, etc.), as well as the number of "new" permitted sources. The overall number of inspected permitted sources was slightly lower, but the permit conditions and inspection demands increased for certain area sources due to additional federal "MACT" requirements (such as spray painting and gasoline dispensing). The number of dust plan applications and site inspections was lower, but staff had to spend a great deal of time "tracking down" the owners of the foreclosed properties to secure new dust permits. Although no major asbestos abatement projects were initiated, staff spent a lot of time on the smaller projects verifying compliance.

A great deal of time was spent educating industry on the air quality requirements. Numerous asbestos presentations were made for local industry, and an asbestos workshop was conducted in May to outline both the local survey/abatement requirements as well as the federal reporting requirements. Staff also met with many individual property owners "on site" to review the dust permit requirements and discuss what portions of the site(s) needed to be included in the permit renewals.

Staff would like to thank the District Board of Health for your continuing support of the Air Quality program.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2010*		2009		
	DECEMBER	YTD	DECEMBER	YTD	Annual Total
Asbestos	1	22	1	21	21
Burning/Smoke	0	6	6	16	16
Dust	0	52	0	134	134
Gas Station/Oxy Fuel	0	0	0	0	0
Miscellaneous	0	5	0	7	7
Odor	1	22	2	30	30
Painting (spray painting)	0	10	0	6	6
Permit Violation	3	14	0	12	12
TOTAL	5	131	9	226	226
NOV'S	DECEMBER	YTD	DECEMBER	YTD	Annual Total
Warnings	2	7	0	13	13
Citations	0	12	0	10	10
TOTAL	2	19	0	23	23

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were two (2) Notice of Violations (NOVs) issued in December 2010, both were NOV Warnings issued for Not Maintaining Fueling Equipment. There were no Citations issued.




Washoe County Health District



Public Health
Prevent. Promote. Protect

January 18, 2011

TO: Members, District Board of Health

THROUGH: Eileen Coulombe, Administrative Health Services Officer 

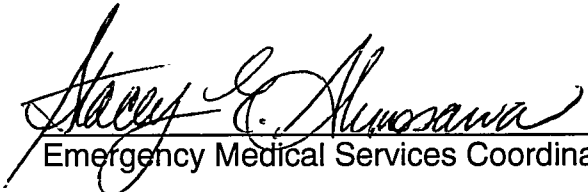
FROM: Stacey Akurosawa, Emergency Medical Services Coordinator

SUBJECT: Administrative Health Services Division Staff Report for January

Health District Emergency Medical Services (EMS) Program Activities:

The Interhospital Coordinating Council (IHCC) held its annual breakfast meeting on January 14th to review the IHCC accomplishments for calendar year 2010. EMS staff assisted the hospitals in developing this annual list.

The core hospital members of the IHCC meet monthly along with Health District staff, REMSA, the area emergency managers, the fire departments, and other agencies to prepare for the medical impact of disasters. Their impressive list of accomplishments is attached to the EMS Report. The IHCC will be finalizing their goals for 2011 at their next meeting, scheduled for February 11, 2011.


Emergency Medical Services Coordinator

Attachment

DBOH AGENDA ITEM # 20.E.

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IHCC

Inter-Hospital Coordinating Council

DATE: January 14, 2011
TO: IHCC Members
FROM: Michael Munda, J.D., M.Ed., IHCC Chairman
Darcie Carpenter, Ph.D., IHCC Vice Chairman
SUBJECT: IHCC Accomplishments for calendar year 2010

In preparation for our January 2011 meeting, Laurie Griffey reviewed the IHCC minutes from the previous year and compiled a list of IHCC's major accomplishments, along with a chronological list of highpoints. Michael Munda and Darcie Carpenter fine-tuned the list of accomplishments. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The IHCC Group accomplished 24 of the 28 goals they established for 2010; this is a major accomplishment. The District Health Officer and the Administrative Health Service Officer along with the leaders of IHCC appreciate the hard work you do to prepare our community to provide the best health care possible during times of disaster.

I. MAJOR ACCOMPLISHMENTS

MAEA Training – Dee Grimm from Emergency Management Professionals was hired with grant funds, to conduct a training seminar on April 9, 2010, in preparation for the May Hospital Hazmat Evacuation Exercise; 68 people attended the training held at the Washoe County Health District. Many participants were unaware that the MAEA plan existed, its content or how it could provide guidance during events. The training was geared towards the May full-scale exercise participants, hospital administrators and those generally interested in the MAEA plan. Dee reviewed the history of the existing Washoe County District Board of Health's Multi-Casualty Incident Plan Mutual Aid Evacuation Annex (MAEA). In 2001 the IHCC group began working with the hospitals to set up pre-identified numbers and specific patient sensuous to enable initial patient distribution during a disaster. The plan was created as a guide and to provide direction to the hospitals and responding agencies during disasters. The MAEA helps identify the responsibilities of both the evacuating hospital and receiving hospitals, while addressing some of the legal and ethical issues. The training gave attendees a chance to review the plan, share input on the positive aspects of the plan and voice concerns on areas that may need to be updated. The plan was exercised during the May full-scale exercise and the results will be used to update the MAEA plan to fit the community's needs.

Hospital Evacuation Table Top Exercise – On April 9, 2010, immediately following the MAEA Training a hospital evacuation tabletop exercise was conducted. The objectives, rules and scenario were distributed and discussed. Attendees participated in the scenario by identifying what their facilities would do and how their hospital would handle situations at specific points throughout the event. This included initial notification, evaluation of the situation, coordinated efforts for evacuation, transportation and receiving of patients and the demobilization processes. The exercise demonstrated how the MAEA plan is used as a guide, along with what areas of the plan work as written and what areas need to be updated to better meet the needs and recourses of the community.

Hospital Hazmat Evacuation Functional Exercise - Grant funding was secured for a community-wide Hospital Hazmat Evacuation Exercise (Operations Smooth Move) held on May 18 & 19, 2010. This event included eleven hospitals in two states (NV & CA), 125 players, 3 comptrollers, 30 evaluators, 9 observers and 56 role-playing victims. The event tested the interoperable communications, evacuation procedures and medical surge

capabilities of the area and their ability to handle a large evacuation in the Washoe County area. The event also tested the functionality of the Washoe County District Board of Health's Multi-Casualty Incident Plan Mutual Aid Evacuation Annex (MAEA). The items identified in the after action report under needs improvement will be utilized to make adjustments to the MAEA. It is imperative this document continues to be the basic guide for major evacuations in our community.

H1N1 - Swine Flu Inoculations - The Health Districts and several medical facilities continued to offer the H1N1 vaccine throughout the beginning of 2010. The Swine flu outbreak began in April 2009. National stockpiles of antiviral were accessed and distributed to the hospitals through their local Health Districts. This was a worldwide outbreak so vaccine was offered and safety precautions were increased during the height of the outbreak. Starting in March 2010 the H1N1 clinics were combined into the regular immunization schedule due to reduced demand. H1N1 will be included in the regular Flu vaccine for 2010.

Radiological Equipment / Training: Renown Regional Medical Center, St. Mary's Regional Medical Center and Northern Nevada Medical Center all received special Radiological equipment and on-site training in April and May, 2010, as part of the WIPP project. Shipments of minimal level radioactive debris would be shipped through the Reno/Sparks area by tractor-trailer over several months. This equipment and training was provided to ensure the hospitals were prepared in case any of the transport vehicles were involved in an accident in our community.

