

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Neoma Jardon
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

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Telephone 775.328-2400 • Fax 775.328.3752
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MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, November 20, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Mr. Matt Smith
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	Approval of Agenda November 20, 2014 Regular Meeting	Mr. Matt Smith
5.	Approval of Draft Minutes October 23, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions A. Years of Service and Excellence in Public Service Certificate Program 1. Ruth Castillo - 10 years, hired 10/09/04 – CCHS B. Years of Service 1. Ana Gonzalez – 15 years, hired 11/12/1999 – CCHS C. New Hires 1. Christine Cifelli – P/T Advanced Practitioner of Nursing, hired	Dr. Randall Todd Mr. Matt Smith

Time/ Item	Agenda Item	Presenter
	11/3/14 - CCHS D. Recognition of Achievement 1. Alliance for Climate Education	Ms. Julie Hunter
7.	Proclamation World AIDS Day	Dr. Randall Todd Mr. Matt Smith
8.	<p>Consent Agenda Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. Air Quality Management Cases</p> <p>1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board:</p> <p style="padding-left: 40px;">a. Advanced Installations – NOV No. 5360, Case No. 1166</p> <p>B. Budget Amendments / Interlocal Agreements</p> <p>1. Approve Notice of Subgrant Award for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Federal Grant Program, IO 10984; Approve amendments totaling an increase of \$2,351 in both revenue and expense to the FY15 CDC Epidemiology and Laboratory Capacity Federal Grant Program, IO 10984; and if approved authorize the Chairman to execute.</p> <p>2. Approve amendments totaling an increase of \$63,773 in both revenue and expense to the FY15 CDC Public Health Preparedness – BP2 Carry-Over Federal Grant Program, IO TBA.</p> <p>3. Authorization of travel and travel reimbursements for non-County employees in the approximate amount of \$7,259, supported by the grant award (IO-20385)</p> <p>4. Authorization of travel and travel reimbursements for non-County employees John Packham, PhD and three, to be determined, community leaders from other Northern Nevada counties in the approximate amount of \$5,177, supported by the grant award (IO-20385)</p>	<p>Ms. Charlene Albee</p> <p>Ms. Patsy Buxton</p> <p>Ms. Erin Dixon</p>
9.	<p>Regional Emergency Medical Services Authority</p> <p>A. Acceptance of the Correction of the August, 2014 ground</p>	Mr. Jim Gubbels

Time/ Item	Agenda Item	Presenter
	<p>service fee averages, presented during the September, 2014 meeting.</p> <p>B. Acceptance of the REMSA Operations Reports for September, 2014 as presented at the September, 2014 meeting.</p>	
10.	Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date October, 2014	Ms. Anna Heenan
11.	Presentation, discussion and possible direction to staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection	Dr. Randall Todd
12.	Discussion and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015	Ms. Erin Dixon
*13.	<p>Staff Reports and Program Updates</p> <p>A. Director, Air Quality Management Clean Cities Coalition, Accela Project; Divisional Update – Monthly Air Quality Index; Program Reports</p> <p>B. Director, Community and Clinical Health Services Chronic Disease, Divisional Update, Program Reports</p> <p>C. Director, Environmental Health Services Food, Land Development, UST/LUST, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review</p> <p>D. Director, Epidemiology and Public Health Preparedness Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Cross Jurisdictional Sharing</p> <p>E. District Health Officer, Office of the District Health Officer REMSA/EMS, Ebola Preparedness, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts</p>	<p>Ms. Charlene Albee</p> <p>Mr. Steve Kutz</p> <p>Mr. Robert Sack</p> <p>Dr. Randall Todd</p> <p>Dr. Randall Todd</p>
*14.	<p>Board Comment Limited to announcements or issues for future agendas.</p>	Mr. Matt Smith
15.	Emergency Items	Dr. Randall Todd

Time/ Item	Agenda Item	Presenter
*16.	Public Comment Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
17.	Adjournment	Mr. Matt Smith

Business Impact Statement: A Business Impact Statement is available at the Washoe County Health District for those items denoted with a “\$.”

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

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:

- Washoe County Health District, 1001 E. 9th St., Reno, NV
 - Reno City Hall, 1 E. 1st St., Reno, NV
 - Sparks City Hall, 431 Prater Way, Sparks, NV
 - Washoe County Administration Building, 1001 E. 9th St, Reno, NV
 - Washoe County Health District Website www.washoecounty.us/health
 - State of Nevada Website: <https://notice.nv.gov>
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Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at dspinola@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Washoe County



Health District

Members
Matt Smith, Chair
Kitty Jung, Vice Chair
Dr. Denis Humphreys
Neoma Jardon
Julia Ratti
Dr. George Hess
David Silverman

**Thursday, October 23, 2014
1:00 p.m.**

**Washoe County Administration Complex
Health District South Conference Room
1001 East Ninth Street
Reno, NV**

The Washoe County District Board of Health met in regular session on Thursday, October 23, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Acting Chair Jung called the meeting to order at 1:00 p.m.

Jim Gubbels led the pledge to the flag.

2. Roll Call

The following members and staff were present:

Members present: Vice Chair Kitty Jung, Acting Chair
Dr. George Hess
Julia Ratti [arrived at 1:15 p.m.]
David Silverman
Neoma Jardon

Members absent: Chair Matt Smith
Dr. Denis Humphreys

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
James English, Supervisor, EHS
Tony Macaluso, Supervisor, EHS
Anna Heenan, Administrative Health Services Officer, AHS
Randall Todd, DrPH, Director, EPHP
Dawn Spinola, Administrative Secretary/Recording Secretary

3. Public Comment

As there was no one wishing to speak, **Acting Chair Jung closed the public comment period.**

4. Approval/Deletions to Agenda

Acting Chair Jung requested Agenda Item 13 be heard immediately after Agenda Item 7.

Dr. Hess moved to approve the amended agenda for the October 23, 2014, District Board of Health meeting. Councilmember Jardon seconded the motion which carried four in favor and none against.

5. Approval of Draft Minutes

Mr. Silverman moved to approve the minutes of the September 25, 2014 District Board of Health regular meeting as written. Dr. Hess seconded the motion which carried four in favor and none against.

6. Recognitions

Presented by Mr. Dick and Acting Chair Jung

A. Years of Service

1. Angela Penny, 10 years, hired 7/15/04 – CCHS

Mr. Dick congratulated and thanked Ms. Penny and presented her with a Certificate of Appreciation.

2. Josephina Rivera – 15 years, hired 9/1/1999 – CCHS

Mr. Dick congratulated and thanked Ms. Rivera and presented her with a Certificate of Appreciation.

B. Retirement

1. Sheryl Nolte – 23 years – EHS

Mr. Dick presented Ms. Nolte with a memorial clock in appreciation for her many years of service.

C. New Hires

1. William Collin Emmerson – Environmental Engineer I – AQM 9/22/14

Mr. Mike Wolf discussed Mr. Emerson's background and stated he had clearly emerged as the top candidate among a large group of interviewees.

D. Promotions

1. Christina Conti - from Public Health Emergency Response Coordinator to Emergency Medical Services Program Manager 10/6/14

Mr. Dick stated a national search had been conducted and Ms. Conti had risen indisputably to the top of the list.

E. New Staff

1. Guadalupe Gomez – CDC Associate 10/6/14
2. Julie Baskin – CDC Associate 10/6/14

Ms. Stacy Hardie explained how the Health District became involved with the Public Health Associate Program and stated both associates should be very proud of their accomplishments.

7. **Consent Agenda**

A. Budget Amendments / Interlocal Agreements

1. Approve the abolishment of one vacant 40 hour-per-week benefitted Human Services Support Specialist II position (#70002305)

Dr. Hess moved to approve. Councilmember Jardon seconded the motion which was approved five in favor and none against.

13. Introduction, discussion, and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

Staff Representative: Mr. Dick

Mr. Dick introduced the item and pointed out that at the last meeting, the Board had directed staff to develop and bring back a list of proposed fees for services that are provided and not currently charged for, along with the methodology for how the fees were calculated. The fee calculation included 25 percent of the County indirect cost rate, which was a policy decision made by the Board in 2013. At Board direction, after initial Board review, staff would take the proposed fees out to public workshops and then bring them back to the Board for adoption.

Acting Chair Jung clarified the Board was not approving the fees at this time; they were only providing direction to staff.

Dr. Hess expressed concern with Numbers 2, 3 and 7. Number 2 had to do with one tax-supported entity charging another; in this case, it would be the Washoe County School District and that left him feeling uncomfortable. Number 3 referred to underground storage tanks and he asked if that also covered home tanks. Mr. Dick clarified it did not. Mr. English explained the fees covered the current scope of work required to ensure the systems are installed properly and the Health District enjoyed industry support for the proposed fee.

[Councilmember Ratti arrived at 1:15 p.m.]

Dr. Hess opened up discussion regarding Number 7, Cost Recovery for Foodborne Illness Outbreaks. He felt it was the Health District's duty to conduct inspections and it had the ability to close or fine any facility that did not comply with regulations. He opined charging the facility an additional hourly wage to investigate an outbreak was unwarranted.

Acting Chair Jung explained Board direction, with a Fundamental Review endorsement, had encouraged the fee review. The Health District has been subsidizing many businesses as

it has not recouped the full cost of required staff time. The fees were not intended to be a new revenue source.

Mr. Dick reiterated the item was a presentation of a menu of potential fee options, developed at the recommendation of the Fundamental Review. He opined the policy decisions should be made through Board discussion and staff was simply providing options as directed. Acting Chair Jung acknowledged Dr. Hess' points.

Mr. Silverman suggested the process be fully vetted early on so the District could gain the support of the affected partners and the community. He opined the language might be revisited. Councilmember Jardon agreed.

Dr. Hess suggested the facility owner be charged a reinspection fee prior to being able to re-open after a violation.

Mr. Dick opined that if the Board objected to any of the fees they should be pulled now, rather than being carried forward to the public workshops.

Councilmember Ratti summarized, noting that following the Fundamental Review, staff was directed by the Board to brainstorm fee policy for cost recovery. Staff had done that and was now asking for Board input. The Board had the option to direct staff to take all or some forward for public review. Mr. Dick acknowledged her description was accurate. Councilmember Ratti further clarified, opining Mr. English was not bringing forward a recommendation to implement, only the possibilities.

Councilmember Ratti went on to review the difference between a fine and a fee. A fine is a punishment for a violation, not a cost recovery, being utilized to encourage someone to alter their behavior. A fee is a business revenue source that is charged for a business service that is not supported by taxes. She agreed that taking it to a workshop may not make sense until after it was more fully vetted by the Board.

Councilmember Ratti asked if a system of fines was already in place, particularly for the repeat offenders. Mr. English explained that was not currently done. She acknowledged Dr. Hess' concerns and encouraged dialogue. Dr. Hess reiterated his opinion this type of service should be covered by taxes already paid by the citizens.

Councilmember Ratti opined local tax revenue for local government is not sufficient to provide the needed services. As local government cannot raise taxes, additional revenue must come from fee increases. She suggested the small amount of the fee did not warrant the current level of discussion. Mr. Macaluso explained the primary goal would be to identify the offender. That information would be confirmed through laboratory testing. The proposed fee is an hourly charge, not one-time. Some of the larger outbreaks may involve hundreds of hours of staff time, which would include overtime hours.

Mr. Silverman opined it was important to keep the momentum of the Fundamental Review going and to be careful not to spend the time and dollars on pursuing a potential fee that will potentially be rejected. It was important to recoup some costs, but they needed to analyze the best way to do that with each of the proposed fees. He reiterated his concerns about how some of them, particularly the one in question, was written.

Dr. Hess stated he generally had no problem with most of the proposals. He reiterated his opinion the offender should be charged a fee to be relicensed and reopened.

Mr. English explained the fees were modeled after a fee currently being charged for validated hazardous materials complaints. Typical annual fees take reinspections into account, so the intent was not to penalize anyone, just to recoup costs for repeat offenders.

Councilmember Jardon explained the City of Reno faced the same challenge and their hands were legally tied to a process of fining. They had considered imposing a repeat offender fine through the business license process. DDA Admirand explained that by statute, the Health District fees were tied to permits, so if there was a way to tie reinspections with statistical data to those permits to issuing and renewing the permits, there is a possibility of looking into that approach.

Mr. English explained the Health District does not have the authority to issue permits to the hotels and motels. The only current option available to address repeat offenses is to ask Reno, Sparks or Washoe County to pull their business licenses, which puts the pressure on them to enforce Health violations. He requested guidance from the Board regarding the possibility of splitting the fees for verified complaints and the foodborne illness outbreaks.

Councilmember Ratti opined they should be broken out, and asked if there was value to having stakeholder and staff input.