Hospital Exercises - Renown Regional Medical Center, St. Mary's Regional Medical Center, and Carson Valley Medical Center participated in a community wide communication exercise on Apr 19, 2010 and a community wide tabletop exercise on Oct 26, 2010, with Care Flight (REMSA), East Fork Fire, Sheriff's Office and dispatch. Several members of IHCC participated in the May 17th Mobile Hospital Exercise at the Washoe County Health District. Sep 22, 2010 several members of IHCC participated in the Regional Emergency Operations Center Exercise and in the Nov 18th California Statewide Public Health Exercise.

Community TEPW (Training & Exercise Planning Workshop) - Members of IHCC participated in the TEPW meeting at the Regional Emergency Operation Center on April 13, 2010, to work with other emergency response agencies on the creation of a regional training and exercise calendar. This is an effort to coordinate training and exercises with multiple agencies to better utilize funding, increase training opportunities and reduce overlapping of events.

Developed IHCC By-laws - A sub-committee was created and draft by-laws were reviewed. Draft by-laws were provided to the IHCC group for review on September 10, 2010. The final adjustments were made and the IHCC by-laws were approved and adopted by the group on October 8, 2010.

HAVBed Tracking - IHCC members continued to participate in the EMSsystem's HAVBed tracking process throughout 2010. Updates are done regularly and the hospitals participate when EMSsystems initiates local and regional tests of the system.

800MHz Radios - The hospitals participated in monthly testing of the 800MHz radio system. Testing allowed staff at each location to work with the radios; it also tested the operability of the equipment and the redundant communication system between the hospitals, REMSA and the Health District. Overall calendar year participation was 95% (76% participated in the scheduled testing, 19% participated in 1-on-1 testing) 5% were unavailable. The 800MHz hand held P5100 radios were rebanded in May 2010 by a vendor working through the Washoe County Radio Shop; this was the final phase of the rebanding project that began in 2009.

Hot August Nights Pre-Planning - The IHCC group discussed Hot August Nights pre-planning at the July 13, 2010 meeting. REMSA, Reno Police, Reno Fire, Sparks Fire, Sierra Fire Protection District, Reno Emergency Manager and a representative from the Washoe County Emergency Managers office attended and provided information on their agencies participation/plans for the annual event. Items addressed included placement of Fire and Paramedic units, contingency plans, and notification processes to be used if civil unrest were to occur or

chemicals were deployed. General ingress/egress routes were discussed along with the most accessible routes for hospital staff to report to work. The Hot August Nights event took place July 30-August 8th 2010 and drew crowds of over 800,000 people to the area.

Hospital Hazard Vulnerability Analysis (HVA) - The Communitywide Hazard Vulnerability Analysis forms were review by the group at the October 8, 2010, IHCC meeting. They group individually reviewed the items then voted to carry forward the 2010 version to 2011. The 2011 version was distributed to the group along with the November Agenda. The following hospitals provided their Internal Hazard Vulnerability Analysis forms for the group to review; since JACCO now requires public review of these documents: Carson Valley Medical Center, St. Mary's Regional Medical Center, Tahoe Pacific Hospitals, Renown Regional Medical Center, Northern Nevada Medical Center, Renown So. Meadows Medical Center, Tahoe Forest Hospital, and Incline Village Hospital.

HAM Radio Support Activities - The Hospitals worked with ARES during events throughout the year, including the May 19th Hospital Hazmat Evacuation Exercise and October 2nd Public Preparedness Day. ARES conducted multiple HAM Cram Class throughout the year, which several hospital employees and IHCC members attended. An ARES representative was in attendance at a majority of the IHCC meetings throughout the year and assisted in the coordination of the communication portion of the May 19th Hospital Hazmat Evacuation Exercise.

Training & Exercises:

- ICS 400 Mar 17, 2010;
- HICS Forms Workshop - April 29, 2010;
- HSEEP Training Mar 11 & April 20, 2010;
- TEEX Management Course April 14-16, 2010
- ICS Forms May 17, 2010
- Civil Support Tem Exercise June 14-18, 2010;
- Physiological First Aid Sept 21-23, 2010;
- EMSystem Training Nov 12, 2010;
- Nevada Statewide Mass Fatality Planning Workshops July 21-22, 2010 & Sept 15-16, 2010;
- Disaster Preparedness Community Infrastructure Hospital & Healthcare Organizations Sept 28 & 29, 2010
- ICS 100, 200 & 700- April 2, June 17, Sept 21 & Dec 15, 2010;
- ICS 300- Feb 18-19, Mar 15-17, Sept 21-23, Oct 26-28, 2010;
- HAM Crams Feb 20, May 1, Aug 21, & Nov 20, 2010;
- MAEA Training April 9, 2010;
- TEPW (Training Exercise Planning Workshop) April 13, 2010;
- Hospital Specific Disaster Management June 16-17, 2010;
- REOC Exercise Sept 22, 2010
- WebEOC Training Oct 10, 2010;
- California Statewide Public Health Exercise Nov 18, 2010

Grant Activities: IHCC received a grant in the amount of \$17,900 from LEPC /EMPG Grant to pay for the Hospital Hazmat Evacuation Exercise that was held on May 18 & 19, 2010, and the pre-exercise events (MAEA Training and Tabletop exercise). The Washoe County Health District PHP division utilized grant funds to purchase surge beds, racks, carts, linen kits, evacuation slides and CBRN Conversion kits for five hospitals. Nevada Hospital Association (NHA) secured ASPR grant funding for the following: 1) 101 course in Hospital Preparedness and Medical Surge; 2) purchase EMS radio equipment (hybrid 800/450mhz radio system for communication between rural ambulances and hospitals); 3) Certification Program for Pharmacist Immunization Delivery; 4) HICS training (July 2010), which included ICS 100, 200 and 700 courses; 5) purchased an oscillating ventilator for St. Mary's Hospital. PSIC Funding was secured to improve interoperability communication for the hospitals (install HAM Link radios, provide HAM radio training, and do a statewide communication exercise). DHA grant funding was received to support Medical Surge Planners, help develop a statewide Medical Surge Plan and to replace 242 CBRN Conversion.

II. CHRONOLOGICAL LIST OF HIGHPOINTS

DATE	TOPIC
1/8/10	Discussed H1N1 impact on hospitals and on-going inoculations
1/8/10	Pre-planning for Hospital Evacuation Exercise
1/8/10	Reviewed 2009 Accomplishments and 2010 Goal Brainstorming
1/8/10	Discussed Hospitals using HAM Radios as back up communication-FCC restriction on training