Mr. Silverman asked what options there were to impose penalties for repeat offenders as opposed to implementing fees across the board. He is in favor of recouping costs to offset expenses, but opined the approach should be to minimize expenses in specific areas if possible, potentially going as far as repealing a license after a specific number of offenses. DDA Admirand stated that statutorily the District is restricted to criminal penalties. There are no current provisions for administrative fines. The District can issue criminal misdemeanor citations and revoke or suspend permits. She was unaware of a provision that provides the ability to attach a fee to a criminal penalty. The fee would need to be tied to the permit and the reinspection and reissuance of the permit.

Councilmember Ratti noted models where fees are attached to criminal actions, not in the Health District, but elsewhere, as a fee for service. The City of Sparks gives a number of warnings, but there is no final warning, the business is simply closed. There is no opportunity to statutorily scale up the level of warnings either at the City or the Health District. DDA Admirand explained scaled fees are determined by the criminal courts, not through the administrative actions of the Health District, so it would be necessary to find a way to tie them into current regulations.

Councilmember Jardon suggested an escalating reinspection fee. DDA Admirand stated that could be looked at.

Acting Chair Jung summarized the direction of the Board, directing staff to review the potential of the escalation of the proposed reinspection fees. She opined the fee language was not clear, but she felt it was important to receive stakeholder input, and to inform the community how and why the fees had been established. She suggested it was also important to check with Epidemiological staff to determine at what point should the District be asking citizens to pay additional fees for fundamental disease prevention and control.

Mr. English asked if the Board would like to see a revised version of the language for #7 prior to taking it out for public input. Acting Chair Jung stated they would, with more than

two options. Mr. Silverman asked that all of the proposed fees be looked at to be sure they were clear.

Mr. Dick requested the Board email any suggestions to him. He agreed there was merit in separating a verified complaint investigation fee and an outbreak investigation fee. He asked DDA Admirand if the District had the authority to impose an escalating fee, as his understanding was that the charges could not exceed the costs for providing the service, and that would be charging something additional. DDA Admirand clarified it is restricted to the cost of the inspection, so if it was an escalating fee, it needed to reflect escalating time, if that could be measured.

Councilmember Jardon asked if the hourly inspection fee could double or treble based on the number of reinspections. DDA Admirand explained the District would have to compile statistics to justify the increases in costs. Councilmember Ratti pointed out the inspection takes the same amount of time no matter how many times it is conducted, so it was hard to escalate the fee.

8. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

A. Review and Acceptance of the REMSA Operations Report for August, 2014

Mr. Gubbels presented the report for September, 2014. He reported Priority One compliance in Zone A was 92 percent. For Zones B, C and D, it was 97 percent.

Average Priority One response times in minutes was 5:23 for Reno, 6:01 for Sparks and 10:29 for Washoe County. Average Priority Two response times in minutes was 5:54 for Reno, 7:02 for Sparks and 10:19 for Washoe County.

Average bill for September was \$1,073, bringing the year to date total to \$1,070.

Mr. Dick noted that under the new Franchise Agreement, REMSA is providing compliance requirement response time. Additionally they are reporting additional response information so that the District may fulfill the responsibilities under the new Emergency Management Services (EMS) oversight program. REMSA has recently begun utilizing new software which has caused some of the response information transmission to be delayed. The new format for reporting has been provided to the Health District (HD) EMS staff, but they are concerned that all of the data is still not being received.

Mr. Dick had discussed his concerns with Mr. Gubbels and the REMSA board regarding uninterrupted receipt of the data. He will be following up with Mr. Gubbels to establish a timeline.

Mr. Gubbels explained the Health District will be able to review real-time data online through a company called First Watch. The Priority One calls are set up and HD EMS staff had attended an inservice training. Some corrections had been suggested. Once the Priority One call data is going through the system correctly, the other types of calls will be activated.

Councilmember Ratti asked if the software had a reporting function. Mr. Gubbels explained the data can be downloaded in Excel format and manipulated as necessary to

extract the required information. REMSA was working with the Fire departments to share data through compatible software, but theirs required updates that had yet to be completed.

Councilmember Ratti asked about the status of the Automatic Vehicle Locator system. Mr. Dick stated that information was not currently available. Mr. Gubbels explained that system would connect into the communication system between REMSA and the Fire Departments.

Mr. Gubbels pointed out that First Watch was a nationwide program, so the Ebola crisis has slowed their ability to react to his requests for service.

Mr. Gubbels reported the average bill for August, 2014 was \$1,068, bringing the year to date total to \$1,069. That item had not been included during the August report presented to the Board on September 25, 2014.

***B. Update of REMSA's Community Activities Since August, 2014**

Mr. Gubbels reported REMSA had hosted the 2nd Annual West Coast EMS Memorial Bike Ride. Riders rode from Reno to San Francisco. REMSA offered support to the riders along the way.

***C. Presentation**

Health Care Innovation Award Community Update
Presented by Brenda Staffan

Ms. Staffan presented the report, which outlined Community Health Programs made possible by a Health Care Innovation Award (HCIA) Grant from the Department of Health and Human Services. The programs included Ambulance Transport Alternatives, Community Paramedicine and a Nurse Health Line, which she explained and provided the success data for. The goal was to find a way to keep the programs going after grant expiration. A final report of outcomes will be developed at that point.

[Councilmember Jardon departed the meeting at 2:28 p.m. and returned at 2:32 p.m.]

Dr. Hess and Councilmember Ratti suggested and encouraged relative cost analysis and comparisons to similar services provided elsewhere, to include savings opportunities. Ms. Staffan explained how those activities were currently being or were planned to be implemented.

DDA Admirand noted the Board had not taken action on Item A, but requested that action be tabled until the next meeting as the agenda incorrectly listed the item as the August review rather than September.

9. Appointment of Dr. Andrew Michelson, Emergency Room Physician and Ms. Katrina Heyder or Ms. Terri Ward, as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board Staff Representative: Mr. Dick

Mr. Dick presented the staff report. He explained the District had solicited for parties interested in participating and reviewed the list of potential members. He opined both CQI representatives were qualified but recommended Ms. Ward as she had more experience, is a

resident of Washoe County, and that the hospital where she is employed recently won the Nevada Hospital Association's Quality Improvement Award. Therefore, he recommended Dr. Michelson and Ms. Ward for the Advisory Board.

Dr. Hess moved to approve the appointments as recommended.

Mr. Dick pointed out Dr. Michelson was with St. Mary's and Ms. Ward was with Northern Nevada Medical Center, so by selecting her, two hospitals were represented.

Councilmember Ratti seconded the motion which was approved five in favor and none against.

10. Presentation on Enterovirus D68 and Ebola Preparedness Activities

Staff Representatives: Mr. Dick and Dr. Todd

Mr. Dick opened the presentation by noting Enterovirus D68 (ED68) has been spreading throughout the nation but Nevada is one of the few remaining states with no confirmed cases. The District is awaiting lab results on a possible case. ED68 is more severe than other Enteroviruses and has particularly affected children.

Mr. Dick explained the District had been very active with Ebola preparedness, including working with the EMS and healthcare communities.

Mr. Dick discussed the local Frontier Airlines passenger who may have been exposed to Ebola and the steps being taken to actively monitor their health.

Dr. Todd provided a brief educational presentation on Enterovirus D68 and Ebola. He explained the three-phase approach that the Health District was taking to prepare for an Ebola outbreak in Washoe County. Phase One, in which there are no cases, involves communication, training, plan review and refinement. Phase Two, activated when there are suspected cases, involves implementing isolation protocols which may trigger legal issues, as well as submitting specimens for testing. Phase Three, activated when there are one or more probable or confirmed cases, involves continuing isolation, contact tracing and potential quarantine.

Dr. Todd further explained that during Phase One, the District had sent out several Physician Alerts, pursued legal review on isolation and quarantine to establish a process, met with EMS providers, met with infection preventionists from the hospitals and organized an informational meeting for members of the business community.

Councilmember Jardon complimented Mr. Dick on his ability to field questions during a media event organized at the Nevada Health Conference.. She asked what community members can do to help with Ebola and asked about the importance of getting a flu shot. Dr. Todd explained the flu will kill more people in the US than Ebola. The early symptoms of flu and Ebola are almost identical, so it will assist the health care system if people are not presenting with flu-like symptoms and triggering the process of trying to determine if it is flu or Ebola. As far as what individuals can do, they can stay informed. The Health District is pushing out as much information as possible.

Councilmember Jardon agreed information is key and since more information was getting out, people were beginning to calm down. She noted she was pleased that the District was utilizing Facebook and Twitter.

Dr. Todd reviewed Health District recommendations for reducing the spread of contagious illness.

11. Discussion and Possible Appointment of Mr. Sergio Guzman to the Food Protection Hearing and Advisory Board (FPHAB)

Staff Representative: Mr. Macaluso

Mr. Macaluso recommended Mr. Guzman be appointed to the Food Protection Hearing and Advisory Board. He explained Mr. Guzman works as an Executive Steward for the Atlantis Casino and would bring several years of experience to the Board.

Acting Chair Jung moved to appoint Mr. Guzman. Councilmember Jardon seconded the motion which was approved five in favor and none against.

12. Acknowledgement of the receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date September, 2014

Staff Representative: Ms. Heenan

Ms. Heenan presented the Financial Review.

Councilmember Jardon moved to accept the review as presented. Dr. Hess seconded the motion which was approved five in favor and none against.

14. Discussion and Possible Direction to Staff Regarding the Change in Scope and Expected Outcomes that have been discussed with the Kansas University Center for Sharing Public Health Services regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant.

Staff Representative: Dr. Todd

Dr. Todd presented the staff report. He reviewed the history of the grant and explained the original intent had been to facilitate cross-jurisdictional sharing of health services between northern Nevada counties. It had been determined that a more feasible and appropriate use of the funds would be to provide assistance to the Churchill County, which is the County best poised to revitalize their Board of Health and engagement in public health activities. This could then allow the other rural and frontier counties in the project area to benefit from an opportunity to observe the Churchill County Board of Health in action and an opportunity to discuss how the use of local data might be used to engage leadership within their own communities.

Councilmember Ratti motioned to approve the change in direction. Councilmember Jardon seconded the motion which was approved five in favor and none against.

15. Presentation, Discussion, and Possible Direction to Staff regarding quarterly report on implementation of Fundamental Review Recommendations

Staff Representative: Mr. Dick

Mr. Dick presented the staff report. He requested direction from the Board regarding providing a detailed report semi-annually rather than quarterly.

Mr. Dick noted he had challenged management with moving forward with the recommendations and was very proud of how they had responded and the work they had done. He noted they were at capacity with the Ebola preparedness activities, so there might be some impacts on forward progress.

The Land Development User Group, in cooperation with the Builders Association of Northern Nevada and the Nevada Division of Environmental Protection, is on a path to move forward with proposed to the State Environmental Commission that will resolve longstanding problems with the grading permit and final map process.

The Community Health Assessment (CHA) is still on target for completion by the end of the year.

Development of performance metrics has begun.

The District is reassessing its approach to Quality Improvement (QI). The QI training that management is currently undergoing emphasizes how some tools can be used on a daily basis to help make the best decisions. Staff will go through the same training beginning early next year. Simpler tools and less process-oriented approaches are being created so that QI is more understandable for staff and can be integrated into daily tasks.

Councilmember Jardon was hesitant to recommend the bi-annual detailed report as there would be new Board members in January. She suggested the new members be oriented individually and starting the bi-annual report schedule after that. Mr. Dick suggested the new members be briefed and then to determine whether the briefing should go to the full Board or individually during orientation. He will continue to highlight activities in his monthly report, which will include the dashboard.

Councilmember Jardon motioned to approve bi-annual staff reports with monthly dashboard reports. Mr. Silverman seconded the motion

Acting Chair Jung clarified the motion was to include bi-annual full staff reports, monthly dashboard updates, and a complete explanation of the Fundamental Review for new members.

The motion was approved five in favor and none against.

16. Annual Performance Evaluation of the District Health Officer

Presented by: Acting Chair Jung

A. Discussion of the Evaluation Results and Possible Approval of the Board's Recommendation Specific to the Annual Performance Evaluation of the District Health Officer

Acting Chair Jung stated that she is very proud of Mr. Dick's accomplishments. She opined his administrative skills, stability and fresh viewpoint have been beneficial for the Health District.

Mr. Dick pointed out the Division Directors had taken a risk with him also and he opined they were a great team. Their support, participation and engagement has helped Mr. Dick and the District achieve the desired objectives.

Councilmember Ratti asked if Mr. Dick's review was available as a public record and DDA Admirand stated it was. Councilmember Ratti agreed with Acting Chair Jung's comments and opined substantial progress had been made. She expressed her desire to see the momentum keep going, stated she is thrilled with Mr. Dick's work and thanked him for his leadership.

Councilmember Jardon stated that Mr. Dick's communication is very effective and appreciated regarding emergency situations in the community.

Mr. Dick acknowledged Mr. Ulibarri for his assistance regarding public messaging guidance and organizing appearances.