1/8/10	Hospital Evacuation Committee Meeting
1/26/10	Dates for Hospital Hazmat Evacuation Functional Exercise determined (May 18 th & 19 th)
2/12/10	IHCC Group voted to set up a committee to discuss and write by-laws
2/12/10	Group voted to officially move forward on grant application for Hospital Hazmat Evacuation funding for functional exercise.
2/12/10	Voted on 2010 Goals
2/18-19/10	ICS 300 class
2/20/10	HAM Cram Training / Certification Class
3/11/10	HSEEP Training Course - held at WC Health District (Several IHCC members attended)
3/12/10	NHA seeking IHCC support to petition FCC to change their stand on HAM radio training for hospital employees
3/12/10	Pre-Planning meeting for Hospital Evacuation Exercise
3/15/10	H1N1 clinics absorbed into regular Immunization Clinic at Health District-due to reduced demand
3/15/10	NHA & ARES working on HAM Link system as redundant communication
3/15-17/10	ICS 300 class (City of Sparks)
3/17/10	ICS 400 class
4/9/10	MAEA Training & Table Top Exercise
4/9/10	IHCC Design Team Meeting for May Full Scale Exercise
4/13/10	TEPW Workshop at REOC to work on Community-wide Training Calendar & ICS Forms training
4/14-16/10	TEEX Management Course @ REOC (ICS 300 equivalent)
4/20/10	HSEEP Training Course in Carson City (IHCC members attended)
4/21/10	ICS 100, 200 & 700 class (Carson City)
4/27/10	IHCC Design Team Meeting for May Full Scale Exercise
5/1/10	HAM Cram Training / Certification Class
5/3/10	WIPP Inspector Meter Training at Renown Regional Medical Center -training provided by Health Division Radiation Center Program
5/5/10	WIPP Inspector Meter Training at Northern Nevada Medical Center- training provided by Health Division Radiation Center Program
5/8/10	Arrow Creek Shelter-in-place Exercise
5/11/10	WIPP Inspector Meter Training at Saint Mary's Medical Center -training provided by Health Division Radiation Center Program
5/14/10	Operation Smooth Move final planning (Hospital Hazmat Evacuation Exercise)
5/14/10	Discussed Alternate Care Sites - received update from State Health on Alternate Care projects
5/14/10	Discussed Mass Fatality Training & Mass Fatality Plan
5/14/10	Discussed fire requirements for Mobile Hospitals
5/14/10	HAM Link antennas and equipment sent to hospitals
5/14/10	Discussed WIPP (Waste Isolation Pilot Project) - Hospitals received decimeter equipment
5/14/10	IHCC Design Team Meeting (Pre-planning for Hospital Hazmat Evacuation Exercise)

5/14/10	Video Conference - Health Care for Nevadans
5/17/10	Mobile Hospital exercise (set up and take down of WCHD Mobile Hospital) several agencies participated
5/18/10	Functional Hospital Hazmat Evacuation Exercise - Reno and debriefing
5/19/10	Functional Hospital Hazmat Evacuation Exercise -Outline areas and debriefing
5/21-22/10	Decon Training & Exercise in Sierra County California - some IHCC members participated
6/7/10	Northern Nevada Medical Center & REMSA recognized for 100% participation in FY 09/10 Monthly 800mhz Radio Test.
6/11/10	Medical Surge equipment purchased with grant funds for hospitals (1 st shipment delivered)
6/11/10	Discussed disposition of unused anti viral stockpiles
6/11/10	Began discussion of hospital paging codes
6/14-18/10	Civil Support Team Exercise - some IHCC members participated
6/16-17/10	Hospital Specific Disaster Management in Hospital Infrastructure Training @ REOC
6/22/10	Urgent Care List updated and distributed to Hot August Night Organizers and REMSA
7/9/10	Hot August Nights Pre-Planning
7/9/10	Discussed the Washoe County Mass Gathering Guidelines
7/9/10	Discuss Hospital Overhead Paging Codes
7/9/10	Discussed Critical Incident Stress Management and Stress Inoculation Training
7/9/10	Discussed utilizing HavBed for Mass Fatality Tracking
7/17/10	Certification Program for Pharmacist Immunization Delivery - training offered by Nevada Hospital Association (NHA)
7/21-22/10	Mass Fatality Workshop @ REOC
7/26-27/10	HICS Training Course (26 th Fundamentals 100,200 &700; 27 th Train-the-Trainer)
8/13/10	Started working on IHCC By-laws
8/13/10	Elected a new Chairman - Michael Munda; Darcie Carpenter to continue as Vice Chair
8/13/10	Spreadsheet of Hospital Overhead Paging Codes created
8/13/10	NHA purchased PPE equipment for hospitals and a oscillating ventilator for St. Mary's
8/21/10	HAM Cram Training / Certification Class
9/10/10	Finalized Hospital Overhead Paging Codes -hospitals agreed on top 6 codes
9/10/10	Reviewed status of 2010 goals
9/10/10	Discussed & Reviewed Hospital Internal HVA for St. Mary's, Carson Valley Medical Center and Tahoe Pacific Hospitals
9/10/10	Discussed requisition process for the State Portable Hospital
9/10/10	By-Laws Sub Committee Meeting
9/16-17/10	Physiological First Aid Training (Carson City)
9/21-23/10	ICS 300 class offered by State DEM
9/21/10	ICS 100 & 200 Class @ REOC

9/22/10	Regional Emergency Operation Center Exercise - several members participated
9/25/10	Pharmaceutical Drug Roundup
10/2/10	Emergency Preparedness Day - hospitals invited to participate
10/8/10	Discussed Hazwoper and FRO/FRA Training (working on price & funding)
10/8/10	Discussed Resource List (on-going project)
10/8/10	Reviewed and Approved Community Wide Hazard Vulnerability Analysis (HVA) for 2011
10/8/10	Discussed & Reviewed Hospital Internal HVA for Renown and Northern Nevada Hospitals
10/8/10	Discussed IHCC and Hospitals participating in upcoming 2011 Exercises
10/8/10	PAPR Replacement Filters being shipped to hospitals (purchased by grant funds via NHA)
10/8/10	Working on HAM Link installation
10/8/10	IHCC chooses video surveillance as hospitals priority for 2011 Homeland Security Funding
10/8/10	Discussed distribution of State equipment (ventilators, defibrators etc) to hospitals
10/8/10	IHCC adopted new By-Laws
10/8/10	WebEOC Training @ REOC (immediately following IHCC mtg)
10/16/10	Health District's Point of Dispensing Exercise @ UNR (immunized 1800 people in 4 hrs against Flu)
10/26-28/10	ICS 300 Class at REOC
11/12/10	Discussed FRO/FRA & Hazwoper training.
11/12/10	Discussed Hospitals participation in the May 2011 Airport Exercise
11/12/10	Discussed disposition of excess H1N1 anti viral from hospitals
11/12/10	Discussed CHW Active Shooter Policy
11/12/10	IHCC received Certificate of Appreciation from Washoe County Board of County Commissioners
11/12/10	EMSystem Training (immediately following IHCC Mtg)
11/18/10	California Statewide Public Health Exercise (some IHCC members participated)
11/20/10	HAM Cram Training / Certification Class
12/10/10	Discussed cost and minimum attendance needed for Hazwoper training
12/10/10	Discussed both Community resource list and Resource type list – possible use HavBED as a central location for any resource lists
12/10/10	Started brain storming for 2011 IHCC Goals
12/10/10	Discussed hospital objectives for Airport Exercise
12/10/10	Created an Exercise Sub-committee to discuss upcoming exercise and objectives for participation
12/10/10	New Washoe County Health District EMS Coordinator Introduced (Stacey Akurosawa)
12/10/10	Discussed Silver Shield Security Assessment
12/10/10	Discussed CMS requirements for Mass Fatality Plans



Washoe County Health District

DBOH AGENDA ITEM NO



Public Health
Prevent Promote Protect

January 19, 2011

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Interim Health Officer Washoe County Health District

SUBJECT: Interim Health Officer Report

Elements of Interim Health Officer Plan Completed as of January 13, 2011.