Mr. Silverman commended Mr. Dick for acknowledging his staff.

DDA Admirand clarified this was an action item and explained the employment contract contemplates and anticipates is that the Board, with Mr. Dick's input, adopts priorities and expectations for him for the upcoming year.

Mr. Silverman recommended Mr. Dick continue the momentum of progress he has made as the District Health Officer.

Dr. Hess recommended Mr. Dick take some Continuing Education classes to gain a broader knowledge of public health.

Councilmember Jardon recommended Mr. Dick keep up the new communication venues such as Facebook, Twitter and any other means available.

Acting Chair Jung recommended that Mr. Dick resolve internal staffing issues within six months.

Councilmember Ratti recommended Mr. Dick work on the strategic plan, fee process, transparent EMS data and fostering a stronger relationship with the county.

Mr. Dick explained the Strategic Plan would be developed based on the results of the the Community Health Assessment and the Community Health Improvement Plan (CHIP). The CHIP was anticipated to be completed by approximately September 2015.

Acting Chair Jung summarized the results of the conversation, noting eight recommendations:

1. Continuous quality improvement
2. Continuing education in public health
3. Using social media for emergency communication
4. Changing the culture of the Health District to focus on the future
5. Strategic plan

6. Review and rework fee process
7. Transparent EMS data
8. Improve, continue and foster relationship with the county.

Acting Chair Jung urged the Board members to participate in the last activity as well.

Councilmember Ratti moved to approve the evaluation and the recommendations as listed. Dr. Hess seconded the motion which was approved five in favor and none against.

- B. Consideration and Possible Approval of Compensation and Benefits for the District Health Officer.

Acting Chair Jung stated Mr. Dick has requested a 5% merit increase, and that it was her understanding that all employees had received a 5% merit increase as well. His request followed direction provided by the Board. She opined his performance was above satisfactory.

Acting Chair Jung motioned to approve the merit increase. Dr. Hess seconded the motion which was approved five in favor and none against.

17. Election of the District Board of Health Chair for 2015-2016

Dr. Hess nominated Acting Chair Jung for the seat. Councilmember Ratti seconded the nomination which was approved four in favor and none against.

Acting Chair Jung accepted the nomination.

18. Election of District Board of Health Vice Chair for 2015 - 2016

Mr. Silverman nominated Councilmember Ratti for the seat. Councilmember Jardon seconded the nomination which was approved four in favor and none against.

Councilmember Ratti accepted the nomination.

19. Staff Reports and Program updates

A. Director, Air Quality Management

Ms. Albee stated she had nothing to add, but was available to answer any questions.

Dr. Hess asked why the current burn code is yellow. Ms. Albee stated that at this time the public may burn at will, the burn code will not take effect until November 1st.

B. Director, Community and Clinical Health Services

Mr. Kutz stated he had nothing to add, but was available to answer any questions.

C. Director, Environmental Health Services

Mr. Macaluso stated he had nothing to add, but was available to answer any questions.

D. Director, Epidemiology and Public Health Preparedness

Dr. Todd stated he had nothing to add, but was available to answer any questions.

E. District Health Officer, Office of the District Health Officer

Mr. Dick reminded the Board it would be necessary for them to appoint a new member to the REMSA board. In the past, staff has advertised the position, and he offered to provide that service again. He requested the Board recommend any potential candidates.

20. Board Comment

Councilmember Ratti explained the Parks and Recreation Board was working on a policy regarding how to determine if the air quality at a park was unhealthy for outdoor activities. They were hoping the Health District would be willing to take on a more active role regarding making the recommendation in those situations, even if it was just providing a reference table.

Mr. Dick explained the Air Quality Index was accessible, but the measurements are taken from fixed monitoring stations. The Health District also provides guidance regarding making the decision whether or not to hold a sporting event. The difficulty is the variation in air quality from location to location. The guidance is designed to help someone at a specific location make a decision. AQM staff could work with Sparks staff on a daily basis in those conditions.

21. Emergency Items

None.

20. *Public Comment

As there was no one wishing to speak, **Acting Chair Jung closed the public comment period.**

23. Adjournment

At 4:07 p.m., Councilmember Ratti moved to adjourn. Councilmember Jardon seconded the motion which was approved five in favor and none against.

Respectfully submitted,



Kevin Dick, District Health Officer
Secretary to the District Board of Health



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2014.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS it is estimated that more than 35 million people worldwide are living with HIV/AIDS, and every year nearly 2.1 million people are newly infected, and 1.5 million people die of AIDS; and

WHEREAS in the United States, over 1.2 million people are living with HIV/AIDS, and nearly 50,000 people are newly infected with one out of every five unaware of their infection; and

WHEREAS in Washoe County, approximately 935 residents are living with HIV/AIDS with 38 new infections last year and disproportionately higher rates of HIV infection among men who have sex with men and in our communities of color; and

WHEREAS the theme for World AIDS Day 2014, “Focus, Partner, Achieve: An AIDS-free Generation”, continues to increase awareness of this global epidemic; and

WHEREAS the fight against HIV/AIDS will only be won through increasing access to HIV testing and sustained HIV treatment; and, community collaboration and integrated services are essential to achieving an AIDS-free generation.

NOW THEREFORE BE IT RESOLVED that the Washoe County District Board of Health does hereby join the entire world in proclaiming December 1, 2014 as

WORLD AIDS DAY

in and for Washoe County, Nevada.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

DATE: October 15, 2014

TO: District Board of Health

FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Advance Installations Inc. Case No. 1166, Unappealed Citation No. 5360 with an \$800.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends that Citation No. 5360 be upheld and a fine of \$800.00 be levied against Advance Installations Inc. for failure to submit a NESHAP Notification of Demolition and Renovation form 10 days prior to the commencement of asbestos stripping or removal work. This form is required by 40 CFR 61.145 which has been adopted by the Air Quality Management Division. Failure to submit notification constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.107 (Hazardous Air Pollutants), Subsection A (Asbestos Sampling and Notification). This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On Monday September 15, 2014 Air Quality Management Division AQMD received a NESHAP notification form from Advance Installations Inc. for the abatement of 975 square feet of asbestos-containing textured sheetrock and 80 square feet of tile/mastic at the New Jerusalem Baptist Church located at 1315 Prater Way in Sparks, Nevada.

Specialist Michael Osborn was assigned as the Air Quality inspector for the abatement job. During the review of the NESHAP notification, Specialist Osborn noted the abatement start date was listed as September 2, 2014 with a completion date of September 5, 2014. This was a large discrepancy with the abatement date set thirteen (13) days prior to Air Quality Management receiving the notification. In accordance with 40 CFR 61 the notification must be received ten (10) working days prior to the commencement of asbestos stripping or removal work.

Specialist Osborn contacted Jennifer Nemitz at Advance Installations Inc. (abatement contractor) for information regarding the notification for the New Jerusalem Baptist Church job site. Ms. Nemitz confirmed the abatement started on September 2, 2014, and was completed on September 5, 2014. Ms. Nemitz stated final air clearances were performed by Lisa Monroe Consulting with passing results. Ms. Nemitz further stated check No. 93188 for \$735.00 was issued on August 22, 2014, by Advance Installations Inc. for the abatement at the Baptist Church job site. The check should have been delivered with the NESHAP notification to Air Quality Management on that date. The check (#93188) and the NESHAP notification were received at the Air Quality Management front desk by Janet Smith (Administrative Secretary) on September 15, 2014. Ms. Smith, per protocol, immediately date stamped the NESHAP notification form and generated a receipt indicating the check number and the amount of funds received. When asked, Ms. Smith stated the person delivering the check and NESHAP notification did not wait for the receipt, so the receipt was placed in an envelope to be mailed to Advance Installations Inc.

On September 22, 2014, Specialist Osborn went to the office of Advance Installations Inc. to meet with Mr. Tom Davis, Vice President of Advance Installations Inc. regarding the NESHAP notification discrepancies. Mr. Davis stated he had no idea as to why the date the check was issued and the job was started and completed were not the same as the date Air Quality Management received the check and NESHAP notification. Mr. Davis then stated the check for the job had been cut on August 22, 2014, and therefore, should have been delivered that same day to AQMD with the NESHAP notification. At that time Mr. Davis was shown the date stamp on the notification and Mr. Osborn explained he believed the error was an administrative one on the part of Advance Installations Inc. and though there was no intent to ignore regulations by not submitting the notification in a timely manner, non-submittal was still a very serious violation of 40 CFR 61.145 and 030.107A. Specialist Osborn presented Mr. Davis with Notice of Violation Citation No. 5360 and a notice of appeal form at that time.

On October 8, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Michael Osborn, Mr. Tom Davis, Vice President of Advance Installations Inc. and Ms. Jennifer Nemitz, Office Manager for Advance Installations Inc. Specialist Cerfoglio thoroughly explained to Mr. Davis and Ms. Nemitz the importance of submitting proper notification ten (10) working days prior to any job starting abatement proceedings. Mr. Davis and Ms. Nemitz were both aware of the proper procedures of the NESHAP notification form. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5360 be upheld with a fine of \$800.00. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5360 issued to Advance Installations Inc. with an \$800.00 negotiated fine. Alternatives to upholding the citation as presented include:

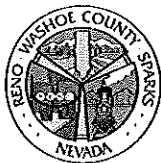
1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5360.
2. The Board may determine to uphold Citation No. 5360 and levy any fine in the range of \$0 to \$10,000.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Davis to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5360

DATE ISSUED: 9-22-14

ISSUED TO: Advance Installations PHONE #: 775-359-1468
 MAILING ADDRESS: AO, Box 2163 CITY/ST: Sparks, NV ZIP: 89432-2163
 NAME/OPERATOR: Tom Davis PHONE #: 775-691-0956
 PERMIT NO. ASB14-0788 COMPLAINT NO. CMP14-0152

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON Sept 22, 14 (DATE) AT 1340 A.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 type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107A</u> |

VIOLATION DESCRIPTION: Notification must be submitted at least 10 working days before asbestos stripping or removal work begins. Advance did fail to submit notification prior to abating.

LOCATION OF VIOLATION: 1315 Arator Way, Sparks, NV 89431

POINT OF OBSERVATION: Fiber site

Weather: WIA 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 9-22-14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 1340 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 9/22/14
 Issued by: [Signature] Title: AQSD

PETITION FOR APPEAL FORM PROVIDED



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: October 8, 2014

Company Name: Advanced Installations Inc.
Address: P.O. BOX 2163 Sparks, Nevada 89432
Notice of Violation # 5360 Case # 1166

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 030.107A Notification must be submitted at least 10 working days prior to any asbestos removal

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 800.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 20, 2014

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

TOM S. DAVIS
Print Name

DENNIS A. CERFOGLIO
Print Name

Vice President
Title

Sr. Air Quality Spec.
Title

[Signature]
Witness

[Signature]
Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

Wade County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

Company Name Advance Installations
Contact Name Tom Davis

Case 1166 NOV 5360 Complaint CMP14-0152

Violation of Section 030.107 A

I. Base Penalty as specified in the Penalty Table = \$ 2000.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor - 0.5 Moderate - 0.75 Major - 1.0 Adjustment Factor 0.50

Comment: Job was completed with final air clearances.

2. Toxicity of Release

Criteria Pollutant - 1x
Hazardous Air Pollutant - 2x Adjustment Factor 2.0

Comment: _____

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor 1.0

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 2000.00 x Adjustment Factor 1.00 = \$ 2000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2000.00 x Number of Days or Units 1 = \$ 2000.00

Comment: _____

D. Economic Benefit

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

Comment: Permit fee payed after the fact.

Penalty Subtotal

Adjusted Base Penalty \$ 2000.00 + Economic Benefit \$ 0.00 = \$ 2000.00

Wade County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>25%</u>
B. Mitigating Factors (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: <u>Administrative error</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment: <u>No record last 3 years</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: <u>None</u>		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: <u>None</u>		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-60%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>2000.00</u>	x	<u>-60%</u>
		= <u>-1200.00</u>
Penalty Subtotal (From Section II)	Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>2000.00</u>	+/-	\$ <u>-1200.00</u>	=	\$ <u>800.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

M. R. [Signature]
Air Quality Specialist

Dennis A. Cerfoglio
Senior AQ Specialist/Supervisor

10-8-2014
Date

10-8-2014
Date



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

DATE: November 5, 2014

TO: District Board of Health

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

SUBJECT: Approve Notice of Subgrant Award for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Federal Grant Program, IO 10984; Approve amendments totaling an increase of \$2,351 in both revenue and expense to the FY15 CDC Epidemiology and Laboratory Capacity Federal Grant Program, IO 10984; 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 \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the CDC Epidemiology and Laboratory Capacity Grant Program. 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.

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 Board approved a Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health in the amount of \$136,833 for the period August 1, 2013 to July 31, 2014 in support of the CDC ELC Grant program on September 26, 2013.

BACKGROUND

Funding from this award will be used to support personnel, travel, operating supplies, and indirect expenditures.

The FY15 CDC Epidemiology and Laboratory Capacity Budget was adopted with \$130,633 in revenue (\$118,530 direct and \$12,103 indirect). The total award amount is \$140,000 (\$120,881 direct and \$19,119 indirect). A budget amendment in the amount of \$2,351 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$2,351** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10984	-431100	Federal Revenue	\$2,351
		Total Revenue	\$2,351
2002-IO-10984	-710350	Office Supplies	500
2002-IO-10984	-710355	Books/Subscriptions	405
2002-IO-10984	-710509	Seminars and Meetings	1,050
2002-IO-10984	-711210	Travel	396
		Total Expenditures	\$2,351

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Notice of Subgrant Award for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Federal Grant Program, IO 10984; Approve amendments totaling an increase of \$2,351 in both revenue and expense to the FY15 CDC Epidemiology and Laboratory Capacity Federal Grant Program, IO 10984; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award for the period August 1, 2014 through July 31, 2015 in the total amount of \$140,000 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Federal Grant Program, IO 10984; Approve amendments totaling an increase of \$2,351 in both revenue and expense to the FY15 CDC Epidemiology and Laboratory Capacity Federal Grant Program, IO 10984; and if approved authorize the Chairman to execute.



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

HD #: 14683
 Budget Account: 3219
 Category: 16
 GL: 8516
9352115 &
 Job Number: 9332315

NOTICE OF SUBGRANT AWARD

Program Name: Office of Public Health Informatics and Epidemiology Community Services		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89502	
Subgrant Period: August 1, 2014 through July 31, 2015		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T41107900</u> Dun & Bradstreet: <u>73-786-998</u>	
Purpose of Award: This award is funded through the <i>Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System</i> grant from the CDC. The WCHD will use these funds to complete health information system development and exchange activities.			
Region(s) to be served: <input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Specific county or counties:			
Approved Budget Categories:		Disbursement of funds will be as follows:	
1. Personnel	\$ <u>115,285</u>	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 \$140,000 during the subgrant period.	
2. Travel	\$ <u>3,946</u>		
3. Operating	\$ <u>500</u>		
4. Other	\$ <u>1,150</u>		
5. Administrative Fee	\$ <u>19,119</u>		
Total Cost: \$ <u>140,000</u>			
Source of Funds:		% of Funds:	CFDA:
1. Centers for Disease Control & Prevention		71.19%	93.323
2. Centers for Disease Control & Prevention		28.81%	93.521
Federal Grant #: 3U50CK000419-01S1 1U50CK000419-01			
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; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum			
		Signature	Date
Washoe County Health District			
Judy DuMonte Program Manager, ELC			10-22-14
Mary Wherry Deputy Administrator			10-22-14
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

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

1. 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 Division.
2. To submit reimbursement requests only for 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 Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stating in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the 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 (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the 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. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee 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. 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. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

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10. 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. Division subgrants are subject to inspection and audit by representative of the 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 Division, as well as federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133, revised June 27, 2003, that each grantee annually expending \$750,000 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 Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

Goal 1: Enhance investigation response and reporting			
Objective	Activities	Due Date	Documentation Needed
1. Epidemiologists better prepared to respond to emerging and re-emerging infectious disease threats	1. Enhance epidemiologic skills by participating in national and/or regional conferences and reading books and journals to keep abreast in emerging infections. a. Send staff to CSTE conference	As scheduled by CSTE	1. Summary Report submitted with reimbursement request. Progress to be included in quarterly and annual report.
2. More timely and efficient detection, investigation and response of outbreaks and implementation of control measures	2. Improve use/review of surveillance data a. Continue compiling annual CD summary, i.e., 2014 CD Annual Summary & Quarterly CD Statistics and Trends analysis	Quarterly/ Annual	2. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary report.
3. Development and/or implementation of strong interventions, guidelines or toolkits	3. Implement and evaluate public health practice, prevention, and control strategies a. Develop and advance policies for the prevention, detection, and control of infectious diseases. b. Conduct the 5 th evaluation using NBS data to evaluate the timeliness of disease reporting, investigation, and notification and control; improve existing investigation protocol and policy using data-driven approach.	Ongoing	3. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary report.
4. Better coordination and exchange of surveillance data across jurisdictions and partners	4. Improve coordination and exchange of surveillance data with other jurisdictions and partners a. Participate in quarterly statewide epi teleconference and communicate with other jurisdictional partners as needed.		4. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary report.
Goal 2: Enhance Health Information Systems Workforce			
1. Improve coordination and exchange of data	1. ELC epidemiologist will continue participating in all requested teleconferences, fill out data templates as requested and supply ELC/ELR data as requested.	Ongoing	1. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary report.
2. Improve surveillance	2. Designate a public health information systems specialist with flexible responsibilities to include ELR implementation and integrated surveillance.		2. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary report.
Goal 3: Enhance Influenza outbreak investigation response and reporting			
1. Improve coordination and exchange	1. Perform real-time reporting of influenza results to CDC utilizing the	As needed	1. Summary Report submitted with

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<p>of influenza surveillance data across jurisdictions and to CDC</p> <p>2. Improve completeness and timeliness of reporting of influenza surveillance data</p>	<p>operational, functional PHLIP HL7 interface.</p> <p>2. Report detailed influenza data to include age of individual, date tested, type of test, subtyping of influenza (A,B) if available, and county of residence to the Nevada Division of Public and Behavioral health on a weekly basis.</p>	<p>As needed</p>	<p>reimbursement request, quarterly update reports, and annual summary report.</p> <p>2. Summary Report submitted with reimbursement request, quarterly update reports, and annual summary</p>
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SECTION C

Budget and Financial 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 Division of Public and Behavioral Health through Grant Number 3U50CK000419-01S1 and 1U50CK000419-01 from Centers for Disease Control & Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor Centers for Disease Control & Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 3U50CK000419-01S1 and 1U50CK000419-01 from Centers for Disease Control & Prevention.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>		<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$	115,285		
			\$115,285	1x Senior Epidemiologist - Annual salary of \$84,470 @ 100% for 12 months plus \$30,815 in fringe
2. Travel	\$	3,946		
			\$1,731	Epidemiologist to attend the 2015 OutbreakNet training session. Flight @ \$551, per diem at \$71 per day x 4 days, lodging at \$132 per night x 3 nights, and registration fee of \$500 x 1 FTE. Senior Epidemiologist to attend the 2015 Council of State and Territorial Epidemiologists (CSTE) Conference. Flight @ \$650, per diem at \$71 per day x 5 days, lodging at \$132 per night x 5 nights, and Registration fee for 1 FTE at \$550.
			\$2,215	
3. Operating	\$	500		
			\$500	To include: computer/printer and general office supplies such as toner cartridges, paper, pens, etc.
4. Other	\$	1,150		
			\$1,150	Books on infectious diseases, outbreak investigation, field epidemiology, etc. and subscriptions to the Journal of Infectious Diseases and Journal of Clinical Infectious Diseases. 2015 membership dues for CSTE. Magnets for the advertising website link for childhood disease manual developed by WCHD.
5. Administrative Fee	\$	19,119		
			\$19,119	16.5841176% of Personnel costs
Total Cost	\$	140,000		

Subgrantee agrees to adhere to the following budget:

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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).

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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 Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month.
- The maximum available for this subgrant is \$140,000
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Provide reimbursements, not to exceed a total of \$140,000, for the entire subgrant period;
- To provide technical assistance, upon request from the Subgrantee;
- To provide prior approval of reports or documents to be developed;

The 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 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 Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly 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.

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- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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SECTION D

Request for Reimbursement

HD#: 14683
Budget Account: 3219
GL: 8516
Draw #: _____

Program Name: Office of Public Health Informatics and Epidemiology Community Services	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: August 1, 2014 through July 31, 2015	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T41107900</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Curent Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$115,285.00	\$0.00	\$0.00	\$0.00	\$115,285.00	0.0%
2 Travel	\$3,946.00	\$0.00	\$0.00	\$0.00	\$3,946.00	0.0%
3 Operating	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0.0%
4 Other	\$1,150.00	\$0.00	\$0.00	\$0.00	\$1,150.00	0.0%
5 Administrative Fee	\$19,119.00	\$0.00	\$0.00	\$0.00	\$19,119.00	0.0%
Total	\$140,000.00	\$0.00	\$0.00	\$0.00	\$140,000.00	0.0%

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 Subgran Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No , Contact Person: _____

Reason for contact: _____

Ficsal review/approval date: _____ Signed: _____

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

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

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Uniform Administrative Requirements § 200.501. Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

**Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009**

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

3. When does your organization's fiscal year end? June 30, 2015

4. What is the official name of your organization? Washoe County Health District

5. How often is your organization audited? Annually

6. When was your last audit performed? FY13 - BCL approved audit 11/12/13
FY14 - in progress

7. What time period did your last audit cover? 7/1/13 - 6/30/14

8. Which accounting firm conducted your last audit? Kaufung, Armstrong, & Co.

Signature

Arnothoensen

Date

11/4/14

Title

Administrative Health Services
Officer

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

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subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

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

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.


**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	Washoe County Health District _____ Business Name
Phone: (775) 684-5975	1001 East Ninth Street _____ Business Address
Fax: (775) 684-4211	Reno, NV 89502 _____ Business City, State and Zip Code
	775-328-2400 _____ Business Phone Number
	775-328-3752 _____ Business Fax Number
_____ Authorized Signature	 _____ Authorized Signature
for Richard Whitley, MS _____ Print Name	Kevin Dick _____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	District Health Officer _____ Title
_____ Date	11/4/14 _____ Date



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

DATE: November 4, 2014

TO: District Board of Health

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

SUBJECT: Approve amendments totaling an increase of \$63,773 in both revenue and expense to the FY15 CDC Public Health Preparedness – BP2 Carry-Over Federal Grant Program, IO TBA.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2014 through June 30, 2015 in the total amount of \$63,773 in support of the CDC Public Health Preparedness BP2 Carry-Over Grant Program. A copy of the Notice of Subgrant Award is attached.

The District Health Officer accepted this award on November 5, 2014.

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.

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 Board approved a Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health in the amount of \$685,505 for the period July 1, 2014 to June 30, 2015 in support of the CDC Public Health Preparedness Program at their August 28, 2014 meeting.

BACKGROUND

The Nevada Division of Public and Behavioral Health awarded the Public Health Preparedness Program \$63,773 (with \$6,377.30 or 10% match) for the budget period July 1, 2014 through June 30, 2015. Funds will be used to support contractual, travel, supplies, and operating expenditures.

The FY15 CDC BP2 Carry-Over funds were not projected in the FY15 budget. The total award amount is \$63,773. A budget amendment in the amount of \$63,773 is necessary to bring the Notice of Subgrant Award into alignment with the program budget.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$63,773** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100	Federal Revenue	\$63,773
		Total Revenue	\$63,773
2002-IO-TBA	-710100	Professional Svcs	26,039
2002-IO-TBA	-710110	Contracted/Temp Services	17,496
2002-IO-TBA	-710300	Operating Supplies	1,000
2002-IO-TBA	-710350	Office Supplies	3,500
2002-IO-TBA	-710509	Seminars and Meetings	3,550
2002-IO-TBA	-710512	Auto Expense	750
2002-IO-TBA	-711210	Travel	9,538
2002-IO-TBA	-711504	Equipment nonCapital	1,900
		Total Expenditures	\$63,773

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve amendments totaling an increase of \$63,773 in both revenue and expense to the FY15 CDC Public Health Preparedness – BP2 Carry-Over Federal Grant Program, IO TBA.

POSSIBLE MOTION

Move to approve approve amendments totaling an increase of \$63,773 in both revenue and expense to the FY15 CDC Public Health Preparedness – BP2 Carry-Over Federal Grant Program, IO TBA.