Strategic Planning

- Draft WCHD Strategic Plan will be presented at the DBOH meeting on 1/27/11. The format utilized is consistent with the Washoe County (WC) strategic plan. Key performance measures in the WCHD plan are also contained in the WC strategic plan. WCHD leadership and key staff members reviewed and contributed to the final draft presented.
- After approval of the WCHD strategic plan the Division Directors will identify a format for Divisional strategic plans which will detail activities at the divisional and programmatic levels in a consistent format.
- The costs of a facilitator will be placed into the 2011-2012 Budget to allow for a comprehensive strategic planning process.

2010-2011 Legislative Sessions

- Washoe County Legislative training was held on 1/13/11 and was attended by the Interim Health Officer, Division Directors and Janet Smith who will be the administrator of the Washoe Bill system. No requests for bill analysis or fiscal impacts have been received as of the date of this report.
- DBOH Bill tracking reports continue at each Board meeting.

Budget

- Division Directors and leadership are continuing to work on identifying cost saving ideas, alternative staffing plans, and program efficiencies in preparation for budget development. The plan is to prepare and present a balanced budget to the DBOH.

Human Resources

- The Employee Improvement and Progressive Discipline Managers Guide has been provided to leadership to assist in working with employees to meet performance expectations.

DBOH AGENDA ITEM # 20.F.

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- Leadership is working on conducting employee evaluations to bring all staff into compliance.
- In programs with vacancies or recent resignations leadership is revising program staffing plans to create efficient working units.
- Approval received for creation of new on call intermittent hourly non permanent positions to assist with creating flexible staffing plans needed for grant funding received in Emergency Preparedness and Public Nurse Home Visiting programs.

Communication

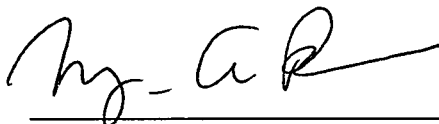
- Interim Health Officer Friday Fives distributed weekly.
- Working with jurisdictions (WC, Reno and Sparks) to create a process to provide information on WCHD and receive guidance.
- Meeting with County leadership including Human Resources Director and County Manager.
- Walking rounds, informal meetings and introductions to WCHD staff in all Divisions by Interim Health Officer.

Community Activities

- Attendance and participation with various community Boards, committees and work groups such as:
 1. REMSA Board of Directors
 2. Economic Impact on Early Care and Education in Nevada Advisory Committee
 3. Saint Mary's Regional Medical Center's Community Assessment Advisory Committee
 4. State Board of Health
 5. Governor's Workforce Investment Board, Workforce Planning, Policy and Performance Committee

District Board of Health Information and Resources

- Dr. Denis Humphreys has been reappointed by the City of Sparks to the DBOH for a new four year period ending December 31st 2014.
- The Board of County Commissioners held a series of three workshops to provide essential guidance for strategic planning and budgeting. The series included: Public Sector Compensation, Creating Organizational and Financial Sustainability and The Future of County Government. The PowerPoint presentation from the last workshop on the future of County government is attached for your reference.



Mary-Ann Brown RN MSN
Interim Health Officer
Washoe County Health District



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Working together to provide a safe, secure, and healthy community

WASHOE COUNTY NEVADA

Scenario Planning: The Future Role of Washoe County Government

Future of County Government
Workshop #3
Board of County Commissioners
January 11, 2011



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Scenario Planning: The Future Role of Washoe County Government

- Workshop Introduction and Overview
- Overview of Scenario Planning Process
- Scenario Planning Exercise
- Next Steps

A-1/11/11
4



Introduction and Overview

- Third in series of Workshops on the Future of County Government
 - Workshop #1 (11/9/2010):
Human Resources and Compensation
 - Workshop #2: (12/14/2010):
Financial and Operational Sustainability
 - Workshop #3 (1/11/2011)
Scenario Planning: The Future Role of Washoe County Government



Objectives for Today

- Begin the Scenario Planning process:
 - Review the elements of Scenario Planning
 - Gain agreement on "driving forces" and their importance and degree of uncertainty; the process will involve asking Board members to discuss, add, subtract, comment on what forces will have the most impact on our ability to perform what's needed to be successful
 - Review/discuss what other governments (local, statewide, national) are doing related to identified trends
 - Review/discuss what the private sector and industry is doing to address these trends, and what they expect of government
 - Begin discussion of what the County should be doing; are there any actions we should pursue, regardless of which scenario plays out?
 - Identify next steps in Scenario Planning Process



Scenario Planning

- Organizations often face significant uncertainty about future events. The future can not be predicted with any certainty, a desired outcome can not be identified, and no *single* optimal course of action can be determined. Scenario planning was developed as a way to work out broad options that can be employed given alternative possible futures.



Scenario Planning

- *Scenario Planning* is a method that can be used to explore a range of futures in which an organization's strategy will be tested. It works by describing a small number of possible scenarios- creating stories of how the future may unfold, and how this may affect issues that confront the organization.



Scenario Planning

- With *Scenario Planning*, our task is not to predict the future, but to anticipate and plan for it; to hopefully influence our future, regardless of how it plays out.



Scenario Planning

- Major issues of concern
- Driving forces
- Scenarios
- Scenario implications: Actions/Strategy



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Scenario Planning: Identify Major Issues

- **Future of County Government:**
 - Employee Compensation and Benefits
 - Financial and Operational Sustainability
 - The Future Role of Washoe County Government

January 11, 2011
Prepared by Washoe County
Management Services Division

Future of County Government Workshop: Scenarios
for the Future Role of County Government

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Scenario Planning: Identify Driving Forces


- **Social Forces:** changing demographics, educational attainment, wellness and health, philanthropy and volunteerism
- **Technological Forces:** adequacy of technology/infrastructure, availability, access, advancements that change service delivery, cost
- **Economic Climate:** local, state and national economies, cost of providing services, tax structure
- **Environmental Forces:** availability of adequate water, floods, wildfires, open space/recreational opportunities
- **Political Climate:** Legislature, political consensus, citizen expectations, governance

January 11, 2011
Prepared by Washoe County
Management Services Division

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Scenario Planning: Ranking of Driving Forces


- Two Questions:
 - Which of the driving forces have the highest impact on the future of County government?
 - Which have the highest degree of uncertainty?

January 11, 2011
Prepared by Washington County
Municipal Services Division

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for the Future Role of County Government

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Scenario Planning: Ranking of Driving Forces