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

HD #:	14586
Program #:	CDC08-13A
Budget Acct:	3218
Category:	22
GL:	8516
Job Number:	9306914-2222

-NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness (PHP) Preparedness, Assurance, Inspections and Statistics (PAIS) Division of Public & Behavioral Health (DPBH)		Subgrantee Name: Washoe County Health District (WCHD)																	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520																	
Subgrant Period: July 1, 2014 through June 30, 2015		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>																	
Purpose of Award: Funds are intended to demonstrate achievement in the following Public Health Preparedness Capabilities: #1 - Community Preparedness, and #8 – Medical Countermeasure Dispensing, according to the CDC Grant Guidance .																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County																			
Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>2. Contractual/Consultant</td><td style="text-align: right;">\$ <u>43,535</u></td></tr> <tr><td>3. Travel</td><td style="text-align: right;">\$ <u>13,838</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>5. Supplies</td><td style="text-align: right;">\$ <u>4,500</u></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>1,900</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>63,773</u></td></tr> </table>		1. Personnel	\$ <u>0</u>	2. Contractual/Consultant	\$ <u>43,535</u>	3. Travel	\$ <u>13,838</u>	4. Equipment	\$ <u>0</u>	5. Supplies	\$ <u>4,500</u>	6. Other	\$ <u>1,900</u>	7. Indirect	\$ <u>0</u>	Total Cost:	\$ <u>63,773</u>	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 \$63,773 during the subgrant period.	
1. Personnel	\$ <u>0</u>																		
2. Contractual/Consultant	\$ <u>43,535</u>																		
3. Travel	\$ <u>13,838</u>																		
4. Equipment	\$ <u>0</u>																		
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6. Other	\$ <u>1,900</u>																		
7. Indirect	\$ <u>0</u>																		
Total Cost:	\$ <u>63,773</u>																		
Source of Funds: 1. Centers for Disease Control and Prevention		% of Funds: 100%	CFDA: 93.069	Federal Grant #: 5U90TP000534-03															
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; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work, and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Confidentiality Addendum Attachment 1: Match Certification																			
Authorized Subgrantee Official Title <i>District Health Officer</i>		Signature <i>[Signature]</i>		Date <i>11/6/14</i>															
Erin Seward Health Program Manager II, PHP		<i>[Signature]</i>		<i>10/30/14</i>															
Chad Westom Bureau Chief, PAIS		<i>[Signature]</i> For Chad Westom		<i>10/30/14</i>															
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

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

1. 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 Division.
2. To submit reimbursement requests only for 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 Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stating in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the 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 (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the 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. To disclose any exiting or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee 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. 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. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

10. 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. Division subgrants are subject to inspection and audit by representative of the 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 Division, as well as federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133, revised June 27, 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:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be filled out.**

13. Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for this subgrant will be \$6,377.30. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached Scope of Work (Attachment A) is for Budget Period 2 Carry-over, July 1, 2014 through June 30, 2015 and is broken down by capability, function and activity. The Scope of Work contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2015. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Scope of Work of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2014 1st Quarter Progress Report (For the period of 7/1/14 - 9/30/14)
 - January 31, 2015 2nd Quarter Progress Report (For the period of 7/1/14 - 12/31/14)
 - April 30, 2015 3rd Quarter Progress Report (For the period of 7/1/14 – 3/31/15)
 - July 31, 2015 Final Progress Report (For the period of 7/1/14 – 6/30/15)
- Submit written Quarterly Match/Cost Sharing Report each year on or before:
 - November 15, 2014 1st Quarter (For the period of 7/1/14 – 9/30/14)
 - February 15, 2015 2nd Quarter (For the period of 10/1/14 – 12/31/14)
 - May 15, 2015 3rd Quarter (For the period of 1/1/15 – 3/31/15)
 - July 31, 2015 4th Quarter (For the period of 4/1/15 – 6/30/15)
- Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial 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 Division of Public and Behavioral Health (Division) through Grant Number 5U90TP000534-03 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-03 from Center for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 0		
2. Contractual / Consultant	\$ 43,535		
		\$ 5,683	Contractor Support to Plan and Conduct a Full-scale POD Exercise (330 hours x \$17.22/hr)
		\$ 11,813	Part-time Clerical Assistant (686 hours x \$17.22/hr)
		\$ 16,039	Media Buy
		\$ 10,000	Contractor support for Mental Health Recovery operations – Full-scale exercise
3. Travel	\$ 13,838		
		\$ 4,950	IN-STATE TRAVEL: Trips to Las Vegas for PHP meetings & exercise opservation: 1 trip x 5 staff x \$278 airfare r/t = \$1,390 1 trip x 5 staff x 2 days x \$71 per diem = \$ 710 1 trip x 5 staff x 1 night x \$92 hotel = \$ 460 1 trip x 5 staff x 2 days x \$30/day motor pool= \$ 300 1 trip x 5 staff x 2 days x \$14 airport parking = <u>\$ 140</u> \$3,000 Local mileage - PHP staff travel around Washoe County and to attend local training: Various Local mileage 1,071 miles x \$0.56/mile= \$600 Course & Local Registration \$1,350

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
		\$ 8,888	OUT-OF-STATE TRAVEL: California-Nevada Border Counties quarterly meeting : 4 trips x 1 staff x 67 miles x \$0.56 = \$ 150 PHP Summit in Atlanta (2 staff / 3 days): 1 trip x 2 staff x \$650 r/t airfare = \$1,300 3 days per diem x \$56/day x 2 staff = \$ 336 3 nights lodging x \$155/night x 2 staff= \$ 930 Conference Registration - \$550 ea x 2 staff= \$1,100 Airport Parking - \$30 ea x 2 staff x 3 days= \$ 180 Shuttle @ \$20 r/t x 2 staff = \$ 40 Total \$3,886 PHP Training , Location TBD (2 staff / 3 days) 2 trip x 2 staff x \$450 r/t airfare = \$1,800 2 trips x 2 staff x 3 days per diem x \$56/day = \$ 672 2 trips x 2 staff x 2 nights lodging x \$105/night= \$ 840 2 trips x 2 staff x \$275 Conference Registration = \$1,100 2 trips x 2 staff x 3 days x Airport Parking \$30 \$ 360 2 trips x 2 staff x Shuttle @ \$20 r/t = \$ 80 Total \$4,852
4. Equipment	\$ 0		
5. Supplies	\$ 4,500		
		\$ 500	Vaccination Training Supplies
		\$ 3,500	Office & Printer Supplies
		\$ 500	Operating Supplies for PHP Staff work stations and storage area
6. Other	\$ 1,900		
		\$ 1,900	Computer Software and computer accessories
7. Indirect	\$ 0		
Total Cost	\$ 63,773		

- Nevada State Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$6,377), 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 Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of 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. Equipment is all items over \$5,000 per item OR have a consumable live of over 1 year (ie: laptops, iPads, printers, etc...).
- 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).

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

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.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2015.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable live of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable live of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as apart of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

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.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- An Annual proposed Scope of Work is due on or before April 1, 2015 to support the effort proposed for next budget award.

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$63,773 for the entire subgrant budget period.
- Provide technical assistance, upon request from the Subgrantee.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*
- The 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 Division.

Both parties agree:

- Based on the quarterly narrative progress and monthly financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

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.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement, no later than the 30th 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Nevada Department of Health and Human Services		HD #: 14586
Division of Public & Behavioral Health		Budget Account: 3218
		Category #: 22
		Job #: 9306914
		Function#: 2222
		GL #: 8516
		Draw #: _____
REQUEST FOR REIMBURSEMENT		

Program Name: Public Health Preparedness Preparedness, Assurance, Inspections and Statistics Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
---	--

Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
--	--

Subgrant Period: July 1, 2014 through June 30, 2015	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q
---	---

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
2 Contractual/Consultant	\$ 43,535.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 43,535.00	-
3 Travel	\$ 13,838.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 13,838.00	-
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
5 Supplies	\$ 4,500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,500.00	-
6 Other	\$ 1,900.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,900.00	-
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
8 Total	\$ 63,773.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 63,773.00	-

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 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: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Washoe County Health District (WCHD)
Reimbursement Worksheet
July 1 - July 31, 2014**

Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.56/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies		Description					Amount
		TOTAL					
Equipment		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada State Division of Public & Behavioral Health : Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health Division (WCHD)
July 1, 2014 through June 30, 2015**

Contact Name:	Jeff Whiteside
Phone Number:	775-328-6130
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$63,773- Year 2 Carry-Over

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.
**Please contact us if you have any questions.

Budget Summary

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
CDC Capabilities:			
1. Community Preparedness:	\$ 22,958	\$ -	0%
F1: Determine risks to the health of the jurisdiction			
F2: Build community partnerships to support health preparedness			
F3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks			
F4: Coordinate training or guidance to ensure community engagement in preparedness efforts			
2. Community Recovery:	\$ 2,500	\$ -	0%
F1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs			
F2: Coordinate community public health, medical, and mental/behavioral health system recovery operations			
F3: Implement corrective actions to mitigate damages incidents			
3. Emergency Operations Coordination: No Activity			
F1: Conduct preliminary assessment to determine need for public activation			
F2: Activate public health emergency operations			
F3: Develop incident response strategy			
F4: Manage and sustain the public health response			
F5: Demobilize and evaluate public health Emergency operations			
4. Emergency Public Information and Warning: No Activity			
5. Fatality Management:	\$ 2,500	\$ -	0%
F1: Determine role for public health in fatality management			
F2: Activate public health fatality management operations			
F3: Assist in the collection and dissemination of antemortem data			
F4: Participate in survivor mental/behavior health services			
F5: Participate in fatality processing and storage operations			
6. Information Sharing: No Activity			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada State Division of Public & Behavioral Health : Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health Division (WCHD)
July 1, 2014 through June 30, 2015**

Contact Name:	Jeff Whiteside
Phone Number:	775-328-6130
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$63,773- Year 2 Carry-Over

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.
**Please contact us if you have any questions.

Budget Summary - Page 2

		(a)	(b)	(c)
Monthly Expenditure:		Budget	Current \$ Expended	Current % Utilized
CDC Capabilities:				
7. Mass Care:	No Activity			
8. Medical Countermeasure Dispensing:		\$ 26,877	\$ -	0%
F1:	Identify and initiate medical countermeasure dispensing strategies			
F2:	Receive medical countermeasurers			
F3:	Activate dispensing modalities			
F4:	Dispense medical countermeasures to identified population			
F5:	Report adverse events			
9. Medical Material Management and Distribution:	No Activity			
10. Medical Surge:	No Activity			
11. Non-Pharmaceutical Interventions:	No Activity			
12. Public Health Laboratory Testing:	No Activity			
13. Public Health Surveillance and Epi Investigation:	No Activity			
14. Responder Safety and Health:	No Activity			
15. Volunteer Management:	No Activity	\$ 8,938	\$ -	0%
F1:	Coordinate volunteers			
F2:	Notify volunteers			
F3:	Organize, assemble, and dispatch volunteers			
F4:	Demobilize volunteers			
		\$ 63,773	\$ -	

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

2. Did your organization expend \$500,000.00 or more in all federal awards during your organization's most recent fiscal year? YES NO

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

June 30, 2015

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

FY13 - BCC approved audit 11/12/13
FY14 - in progress

7. What time period did your last audit cover

7/1/13 - 6/30/14

8. Which accounting firm conducted your last audit?

Kafoury, Armstrong & Co.

Annal Hansen 11/4/14

Signature

Date

Administrative Health Services
Officer

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Confidentiality Addendum

BETWEEN

Nevada State Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District (WCHD)

hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

I. **DEFINITIONS**

The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR**

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1

Match Certification
CDC08-13A

Date: _____

External Funding Source: Centers for Disease Control (CDC)- Public Health Emergency Preparedness (PHEP) _____

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD) _____

Project Title: HPP and PHEP Cooperative Agreement _____

Project Grant #: 5U90TP000534-03 _____

Duration: From: July 1, 2014 To: June 30, 2015 _____

Total cost sharing/matching cost contribution: \$6,773 / Percentage: 10% _____

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District

Name and Title
(Funding Recipient)

Signature

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP) Sub-grant # CDC08-13A
Scope of Work (SOW)
July 1, 2014 through June 30, 2015
\$63,773 - BP2 Carry-over

Instructions: Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2015.