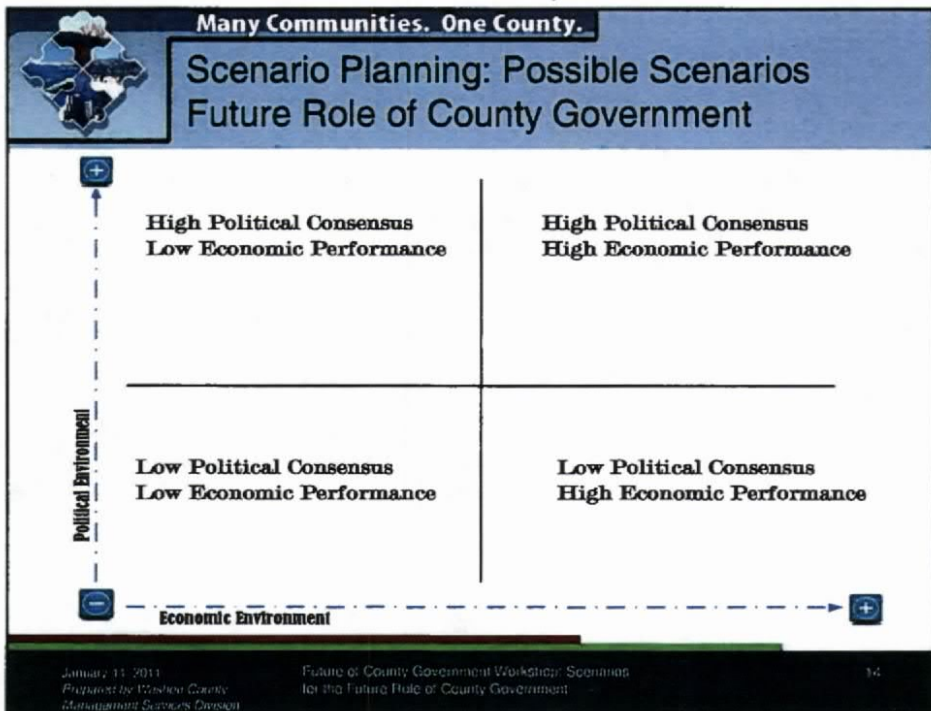
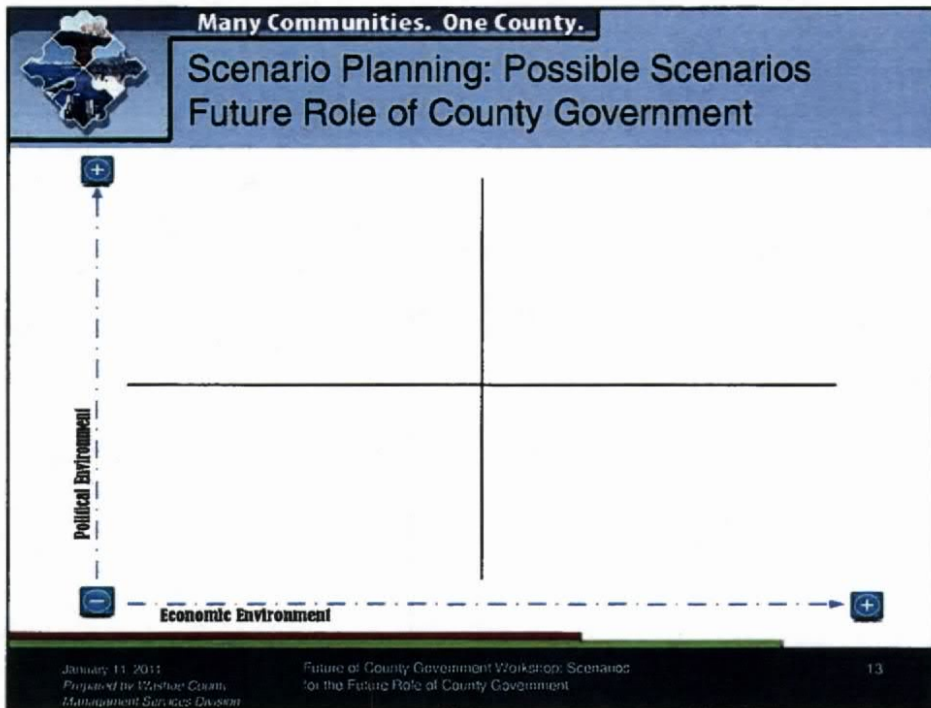
- Two Questions:
 - Which of the driving forces have the most impact on the future of County government?
 - Which have the highest degree of uncertainty?

-Economic Climate
-Political Climate

January 11, 2011
Prepared by Washington County
Municipal Services Division



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Scenario Planning: Possible Scenarios Future Role of County Government

 Political Environment 	<p>"We didn't waste a good crisis"</p> <p>Weak State and local economy causes talent flight out of Nevada Employers who remain pressure political factions to work together</p> <p>Local governments work successfully together and share critical services due to lack of revenues and lack of available skilled workers</p> <p>Leaders coalesce around strengthening education and to save the State; real reform occurs</p> <p>Economic challenges drive innovation and growth in technology and renewable energy startups</p>	<p>"Life is good!"</p> <p>Strong national and statewide economy Positive, collaborative political environment</p> <p>Tax reform ends depreciation and sets property valuation to market value; sales tax base is broadened and is shared with local governments</p> <p>Stable, educated young families and talented knowledge workers are attracted to northern Nevada's high-paying jobs</p> <p>Valuatorism is high, as is public confidence in local government</p>
	<p>"It was the worst of times"</p> <p>Sustained economic recession in Nevada attracts low-income/food income migrants to settle here in huge numbers, causing major pressure on social service systems</p> <p>New industries fail to be attracted to Nevada</p> <p>Percent of population with high school or higher degree declines</p> <p>Climate change affects Lake Tahoe that threatens municipal water supply and leads to disastrous wildfires</p> <p>Local governments lack sufficient resources to meet service demands; citizens and elected officials angry</p>	<p>"Fighting continues...Nevada at 11"</p> <p>Strong economy, adequate and stable tax revenues, solid growth curve</p> <p>Urban abundance leads to political conflicts and territoriality; centralization of power in southern Nevada leaves the North behind</p> <p>Political conflicts pit locals against each other</p> <p>Fights over land use, territory and water resources diminish public confidence; ballot questions to stabilize revenues fail</p> <p>Developers gobble up newly released public lands; open space advocates place "no growth" initiative on ballot</p>

Economic Environment

January 11, 2011
Prepared by Washoe County
Management Services Division

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Scenario Planning: Trends and Implications

- Review/discuss what other governments (local, statewide, national) are doing related to identified trends
- Review/discuss what the private sector and industry is doing to address these trends, and what they expect of government
- Begin discussion of what the County should be doing in preparation for these scenarios; are there actions we should pursue, regardless of which scenario plays out?

January 11, 2011
Prepared by Washoe County
Management Services Division

Future of County Government Workshop: Scenarios
for the Future Role of County Government

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Discussion and Direction: Possible Scenarios: Future Role of County Government

Political Environment	<p>"We didn't waste a good crisis"</p> <p>Weak State and local economy causes talent flight out of Nevada Employers who remain pressure political factions to work together Local governments work successfully together and share critical services due to lack of revenues and lack of available skilled workers Leaders coalesce around strengthening education and to save the State, real reform occurs Economic challenges drive innovation and growth in technology and renewable energy startups</p>	<p>"Life is good!"</p> <p>Strong national and statewide economy Positive, collaborative political environment Tax reform ends depreciation and sets property valuation to market value, sales tax base is broadened and is shared with local governments Stable, educated young families and talented knowledge workers are attracted to northern Nevada's high-paying jobs Volunteerism is high, as is public confidence in local government</p>
	<p>"It was the worst of times"</p> <p>Sustained economic recession in Nevada attracts low-income/low income returnees to settle here in huge numbers, causing major pressure on social service systems New industries fail to be attracted to Nevada Percent of population with high school or higher degree declines Climate change affects Lake Tahoe that threatens municipal water supply and leads to disastrous wildfires Local governments lack sufficient resources to meet service demands, citizens and elected officials angry</p>	<p>"Fighting continues... News at 11"</p> <p>Strong economy, adequate and stable tax revenues, solid growth curve Urban abundance leads to political conflicts and territoriality; centralization of power in southern Nevada leaves the North behind Political conflicts pit locals against each other Fights over land use, territory and water resources diminish public confidence, ballot questions to stabilize revenues fail Developers gobble up newly released public lands; open space advocates place "no growth" initiative on ballot</p>
	Economic Environment	

January 11, 2011
Prepared by Washoe County
Management Services Division

Future of County Government Workshop: Scenarios
for the Future Role of County Government

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Many Communities. One County.