PHEP CAPABILITY # 1: COMMUNITY PREPAREDNESS		\$ 22,958
BP2 Goal:		
Function #1: Determine risks to the health of the jurisdiction		
BP2 Objective: "Get to Know your Neighbor" media campaign to promote healthy preparedness and resiliency behaviors among the community. In 2013, WCHD adopted this campaign from Los Angeles County, as it was identified as a best practice by CDC. The primary medium will for this media buy will be television, since our previous focus groups have indicated this is the most effective venue to reach the community.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Media Buy	Media Advertisement/Purchase requisition	February 2015
Function #2: Build community partnerships to support health preparedness.		
Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.		
Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.		
BP2 Objective: No Activity Planned		
Estimated Funding: \$ 0		
Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
No Activity Planned		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

PHEP CAPABILITY # 2 : COMMUNITY RECOVERY	\$ 2,500
BP2 Goal:	
Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs.	
BP2 Objective: No Activity Planned	

Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations.		
BP2 Objective: WCHD will work with a contractor to support full-scale mental health recovery operations in conjunction with the UNR active shooter full-scale exercise. This exercise would be conducted in March 2015 and would focus on the deployment of mental health support services from Medical Reserve Corp and Northern Nevada Adult Mental Health Services to support community needs.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Full-scale exercise to test mental health recovery operations in Washoe County.	AAR/IP	April 2015

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

PHEP CAPABILITY # 5 : PHEP FATALITY MANAGEMENT	\$ 2,500
BP2 Goal:	
Function #1: Determine role for public health in fatality management.	
Function #2: Activate public health fatality management operations.	
Function #3: Mental/behavioral support at the healthcare organization level.	
BP2 Objective: No Activity Planned	

Function #4: Participate in survivor mental/behavioral health services.		
BP2 Objective: WCHD will work with a contractor to support full-scale mental health recovery operations in conjunction with the UNR active shooter full-scale exercise. This exercise would be conducted in March 2015 and would focus on the deployment of mental health support services from MRC and Northern Nevada Adult Mental Health Services to support community needs.		
Estimated Funding: \$ 2,500	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Activity	Output Documentation	Date of Completion
Full-scale exercise to test mental health recovery operations in Washoe County.	AAR/IP	April 2015

Function #5: Participate in fatality processing and storage operations.
BP2 Objective: No Activity Planned

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

PHEP CAPABILITY # 8 : MEDICAL COUNTERMEASURE DISPENSING	\$ 26,877
--	------------------

BP2 Goal:		
Function #1: Identify and initiate medical countermeasure dispensing strategies		
BP2 Objective: Part-time clerical support for PHP staff to support medical countermeasure dispensing and staff travel to national preparedness conferences.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Medical counter measure dispensing activities and planning.	Updated Point of Dispensing Plan.	June 2015

Function #2: Receive medical countermeasures.		
BP2 Objective: Part-time/temporary professional support to plan and conduct a community full-sale POD exercise. This exercise will test the capabilities of Washoe County Health District's (WCHD) Private POD partners to close their private PODs after having provided vaccine to all employees/families, then stand up an additional public POD to augment WCHD's vaccination efforts. Supplies and other.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Full-Scale POD Exercise	AAR/IP	November 2015

Function #3: Activate dispensing modalities.		
BP2 Objective: No Planned Activities		

Function #4: Dispense medical countermeasures to identified population		
BP2 Objective: Part time clerical support for Point of Dispensing TTX for Healthcare Coalition		
Estimated Funding: \$ 7,137	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Activity	Output Documentation	Date of Completion
TTX for IHCC/Private POD partners	TTX AAR/IP	January 2015

Function #5: Report adverse events		
BP2 Objective: No Activity Planned		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

PHEP CAPABILITY # 15 : PHEP VOLUNTEER MANAGEMENT	\$ 8,938
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BP2 Goal:		
Function #1: Coordinate volunteers		
BP2 Objective: Part-time clerical support to provide data entry for Intermedix volunteer management system (VMS).		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Data Entry	Updated VMS	June 2015

Function #2: Notify volunteers		
BP2 Objective: WCHD will work with a contractor to support full-scale mental health recovery operations in conjunction with the UNR active shooter full-scale exercise. This exercise would be conducted in March 2015 and would focus on the deployment of mental health support services from MRC and Northern Nevada Adult Mental Health Services to support community needs. MRC volunteers will be notified and participate in exercise.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Full-scale exercise to test mental health recovery operations in Washoe County.	AAR/IP	April 2015

Function #3: Organize, assemble, and dispatch volunteers		
BP2 Objective: WCHD will work with a contractor to support full-scale mental health recovery operations in conjunction with the UNR active shooter full-scale exercise. This exercise would be conducted in March 2015 and would focus on the deployment of mental health support services from MRC and Northern Nevada Adult Mental Health Services to support community needs.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Full-scale exercise to test mental health recovery operations in Washoe County.	AAR/IP	April 2015

Function #4: Demobilize volunteers		
BP2 Objective: No Activity Planned		



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer
775-328-2419, edixon@washoecounty.us

SUBJECT: Authorization of travel and travel reimbursements for non-County employees in the approximate amount of \$7,259, supported by the grant award (IO-20385).

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees. The Robert Wood Johnson Foundation has requested that policy makers attend the Shared Services Learning Community meeting in Fallon, NV on December 9 2014.

District Health Strategic Objective supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

On September 21, 2012, the Washoe County District Board of Health approved retroactively the submission of the Northern Nevada Shared Services Learning Community proposal to the Robert Wood Johnson Shared Services Learning Community Call for Proposals.

On January 24, 2013 the Washoe County District Board of Health approved to retroactively accept the Notice of Grant award in the amount of \$125,000 for the period of January 15, 2013 to January 14, 2015 in support of the Robert Wood Johnson Foundation (RWJF) Northern Nevada Shared Services Learning Community grant (10-20385); authorized travel and travel reimbursements for non-County employees (John Packham, PhD, Emily Brown, MPH, CPH, and Peggy O'Neill) in the approximate amount of \$16,400, support by the grant award; authorized the DBOH Chairman to execute the grant document; and directed Finance to make the appropriate budget adjustments.

On October 23, 2014 the Washoe County District Board of Health approved changes in scope and expected outcomes regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant.

BACKGROUND

The Robert Wood Johnson Foundation Shared Services Learning Community grant provides funding to the Washoe County Health District to explore and assess cross-jurisdictional sharing arrangements and the regionalization of public health activities during a period of serious cuts to public health funding and emerging threats to public health in an eight-county region of northern Nevada.

As part of the grant deliverables staff is coordinating a Shared Services Learning Community meeting

in Fallon, Nevada on December 9, 2014. Community leaders from 7 rural and frontier communities are invited, in addition to the State of Nevada Department of Division of Behavioral and Public Health. The purpose of the one-day meeting is to bring together rural policy makers and public health officials to explore strategies to improve public health services for the residents of rural and frontier counties in Nevada. Participants will also observe the Churchill County Board of Health meeting and be provided the opportunity to discuss opportunities and challenges to establishing Boards of Health in other rural and frontier counties.

Staff is anticipating travel and travel reimbursements for approximately 17 non-Washoe County employees (2-3 from each of the seven rural counties with significant travel distances) including two nights lodging, per diem for non-provided meals, and mileage. Lunch and dinner will be provided on the day of the meeting for approximately 36 participants.

Travel to the Shared Services Learning Community meeting was estimated using GSA per diem rates consistent with Washoe County travel policy and the Robert Wood Johnson Foundation's budgeting guidance.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the travel and travel reimbursements.

RECOMMENDATION

Staff recommends the Board authorize travel and travel reimbursements for non-County employees in the approximate amount of \$7,259, supported by the grant award (IO-20385).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to authorize travel and travel reimbursements for non-County employees in the approximate amount of \$7,259, supported by the grant award (IO-20385).



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer
775-328-2419, edixon@washoecounty.us

SUBJECT: Authorization of travel and travel reimbursements for non-County employees John Packham, PhD and three, to be determined, community leaders from other Northern Nevada counties in the approximate amount of \$5,177, supported by the grant award (IO-20385).

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees. The Robert Wood Johnson Foundation has requested that policy makers attend the Shared Services Learning Community meeting in Charlotte, North Carolina to be held January 22-23, 2015.

District Health Strategic Objective supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

On September 21, 2012, the Washoe County District Board of Health approved retroactively the submission of the Northern Nevada Shared Services Learning Community proposal to the Robert Wood Johnson Shared Services Learning Community Call for Proposals.

On January 24, 2013 the Washoe County District Board of Health approved to retroactively accept the Notice of Grant award in the amount of \$125,000 for the period of January 15, 2013 to January 14, 2015 in support of the Robert Wood Johnson Foundation (RWJF) Northern Nevada Shared Services Learning Community grant (10-20385); authorized travel and travel reimbursements for non-County employees (John Packham, PhD, Emily Brown, MPH, CPH, and Peggy O'Neill) in the approximate amount of \$16,400, support by the grant award; authorized the DBOH Chairman to execute the grant document; and directed Finance to make the appropriate budget adjustments.

On October 23, 2014 the Washoe County District Board of Health approved changes in scope and expected outcomes regarding the Robert Wood Johnson Foundation Cross Jurisdictional Sharing Grant.

BACKGROUND

The Robert Wood Johnson Foundation Shared Services Learning Community grant provides funding to the Washoe County Health District to explore and assess cross-jurisdictional sharing arrangements and the regionalization of public health activities during a period of serious cuts to public health funding and emerging threats to public health in an eight-county

region of northern Nevada.

The Robert Wood Johnson Foundation has requested that lead project staff Randall Todd and John Packham, along with up to 3 invited policy makers, yet to be determined, from Northern Nevada counties, attend the final Shared Services Learning Community meeting to be held January 22-23, 2015 in Uptown Charlotte, NC. The participants will be reimbursed for airfare, hotel, ground transportation, airport parking, mileage to the Reno airport (for those coming from long distances), and meals not provided by the Foundation for an estimated cost of \$1,294.25 per participant.

Travel to the Shared Services Learning Community meeting was estimated using GSA per diem rates consistent with Washoe County travel policy and the Robert Wood Johnson Foundation's budgeting guidance.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the travel and travel reimbursements.

RECOMMENDATION

Staff recommends the Board authorize travel and travel reimbursements for non-County employees John Packham, PhD and three, to be determined, community leaders from other Northern Nevada counties in the approximate amount of \$5,177, supported by the grant award (IO-20385).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: Move to authorize travel and travel reimbursements for non-County employees John Packham, PhD and three, to be determined, community leaders from other Northern Nevada counties in the approximate amount of \$5,177, supported by the grant award (IO-20385).



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date October 31, 2014

SUMMARY

The first four months of the fiscal year 2015 (FY15) ended with a cash balance of \$1,004,162. Total revenues were \$5.1 million, 26.4% of budget and an increase of 7.7% compared to fiscal year 2014 (FY14). The increase was due to the transfer from the County General Fund being up 21.1%. The revenue from the licenses and permits were down 2.6% over FY14 and charges from services were down \$31,947, 7.4%, over FY14. Grant reimbursements were up \$150,754, 13.2%. With 33.3% of the fiscal year completed the expenditures totaled \$6.5 million, 31.2% of the budget and 5.7% more than FY14. Salaries and benefits continue to be the single largest category increase over FY14 at an increase of \$346,202, 7.8%, for a total cost of \$4.8 million.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

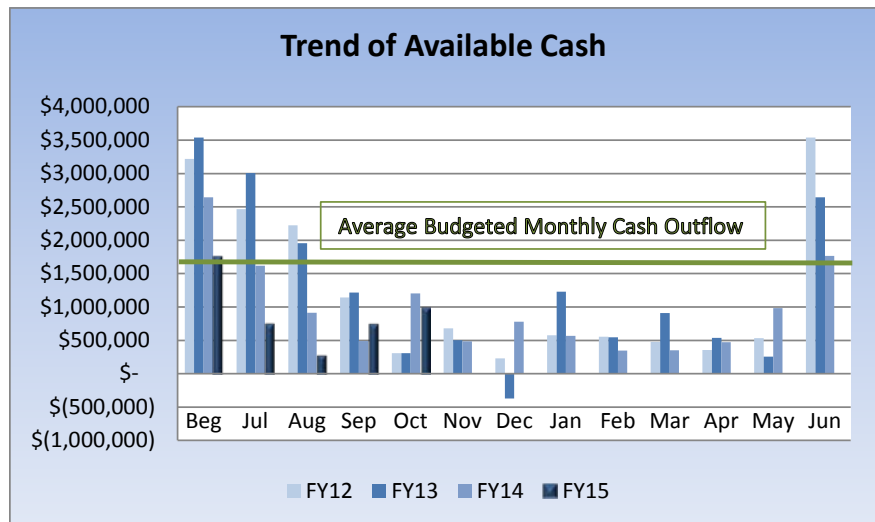
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

Review of Cash

The available cash at the end of the fourth month of FY15 was \$1,004,162 which was 58.1% of the average budgeted monthly cash outflow of \$1.7 million and down 16.7%, \$200,688, compared to FY14. The County General Fund will continue to transfer budgeted funding to the Health District if cash levels drop below the amount required for expenditures. The Health District continues to have a cash flow that allows for financial stability.



Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund.

Review of Revenue and Expenditures by Division

The EHS division tire fee revenue continues to come in strong over FY14 with \$225,303 for the first four months of FY15 compared to \$76,483 in FY14. Given that there is a one month lag in grant reimbursements and given that CCHS is 94% grant funded it can be anticipated that approximately 25% of the revenue should be received by the end of the fourth month, 22.4%, \$789,285, has been received. The EPHP increase of \$16,359, 4.3%, in revenue is due to the grant funding which had an increase of \$20,105, 8.7%; the \$3,746, 2.5%, decline was in the birth and death certificate revenue. County General Fund transferred \$2,605,048 of the budgeted transfer, \$454,075 more than the same time last fiscal year.

Air Quality had a 28.4% decline over FY14 due to receiving \$314,381 in pollution control funding for FY14 that was not received in FY15; however, this additional funding was not spent so it was budgeted in FY15 in the expenditures which is why AQM appears to be below a level spending pattern for the fiscal year. The additional funding is reserved for future air quality monitoring equipment.

With 33.3% of the fiscal year completed the total expenditures of \$6.5 million were slightly less at 31.2% of total budget. ODHO, CCHS, EHS were running at a level spending pattern for the year. AHS continues to be high due to the unbudgeted retirement payouts and AQM was high due to unspent capital funding. The County General Fund overhead charges for the four months totaled \$913,687, 33.3% of budget, but down 5.4% from FY14 due to the overall decline in the overhead charge.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through October Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End (unaudited)	October Year to Date	Adjusted Budget	October Year to Date	Percent of Budget	FY15 Increase over FY14
Revenues (all sources of funds)								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	32,276	61,113	41	0.1%	-99.9%
AQM	1,966,492	2,068,697	2,491,036	898,701	2,116,070	643,033	30.4%	-28.4%
CCHS	3,706,478	3,322,667	3,388,099	775,006	3,528,098	789,285	22.4%	1.8%
EHS	1,755,042	1,828,482	1,890,192	451,040	1,862,623	615,315	33.0%	36.4%
EPHP	1,670,338	1,833,643	1,805,986	384,259	1,566,507	400,618	25.6%	4.3%
GF Operating	7,250,850	6,623,891	6,853,891	1,713,473	7,666,420	1,997,101	26.0%	16.6%
GF Overhead Subsidy	-	2,000,000	1,750,000	437,500	2,333,772	607,947	26.0%	39.0%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$ 4,692,256	\$19,134,602	\$ 5,053,339	26.4%	7.7%
Expenditures								
ODHO	-	-	-	-	437,477	142,654	32.6%	-
AHS	1,202,330	1,305,407	1,247,924	385,281	1,004,343	394,769	39.3%	2.5%
AQM	1,955,798	2,297,077	2,170,911	648,709	2,752,520	679,289	24.7%	4.7%
CCHS	6,086,866	5,757,304	5,779,003	1,809,737	5,987,646	1,915,431	32.0%	5.8%
EHS	4,848,375	4,772,942	4,804,597	1,708,823	5,533,991	1,816,624	32.8%	6.3%
EPHP	2,084,830	2,129,310	2,022,331	609,931	2,287,196	614,855	26.9%	0.8%
GF Overhead Charge	-	2,553,372	2,898,034	966,011	2,741,061	913,687	33.3%	-5.4%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$ 6,128,493	\$20,744,234	\$ 6,477,310	31.2%	5.7%
Revenues (sources of funds) less Expenditures:								
ODHO	-	-	-	-	(437,477)	(142,654)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(353,004)	(943,230)	(394,728)		
AQM	10,694	(228,380)	320,125	249,992	(636,450)	(36,257)		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(1,034,731)	(2,459,548)	(1,126,146)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(1,257,783)	(3,671,368)	(1,201,310)		
EPHP	(414,492)	(295,666)	(216,345)	(225,672)	(720,689)	(214,237)		
GF Operating	7,250,850	6,623,891	6,853,891	1,713,473	7,666,420	1,997,101		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(528,511)	(407,289)	(305,740)		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ (1,436,237)	\$ (1,609,632)	\$ (1,423,971)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

The environmental oversight account balance is \$108,339.41 for October, 2014.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date October 31, 2014.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date October 31, 2014.

Attachment:

Health District Fund summary report with line item detail

Period: 1 thru 4 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
422503 Environmental Permits	46,317-	9,645-	36,672-	21	63,177-	20,653-	42,524-	33
422504 Pool Permits	97,000-	14,916-	82,084-	15	74,690-	12,972-	61,718-	17
422505 RV Permits	11,000-	3,881-	7,119-	35	13,306-	4,351-	8,955-	33
422507 Food Service Permits	420,000-	139,706-	280,294-	33	492,181-	135,054-	357,127-	27
422508 Wat Well Const Perm	30,000-	12,151-	17,849-	41	23,567-	15,906-	7,661-	67
422509 Water Company Permits	5,000-	4,731-	269-	95	3,200-	2,058-	1,142-	64
422510 Air Pollution Permits	474,103-	181,479-	292,624-	38	584,012-	171,352-	412,660-	29
422511 ISDS Permits	75,000-	24,666-	50,334-	33	66,522-	35,252-	31,270-	53
422513 Special Event Permits	105,000-	40,696-	64,304-	39	99,623-	45,787-	53,836-	46
422514 Initial Applic Fee	31,000-	9,687-	21,313-	31	35,226-	9,800-	25,426-	28
* Licenses and Permits	1,294,420-	441,558-	852,862-	34	1,455,504-	453,185-	1,002,319-	31
431100 Federal Grants	5,061,735-	1,090,739-	3,970,996-	22	5,301,515-	883,787-	4,417,728-	17
431105 Federal Grants - Indirect	235,667-	71,126-	164,541-	30	243,178-	56,916-	186,262-	23
432100 State Grants	311,068-	128,007-	183,061-	41	741,802-	199,364-	542,438-	27
432105 State Grants-Indirect	16,026-	1,173-	14,853-	7	2,205-	224-	1,981-	10
432310 Tire Fee NRS 444A.090	468,548-	225,303-	243,245-	48	468,548-	76,483-	392,065-	16
432311 Pol Ctrl 445B.830	318,667-	81,771-	236,896-	26	300,000-	78,739-	221,261-	26
* Intergovernmental	6,411,712-	1,598,119-	4,813,593-	25	7,057,248-	1,295,514-	5,761,734-	18
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	10,686-	78,315-	12	89,000-	17,203-	71,797-	19
460501 Medicaid Clinical Services	8,200-	507-	7,693-	6	8,200-	544-	7,656-	7
460503 Childhood Immunizations	20,000-	4,341-	15,660-	22	20,000-	5,916-	14,084-	30
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	2,317-	1,783-	57	4,100-	1,975-	2,125-	48
460509 Water Quality								
460510 IT Overlay	35,344-	10,896-	24,448-	31	35,344-	12,914-	22,430-	37
460511 Birth and Death Certificates	480,000-	148,930-	331,070-	31	450,000-	152,676-	297,324-	34
460512 Duplication Service Fees						491-	491	
460513 Other Healt Service Charges								
460514 Food Service Certification	18,000-	7,033-	10,967-	39	19,984-	6,539-	13,445-	33
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	18,522-	16,772	1,058	1,750-	183-	1,567-	10
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	491-	6,509-	7
460518 STD Fees	21,000-	4,220-	16,780-	20	21,000-	7,820-	13,180-	37
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	9,849-	40,151-	20	50,707-	18,916-	31,791-	37
460521 Plan Review - Pools & Spas	3,600-	1,086-	2,514-	30	3,816-	1,466-	2,350-	38
460523 Plan Review - Food Services	20,000-	2,841-	17,159-	14	18,765-	8,323-	10,442-	44
460524 Family Planning	32,000-	10,265-	21,735-	32	27,000-	12,339-	14,661-	46
460525 Plan Review - Vector	42,000-	10,642-	31,358-	25	36,021-	19,207-	16,814-	53
460526 Plan Review-Air Quality	57,889-	13,016-	44,873-	22	65,272-	10,437-	54,835-	16
460527 NOE-AQM	116,984-	43,671-	73,313-	37	113,934-	44,377-	69,557-	39

Period: 1 thru 4 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
460528 NESHAP-AQM	99,333-	29,827-	69,506-	30	135,389-	27,431-	107,958-	20
460529 Assessments-AQM	51,336-	15,624-	35,712-	30	57,888-	16,988-	40,900-	29
460530 Inspector Registr-AQ	2,162-	607-	1,555-	28	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	40,229-	102,174-	28	187,690-	50,883-	136,807-	27
460532 Plan Rvw Hotel/Motel		2,530-	2,530					
460533 Quick Start								
460534 Child Care Inspection	8,514-	3,722-	4,792-	44	10,560-	3,526-	7,034-	33
460535 Pub Accomod Inspectn	19,000-	6,254-	12,746-	33	22,540-	6,108-	16,432-	27
460570 Education Revenue					2,900-	747-	2,153-	26
* Charges for Services	1,329,615-	397,666-	931,949-	30	1,403,515-	429,613-	973,902-	31
483000 Rental Income		41-	41					
484050 Donations Federal Pgm Income	37,550-	9,565-	27,985-	25	37,550-	13,798-	23,752-	37
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	32,276-	55,987-	37
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements								
485121 Jury Reimbursements								
485300 Other Misc Govt Rev		1,341-	1,341		62,229-	316,896-	254,667	509
* Miscellaneous	98,663-	10,947-	87,716-	11	193,167-	362,971-	169,804	188
** Revenue	9,134,410-	2,448,291-	6,686,119-	27	10,109,435-	2,541,283-	7,568,152-	25
701110 Base Salaries	9,237,416	3,049,634	6,187,783	33	9,191,190	2,830,353	6,360,837	31
701120 Part Time	408,927	133,975	274,952	33	565,940	135,773	430,166	24
701130 Pooled Positions	504,876	146,257	358,619	29	464,481	153,045	311,436	33
701140 Holiday Work	4,319	1,507	2,811	35	2,819	1,835	984	65
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	496	154,604	0	165,426	797	164,628	0
701300 Overtime	62,405	25,643	36,762	41	69,920	24,041	45,878	34
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	60,733		60,733		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		79,863	79,863-			23,439	23,439-	
701417 Comp Time		11,796	11,796-			3,117	3,117-	
701419 Comp Time - Transfer						1,886	1,886-	
701500 Merit Awards								
* Salaries and Wages	10,434,776	3,449,170	6,985,605	33	10,230,689	3,174,187	7,056,502	31
705110 Group Insurance	1,457,971	472,463	985,507	32	1,422,035	442,022	980,013	31
705210 Retirement	2,517,459	790,154	1,727,305	31	2,515,667	751,860	1,763,806	30
705215 Retirement Calculation								
705230 Medicare April 1986	135,173	47,269	87,904	35	136,701	42,806	93,895	31
705320 Workmens Comp	67,787	22,596	45,191	33	66,992	22,046	44,946	33
705330 Unemploy Comp	15,179	5,060	10,119	33	15,375	7,590	7,786	49
705360 Benefit Adjustment	31,202		31,202					
* Employee Benefits	4,224,771	1,337,542	2,887,229	32	4,156,770	1,266,324	2,890,446	30
710100 Professional Services	646,556	67,157	579,399	10	1,211,770	18,923	1,192,847	2

Period: 1 thru 4 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710105 Medical Services	9,323	2,178	7,146	23	9,173	2,770	6,404	30
710108 MD Consultants	83,908	8,250	75,658	10	46,950	13,238	33,713	28
710110 Contracted/Temp Services	14,085	9,172	4,913	65	53,500	14,595	38,905	27
710119 Subrecipient Payments								
710200 Service Contract	120,720	38,285	82,434	32	103,593	42,970	60,623	41
710205 Repairs and Maintenance	5,538	2,841	2,697	51	11,470	3,778	7,692	33
710210 Software Maintenance	15,235	9,363	5,872	61	15,636	12,000	3,636	77
710300 Operating Supplies	116,634	21,374	95,260	18	134,870	37,973	96,897	28
710302 Small Tools & Allow	22,685	200	22,485	1	10,685	230	10,455	2
710308 Animal Supplies	1,600		1,600		1,600	583	1,017	36
710319 Chemical Supplies	231,900	231,713	187	100	232,300	168,802	63,498	73
710325 Signs and Markers								
710334 Copy Machine Expense	25,885	8,608	17,277	33	28,447	8,208	20,239	29
710350 Office Supplies	55,244	8,577	46,667	16	41,074	7,230	33,844	18
710355 Books and Subscriptions	6,964	1,349	5,615	19	7,594	3,140	4,454	41
710360 Postage	21,420	4,152	17,268	19	24,435	5,457	18,978	22
710361 Express and Courier	560	124	436	22	735	69	666	9
710391 Fuel & Lube	100		100		100		100	
710412 Do Not Use								
710500 Other Expense	27,750	3,326	24,424	12	24,932	2,886	22,046	12
710502 Printing	21,922	3,360	18,562	15	33,970	3,918	30,052	12
710503 Licenses & Permits	6,331	1,915	4,416	30	7,887	670	7,217	8
710505 Rental Equipment	1,800		1,800		1,900		1,900	
710506 Dept Insurance Deductible						34	34-	
710507 Network and Data Lines	11,295	3,447	7,849	31	5,530	3,482	2,048	63
710508 Telephone Land Lines	42,878	11,504	31,374	27	42,484	12,018	30,466	28
710509 Seminars and Meetings	45,498	6,943	38,556	15	36,065	11,251	24,815	31
710512 Auto Expense	14,185	2,036	12,148	14	19,102	4,117	14,985	22
710514 Regulatory Assessments	11,920	9,319	2,601	78	11,920	5,960	5,960	50
710519 Cellular Phone	15,714	4,543	11,171	29	15,660	4,628	11,032	30
710524 Utility relocation						200	200-	
710529 Dues	11,867	2,982	8,885	25	10,756	1,675	9,081	16
710535 Credit Card Fees	12,665	5,374	7,291	42	11,925	4,632	7,293	39
710546 Advertising	263,720	13,722	249,997	5	47,600	1,264	46,336	3
710551 Cash Discounts Lost		69	69-			28	28-	
710563 Recruitment		301	301-					
710577 Uniforms & Special Clothing	12,350	1,301	11,049	11	25,500	2,690	22,810	11
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115	33,205	75,910	30	109,115	26,524	82,591	24
710620 LT Lease-Equipment								
710703 Biologicals	224,882	75,768	149,114	34	246,791	92,656	154,135	38
710714 Referral Services					6,328		6,328	