Next Steps

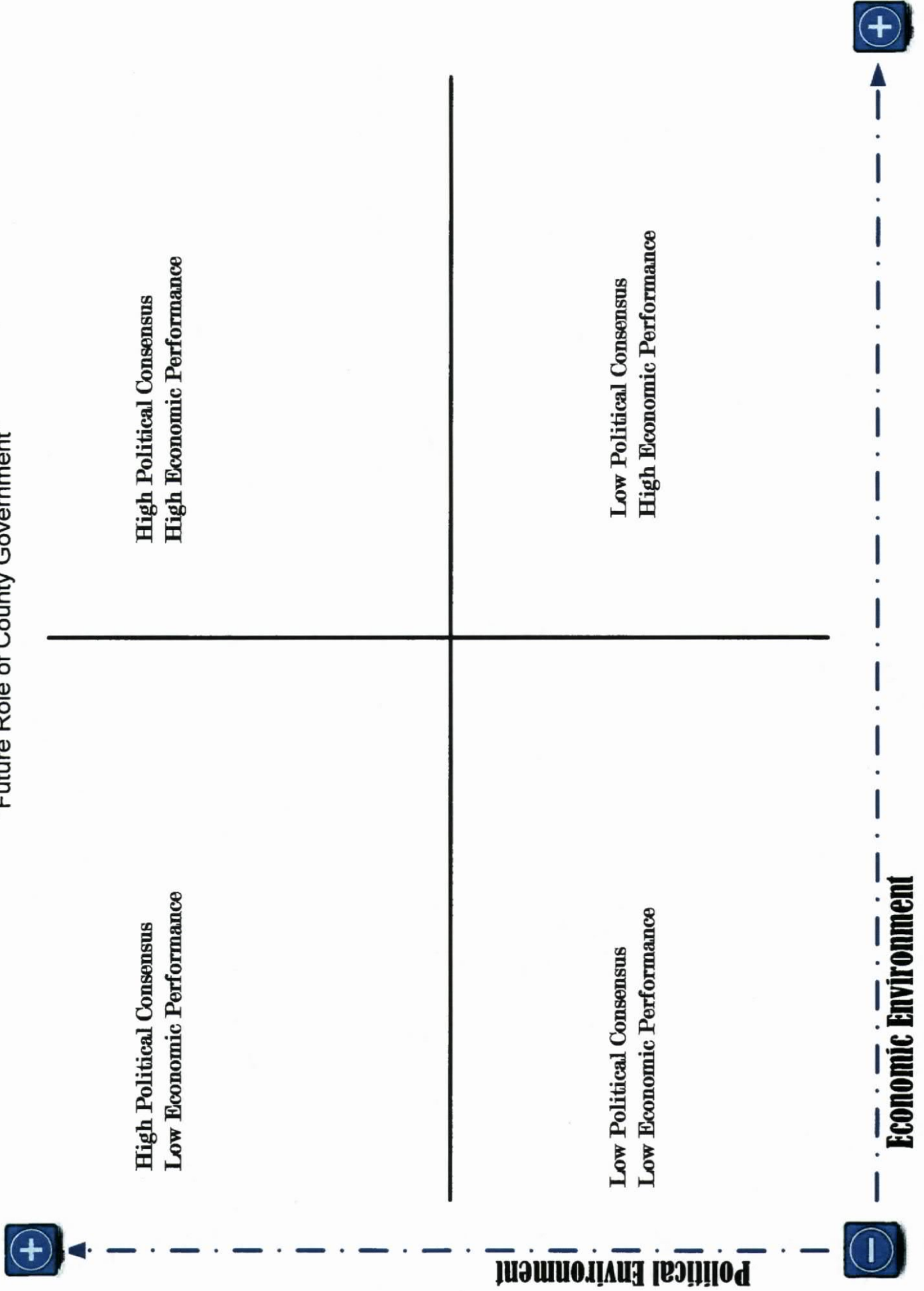
- Department Head Retreat
- Refine Scenarios/implications for Washoe County
- Summary Report from "Future of County Government" Workshops
- Status Report: 2010-11 Washoe County Strategic Plan
- Revised 2011-2012 Washoe County Strategic

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Future of County Government Workshop: Scenarios
for the Future Role of County Government

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Washoe County
Possible Future Scenarios
"Future Role of County Government"



Possible Future Scenarios
"Future Role of County Government"

"We didn't waste a good crisis!"

Weak State and local economy causes talent flight out of Nevada

Sustainable reform of tax structure occurs

Employers who remain pressure political factions to work together

Local governments work successfully together and share critical services due to lack of revenues and lack of available skilled workers

Leaders coalesce around strengthening education to save the State; real reform occurs

Economic challenges drive to focus on innovation and growth in technology and renewable energy startups

"Life is good!"

Strong national and statewide economy

Positive, collaborative political environment

Tax reform ends depreciation and sets property valuation to market value; sales tax base is broadened and is shared with local governments

Tax structure is diversified and reflects modern economy

Stable, educated young families and talented knowledge workers are attracted to northern Nevada's high-paying jobs

Volunteerism is high, as is public confidence in local government

"It was the worst of times"

Sustained economic recession in Nevada attracts low-income/fixed income retirees to settle here in huge numbers, causing major pressure on social service systems

New industries fail to be attracted to Nevada

Percent of population with high school or higher degree declines

Climate change affects Lake Tahoe; threatens municipal water supply and leads to disastrous wildfires

Local governments lack sufficient resources to meet service demands; citizens and elected officials angry

"Fighting continues...News at 11"

Strong economy: adequate and stable tax revenues; solid growth curve

Urban abundance leads to political conflicts and territoriality; centralization of power in southern Nevada leaves the North behind

Political conflicts pit locals against each other

Fights over land use, territory and water resources diminish public confidence; ballot questions to stabilize revenues fail

Developers gobble up newly released public lands; open space advocates place "no growth" initiative on ballot





Office of the
CITY CLERK

January 11, 2011

Dr. Denis Humphreys
P.O. Box 51089
Sparks, NV 89435

Reference: Reappointment to the Washoe County District Board of Health

Dear Dr. Humphreys:

On January 10, 2011, the Sparks City Council confirmed your reappointment to the Washoe County District Board of Health. Your appointment is for a four-year term which will expire on December 31, 2014.

Thank you for your willingness to serve your community.

Sincerely,

A handwritten signature in cursive script that reads "Linda K. Patterson".

Linda K. Patterson
City Clerk and
Clerk of the City Council

cab

Copy:
City Manager's Office
Human Resources
Washoe County District Board of Health, P.O. Box 11130, Reno, NV 89520
File – Washoe County District Board of Health
A.I. 6.1



In This Issue:

- ◆ 2009 Community-Wide Antibioqram
Now Available Online

December 17, 2010

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WASHOE COUNTY HEALTH DISTRICT • P.O. BOX 11130 • RENO, NEVADA • 89520-0027 • (775) 328-2447

2009 COMMUNITY-WIDE ANTIBIOGRAM NOW AVAILABLE ONLINE

Know the Local Data, Prevent Antimicrobial Resistance

What is an antibiogram?



According to the Clinical and Laboratory Standards Institute (CLSI), formerly the National Committee for Clinical Laboratory Standards (NCCLS), an "antibiogram" is an overall profile of antimicrobial susceptibility of a microbial species to a battery of antimicrobial agents.^[1]

(Source of logo: Nevadans for Antibiotic Awareness)

Why a community-wide antibiogram?

One of the 12 steps to prevent antimicrobial resistance in various healthcare settings recommended by the Centers for Disease Control and Prevention (CDC) is to encourage clinicians to use local data. Please refer to CDC's website (<http://www.cdc.gov/drugresistance/healthcare/practitioners.htm>) for details.

How is a community-wide antibiogram compiled?

Local hospitals and some private laboratories produce annual antibiograms for their institutions only. Between 2002 and 2006, the Washoe County Health District (WCHD) has compiled institution-based antibiograms and aggregated data to generate the community-wide antibiogram. Data were provided by clinical and private laboratories in Washoe County. The data were derived from the diagnostic laboratory tests among all inpatients in local hospitals and outpatients seen in private clinics where Quest or LabCorp were used. Since 2007, antibiogram data for private laboratories have been unavailable, therefore 2007 and 2009 antibiogram data only covered all inpatients in local hospitals and outpatients seen at local

hospital emergency rooms. Antibioqram 2008 was not generated.

When is the community-wide antibiogram produced?

Because data are provided at different times by different organizations, the completion of the community-wide antibiogram prior to July of each year is unlikely. Generally, the community-wide antibiogram is available between October and December each year depending on the timing of receipt of the final version of all institutional antibiograms.

Who should use this antibiogram?

This antibiogram can be used as a reference for clinicians, infection control practitioners, pharmacists, microbiologists, public health professionals, and other interested parties. For clinicians working in hospitals, the hospital-specific antibiogram prepared by the hospital infection control committee or hospital microbiologists is preferred, as antimicrobial resistance varies greatly between different locales. For other health care professionals, please refer to the Health District's website at <http://www.washoecounty.us/health/cdpp/warr.html> and click the link for [2009 Antibioqram](#).

Is this document useful?

The usefulness of the antibiogram was evaluated by WCHD. In 2005, survey forms along with 2004 antibiograms were sent to 741 registered physicians with valid mailing addresses in Washoe County. A total of 72 physicians responded to the survey; the overall rank was eight (8) on a scale of 1-10 (*10-the most useful, and 1-the least useful*). Sixty-two percent (62%) of respondents used either a community-wide antibiogram or institutionalized antibiogram in a hospital to modify their prescribing practices. The majority (92%) of respondents indicated a desire

to receive an antibiogram every year from the Health District. About one-third of respondents provided excellent suggestions, such as making the document available in a PDA format. Beginning with the 2006 antibiogram, four different versions can be downloaded from the Health District's website.

How many are actually using community-wide antibiogram?

Antibiogram 2007 was uploaded to WCHD's website in December 2008. During 22 month period between December 2008 and November 2010 (data for two months were not available due to a server problem), there were 12,659 visits, i.e., an average 575 visits per month. One visit is counted if the visit comes from one IP address within 15 minutes regardless of the number of hits. Out of all visits, 10,103 visits (80%) were for the online format, 891 visits (7%) were for the pocket size format, and 541 visits (4%) were for the wall-chart format. The usage of the Pocket PC format (PDA) was extremely low (less than 1%).

What is in the community-wide antibiogram?

- ◆ Antibiotic susceptibility (%) data for 18 commonly seen organisms.
- ◆ Graphic presentation of 2002-2009 antibiotic susceptibility (%) trend data in Washoe County.
- ◆ Summary of major findings on Methicillin-resistant *Staphylococcus aureus* (**MRSA**), Drug Resistant *Streptococcus Pneumoniae* (**DRSP**), Vancomycin-resistant *Enterococci* (**VRE**), Extended-spectrum beta-lactamase (**ESBLs**), and Carbapenem-resistant enterobacteriaceae (**CRE**).

What is NEW in the 2009 antibiogram?

- ◆ Screening data for production of extended spectrum beta-lactamase (ESBLs) was available from one local laboratory.
- ◆ This is the first time the rate of CRE is included in the antibiogram.
- ◆ Three (3) formats of the 2009 Antibiogram can be downloaded from the Health District's website at www.washoecounty.us/health/cdpp/warr.html to meet the majority of end users' needs. The Pocket PC format was removed due to low usage.

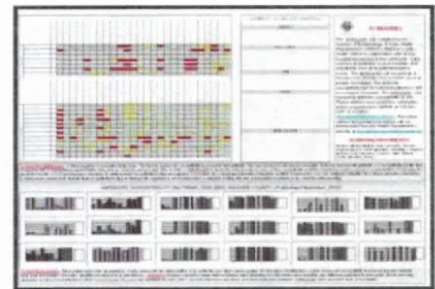
These three formats are:

- ✓ **Online format** can be easily browsed on a device (e.g., computer, laptop, iPhone, SmartPhone, etc.) with internet access.



- ✓ **Pocket size** format is a colored copy on legal sized paper and can be folded into a pocket size (easy to carry).

- ✓ **Wall chart** format is a colored copy in a poster size (36" W x 26" H) and easy to read, but hard to carry. It's good for health care providers' use in the office.



ATTENTION!

If you are a Washoe County healthcare provider, you are eligible (upon request) to receive **Antibiogram 2009 in both printed** formats at NO COST. Please email your request to EpiCenter@washoecounty.us and clearly indicate your name, medical group, and local mailing address. Please address your questions, comments, and recommendations on the Health District's website at www.washoecounty.us/health/cdpp/warr.html.

Reference

[1] CLSI. *Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data; Approved guideline-Second Edition*. CLSI document M39-A2. 2005.



WCHD is grateful to the following laboratories for their collaboration with community wide antibiogram development.

(in alphabetic order)

- LabCorp, Reno Office
- Northern Nevada Medical Center Laboratory
- Quest Diagnostics, Reno Office
- Renown Regional Medical Center Laboratory
- Saint Mary's Regional Medical Center Laboratory
- Veteran's Affairs Medical Center Laboratory (Reno)



In This Issue:

- ◆ How your communicable disease reporting and diagnostic testing assisted in outbreak detection

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HOW YOUR COMMUNICABLE DISEASE REPORTING AND DIAGNOSTIC TESTING ASSISTED IN OUTBREAK DETECTION - Five Interesting Local Case Studies

Introduction

One of the most frequently asked questions we are asked by medical residents is "What do you do with the case(s) reported by a physician?" When local microbiologists are asked to forward selected isolates to the Nevada State Public Health Laboratory (NSPHL) for further testing, they often ask "What do they do with the isolates?". The following are some brief answers to these questions.

- ◆ We verify the diagnosis and treatment with the healthcare providers and obtain information on the severity of the case(s) if needed.
- ◆ We interview reported case(s) to find the exposures and risk factors and identify close contacts of the case.
- ◆ We evaluate exposures, try to identify the source(s) of infection, and implement control measures.
- ◆ We provide education regarding prevention and control measures to cases and contacts to prevent further spread of the communicable disease.
- ◆ We contribute to the body of knowledge on communicable diseases by reporting cases to the Centers for Disease Control and Prevention (CDC).
- ◆ NSPHL performs additional laboratory tests not generally performed at clinical or private labs. An example is DNA fingerprinting for *Salmonella*, *Shigella*, *Listeria*, and Shiga toxin-producing *Escherichia Coli* (STEC) including *E. coli* O157:H7. The purpose of performing such a test is to improve the capacity of foodborne outbreak detection by sharing data with other labs in the nation including the labs operated by the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA).

Thus, your reports are not only required by Nevada law but also, and most importantly, are the first critical steps to initiating the disease investigation therefore meeting the ultimate goal of controlling the spread of communicable diseases in the community.

However, in this article, we will address another important aspect of disease reporting: outbreak detection. In the following section, five real outbreaks are used to demonstrate how your individual reporting and ordering of appropriate diagnostic laboratory tests contributed to foodborne or waterborne outbreak detections between 2006 and 2010 in Washoe County. Outbreaks identified and reported by healthcare providers are not included in this article.

Case Studies

Case #1 – Botulism Outbreak & Chicken Broth, 2006

One case of botulism constitutes an outbreak. On Friday, December 29, 2006, a local Infectious Disease specialist notified us of two probable cases of foodborne botulism from one household. Of note, it is not unusual for outbreaks to be reported after normal business hours, on weekends, or on holidays. Upon receipt of the report, Washoe County Health District (WCHD) staff members promptly coordinated with state and federal staff to obtain *botulinum* antitoxin for treatment of the two cases, pending laboratory confirmation. In the mean time, several WCHD staff members spent their holiday in the hospital and/or at the cases' residence to conduct extensive epidemiological and environmental investigations. Garbage from the household was thoroughly examined by WCHD environmentalists. Numerous left-over food samples from the residence and an opened can of chicken broth (found in the garbage at the residence) with approximately 1 milliliter of leftover broth were collected and tested. Subsequently both cases were laboratory confirmed with *Clostridium botulinum* toxin type A infection. At the close of the investigation it was concluded that the chicken broth was the most likely cause of disease in the two cases. In this outbreak, timeliness of disease reporting played a critical role in the early treatment and investigation. Timely investigation and staff's quick response prevented any other members of the cases' household from eating the contaminated leftovers.

Case #2 – *Salmonella Enteritidis* Outbreak & Sick/Asymptomatic Food Handlers, 2007

During the period August 10 through August 15, 2007, two (2) laboratory reports of *Salmonella Enteritidis* were received by the Communicable Disease (CD) Program of the WCHD. Routine investigation revealed that two non-related cases had eaten at the same local restaurant prior to their illness, which kicked off subsequent intensive environmental and epidemiological investigations. A case-control epidemiological study did not reveal any common food items as the vehicle of disease transmission. Testing of employees of the implicated restaurant as part of the environmental investigation found that of the 29 employees tested, five were positive for *Salmonella Enteritidis*. Out of these five, only two reported having diarrhea, one denied any symptoms, one reported headache only, and one

reported abdominal cramps only. Due to observed deficiencies in sanitizing and hand washing as well as the multiple positive employees, this restaurant's permit was suspended and the facility was closed for five days. There were 21 cases associated with this outbreak. Of 21, 14 were lab-confirmed and seven (7) were probable cases. Five (5) of 14 confirmed cases were restaurant employees and one (1) of 14 was the household contact of a restaurant employee. The remaining confirmed and probable cases were patrons of the restaurant. The investigation concluded that *S. Enteritidis* was transmitted through food handled by an infected worker or workers. Just imagine what would have happened if the health care providers did not order stool cultures for these ill persons or if the health care providers or testing laboratories did not report these cases! As a reminder for health care providers, please **do not** rely upon the laboratory's reporting only. As a healthcare provider, you are obligated to report all confirmed, probable, or suspect communicable diseases. We do not mind receiving duplicate reporting! In fact, the system is set up for redundancy in reporting to ensure that cases are not missed.

Case #3 – Campylobacteriosis Outbreak & an Illegal Cheese Vendor, 2008

As a result of appropriate ordering of tests by health care providers for *campylobacter* for patients with diarrhea illness and positive cases being reported to the WCHD, on March 17, 2008, an increase in confirmed *Campylobacter jejuni* cases was identified. Through routine investigation, the CD staff noticed that several cases had consumed unpasteurized, Mexican style, white cheese. Further investigation revealed the cheese came from an unpermitted ranch in a rural county in Nevada. WCHD conducted joint epidemiological and environmental investigations with the Nevada State Health Division and the Nevada Department of Agriculture. The investigation found that 23 cases in northern Nevada were likely associated with this illegal cheese vendor. A cease and desist order was issued by the State to prevent further manufacturing and distribution. All untested cheese and cream products were voluntarily discarded. Continued monitoring of the ranch revealed evidence the rancher had sold his cattle and moved away from the area.

Case #4 - Salmonella Rissen (S. Rissen) Outbreak & Ground White Pepper, 2009

This outbreak truly demonstrated the value of forwarding certain isolates to NSPHL by local microbiologists. On Monday morning, March 2, 2009, NSPHL reported three *S. Rissen* isolates identified from three northern Nevada residents, which was extremely unusual. NSPHL immediately posted this finding to PulseNet, a network run by CDC which brings together public health and food regulatory agency laboratories around the US. *S. Rissen* is an extremely rare serotype among approximately 2500 *Salmonella* serotypes. No *S. Rissen* outbreaks had previously been reported in the US. In Washoe County, no *S. Rissen* cases had been reported prior to 2009.

Soon after this posting, public health staff from the states of California and Oregon contacted WCHD and reported a total of 13 *S. Rissen* cases. In subsequent months, multiple West coast states including California, Oregon, Nevada, Washington, and Idaho worked diligently together and the "culprit" was quickly identified by March 25, the 23rd day after the outbreak was officially identified. The "culprit" was ground white pepper manufactured and distributed by a company located in northern California. The spice products sold by this company were then voluntarily recalled. At the time of closing this investigation on June 4, 2009, there were 87 cases from five states; 10 of them were Nevada residents. The challenges regarding clinical perspectives for this outbreak were: 1) ambiguous onset dates for some cases; 2) no typical gastrointestinal symptoms for some cases; 3) nearly 40% of isolates were identified from urine specimens, not stool specimens. Local environmental investigation revealed that the recalled products from this company were widely used by local food establishments, which was unexpected. Of 303 facilities contacted in Washoe County, 82 (27%) carried recalled products. All outbreak-related cases in Washoe County had exposure to the recalled products before the official recall. Again, this outbreak investigation would not have been successful if it were not for healthcare providers on the front lines ordering appropriate laboratory tests and microbiologists diligently working with NSPHL. Because we identified the source quickly and were able to control and stop the outbreak before it expanded, this outbreak did not receive national media attention like other recent Salmonellosis outbreaks associated with peanut butter or shell eggs.

Case #5 – Giardiasis Outbreak & a Local Golf Course, 2010

On Friday, August 13, 2010, an outbreak of giardiasis associated with a local golf course was identified through a traditional CD investigation. Subsequent epidemiological and environmental investigations found that 19 laboratory confirmed cases were associated with this outbreak. Onset dates were between July 11 and August 28, 2010 with a peak of onset dates between July 25 and 31. Although a definitive source of infection could not be determined, the investigation indicated the most likely source was non-potable water from surrounding ditches used to irrigate the golf course. Appropriate control measures were implemented and no further cases associated with the golf course were identified.

Should you have any questions on this article, please contact the CD Program at 775-328-2447. To report a communicable disease, please use one of following methods:

- ◆ Confidential fax to 775-328-3764 using a [Confidential Case Report \(CCR\) form](#)
- ◆ Confidential call to 775-328-2447

 *Thank You* 