Period: 1 thru 4 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710721 Outpatient	88,786	19,234	69,552	22	93,093	14,328	78,764	15
710872 Food Purchases	5,089	117	4,971	2	10,176	261	9,914	3
711010 Utilities					180		180	
711100 ESD Asset Management	66,526	21,983	44,543	33	47,436	16,482	30,954	35
711113 Equip Srv Replace	27,586	9,012	18,575	33	27,084	9,202	17,882	34
711114 Equip Srv O & M	41,538	14,635	26,903	35	46,869	16,941	29,928	36
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	19,282	29,309	40	55,492	18,333	37,159	33
711119 Prop & Liab Billings	74,502	24,834	49,668	33	74,502	24,834	49,668	33
711210 Travel	200,848	34,387	166,461	17	269,811	29,817	239,994	11
711300 Cash Over Short						20	20-	
711399 ProCard in Process		680	680-					
711400 Overhead - General Fund	2,741,061	913,687	1,827,374	33	2,898,034	966,011	1,932,023	33
711504 Equipment nonCapital	83,575	32,327	51,249	39	135,712	40,779	94,933	30
* Services and Supplies	5,685,993	1,682,636	4,003,357	30	6,328,754	1,655,605	4,673,149	26
781004 Equipment Capital	373,694	7,961	365,733	2	332,748	32,377	300,371	10
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694	7,961	390,733	2	432,748	32,377	400,371	7
** Expenses	20,744,234	6,477,310	14,266,924	31	21,148,962	6,128,493	15,020,469	29
485193 Surplus Supplies Sales								
* Other Fin. Sources								
621001 Transfer From General	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,150,973-	6,452,918-	25
* Transfers In	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,150,973-	6,452,918-	25
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	2,605,048-	7,395,144-	26	8,603,891-	2,150,973-	6,452,918-	25
*** Total	1,609,632	1,423,971	185,661	88	2,435,636	1,436,237	999,400	59



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: Presentation, discussion and possible direction to staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection.

SUMMARY

Staff recommends the Board, as a standing policy, direct staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection.

District Health Strategic Objective supported by this item: Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high-performing organization and achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

The Board has taken no previous action on this subject.

BACKGROUND

There are three Committees and Advisory Boards to the District Board of Health, on which vacancies occasionally occur. The Board is responsible for appointing new members.

Currently, staff seeks approval from the Board to proceed with a search for potential appointees to fill vacant position(s) on the Committees and Advisory Boards. Staff proposes to conduct the search without first receiving Board approval and to bring those names to the Board for discussion and possible selection.

FISCAL IMPACT

There will be no additional fiscal impact to the FY15 budget should the Board approve staff's recommendation.

RECOMMENDATION

Staff recommends the Board, as a standing policy, direct staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Direct staff responsible for District Board of Health Committees and Advisory Boards with vacancies to conduct a search for replacements and present the names of potential appointees to the Board for consideration and selection."



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: November 20, 2014

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer
775-328-2419, edixon@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Discussion and possible direction to staff regarding new fees associated with Health District activities that are not currently on the Fee Schedule and beginning the process of updating of the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule.

Prior to introduction of new fees to the community, staff is seeking direction from the Board on whether to proceed with the fees not currently on the Fee Schedule for consideration and possible adoption into the current schedule and further seeking direction to start the process to update the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

District Health Strategic Objective supported: Secure and deploy resources for sustainable impact.

PREVIOUS ACTION

April 25, 2013 the Board approved the current Fee Schedule.

September 25, 2014 the Board gave directed staff to bring back the proposed new fees.

October 23, 2014 the Board gave asked staff to bring back the proposed new fees with item seven (7) split into two separate fees; a Validated Facility Complaint fee and a Validated Foodborne Illness Outbreak fee.

BACKGROUND

During a review of our business processes for the Accela Regional License and Permits project and the reassessment of all other business processes and associated fees it was discovered that there are several activities that the current fee schedule does not allow for the Health District to charge a fee. At the September 25, 2014 board meeting staff was directed to develop those fees for the activities identified and bring them back to the Board for discussion and direction. Further discussion occurred at the October 23, 2014 board meeting and staff was asked to make modifications to the proposed fees.

The current fee schedule does not include the cost of living adjustments, benefit increases, and indirect cost rates approved for fiscal year 2015. So that the fee structure stays in line with the cost of doing business, staff is asking for direction to start the process of updating the current fee schedule for the salaries, benefits, and indirect rate increases that are already in place for expenditures.

The methodology of the Health District is to identify the amount of time it takes to perform the activities associated with the fee. Then the most current personnel rate (salaries & benefits) is multiplied by the time. The calculated figure is multiplied by the Health District approved Indirect Cost Rate Agreement and the Washoe County Health District Indirect Cost Rate (CoWCAP), both prepared with a federally- approved methodology by an independent contractor for the Washoe County Health District. The direct and indirect expenditures are added together and the fee is rounded to the nearest whole dollar.

As a cost recovery measure, we are requesting direction from the Board as to whether staff should pursue including the fees in the current Fee Schedule for the following list of services in the Air Quality Management Division and the Environmental Health Division.

Air Quality Management

The following new fees will generate approximately \$10,167.00 annually for the Air Quality Division.

- 1) National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Abatement Notifications when an administrative modification is necessary for a change in general or abatement contractors.
 - The proposed fee is \$47.00; the anticipated annual volume is 5 for total estimated revenue of \$235.00 (see ***Attachment AQM1*** Page 1 for details).
- 2) NESHAP demolition notifications following abatement. The current schedule only allows for non-NESHAP demolition notices.
 - The proposed fee is \$162.00; the anticipated annual volume is 10 for total estimated revenue of \$1,620.00 (see ***Attachment AQM2*** Page 2 for details).
- 3) Dust control permit administrative modifications for change of contractor, developer, and size of project.
 - The proposed fee is \$47.00; the anticipated annual volume is 50 for total estimated revenue of \$2,350.00 (see ***Attachment AQM3*** Page 3 for details).
- 4) Transfer of Woodstove Certificates of Compliance for a change of title or loan companies.
 - The proposed fee is \$13.00; the anticipated annual volume is 10 for total estimated revenue of \$130.00 (see ***Attachment AQM4*** Page 4 for details).
- 5) Review of Smoke Management Plans for annual review of overall plan and review of individual project units prior to commencement of burns.
 - The proposed fee is \$72.00 with a per unit fee of \$18.00; the anticipated annual volume is 27 with an average 8 units/plan for a total estimated revenue of \$5,832.00 (see ***Attachment AQM5*** Page 5 for details).

Environmental Health Services (EHS)

The following fees will generate approximately \$89,823.00 annually in revenue for the Environmental Health Division.

- 1) New application/Change of ownership fee for every facility with a recurring permit. The following facilities are currently not being charged this type of fee: Invasive Body Decoration Establishments, Hotel/Motel, Child care, Mobile Home or Recreational Vehicle Park, Schools

(public and private), Pool/Spa, Recreational Vehicle Dump Station, all Biohazardous and Solid Waste Annual Permits, Biohazardous Waste Generator, and Liquid-Oil-Waste Hauler Vehicles.

- The proposed fee is \$102.00; the anticipated annual volume is 75 for total estimated revenue of \$7,650.00 (see **Attachment EHS1** Page 6 for details).
- 2) School Institution inspections pursuant to requirements under NRS 444.335 related to the state school regulations for environmental and safety standards.
 - The proposed fee is \$151.00; the anticipated annual volume is 138 for total estimated revenue of \$20,838.00 (see **Attachment EHS2** Page 7 for details).
 - 3) Underground Storage Tank Inspection fee. This would include new construction, remodels, and decommissioning of systems. (Pending legal review)
 - The proposed fee for the Underground Storage Tanks New Construction permit fee is \$1,603.00; the anticipated annual volume is 10 for total estimated revenue of \$16,030.00 (see **Attachment EHS3** Page 8).
 - The proposed fee for the Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee (UST Repair) New Construction permit fee is \$1,603.00; the anticipated annual volume is 10 for total estimated revenue of \$16,030.00 (see **Attachment EHS3** Page 9 for details).
 - The proposed fee for the Underground Storage Tanks (UST) Decommissioning Permit Fee is \$1,333.00; the anticipated annual volume is 10 for total estimated revenue of \$13,330.00 (see **Attachment EHS3** Page 10 for details).
 - 4) Expand the Limited Advisory Inspection Fee to a Per Hour Fee for all customer service based requests that don't fit within current fee structure. This is for Normal Working Hours and Non- standard Working Hours requests. Currently this fee can only be charged for Food Inspections.
 - The proposed fee is \$71.00 per hour; the anticipated annual volume is 10 for total estimated revenue of \$1,420.00, assuming the 2 hours minimum (see **Attachment EHS4** Page 11 for details) for services during normal working hours.
 - \$105.00 per hour for services during non-standard working hours with a volume of 10 the estimated revenue is \$2,100.00, assuming the 2 hours minimum (see **Attachment EHS4** Page 11 for details).
 - 5) Implement a Re-inspection Fee for re-inspections above what is included in an original permit fee. The current fee schedule only allows for re-inspection fees to be charged to Foods, Special Events, Pool/Spa Construction, and Pool/Spa Inspection.
 - The proposed fee is \$71.00; the anticipated annual volume is 30 for total estimated revenue of \$2,130.00 (see **Attachment EHS5** Page 12 for details).
 - 6) Adjust the current refund fee to reduce staff time and customer confusion.
 - At this time the health district is reevaluating the refund policy to consider all perspectives including the implementation of the Accela project. No determination will be made at this

time; however, if decisions are made they will be brought forward to the community, and brought back to the board, with the other fees (see **Attachment EHS6** Page 13 for details).

7a) Cost recovery fee for Validated Facility Complaints.

- The proposed fee is \$71.00 per hour; the anticipated annual volume is infrequent; therefore, no annual revenue is estimated. (see **Attachment EHS7a** Page 14 for details).
- The proposed fee is for the recovery of actual staff time deployed investigating a valid complaint, issuing abatement or notices of violation and following up on compliance with the abatement order. The fee will not be utilized for initial investigations of facility complaints, but only in such instances where after the initial investigation violations were determined to be present and multiple subsequent follow up actions need to be taken to resolve the violation and close the complaint.
- None of the activities covered by this fee are incorporated into the annual permitting or inspection fees for the facility. The actual time spent on these activities are outside the current staff time and activities which are included in a facility's annual permit or inspection fee.

7b) Cost recovery fee for Validated Foodborne Illness (FBI) Investigation Fee.

- The proposed fee is \$71.00 per hour; the anticipated annual volume is infrequent; therefore, no annual revenue is estimated. (see **Attachment EHS7b** Page 15 for details).
- The proposed fee is for the recovery of actual staff time deployed investigating, confirming and completing a Foodborne Illness Outbreak. This fee will not be utilized for initial foodborne illness outbreak investigations or complaints. The fee is specifically proposed for those outbreaks where the cause of the outbreak has been demonstrated and an extraordinary amount of staff time was spent working on the outbreak.
- None of the activities covered by this fee are incorporated into the annual permitting fees for the establishments. The actual time spent on these activities are outside the current staff time and activities which are included in a facility's annual permit or inspection fee.

8) Expand Quick Start. Currently the Quick Start Fee is only charged for Food Construction Establishments and services are being requested for other construction activities. Expanding the definition will allow us to charge for these services.

- The proposed fee is \$37.00 per half hour; the anticipated annual volume is 10 for total estimated revenue of \$370.00 (see **Attachment EHS8** Page 16 for details).

9) Water System Construction Plan Review Fee. Currently the fee justification allows for a \$1.00 charge for each water connection in addition to the base fee. We are not currently charging the additional water connection fee.

- The proposed change would be between \$500.00 and \$1,000.00 a year. This dramatically fluctuates within the year; the volume of water projects is currently high, however, it is anticipated to slow down with the merger of the water departments in Washoe County. (see **Attachment EHS9** Page 17 for details).

10) Late payment fee for all permitted facilities. Air Quality Management currently charges a 25% Permit to Operate Late Fee. Adding this fee for EHS would increase timely payment and provide consistency across divisions.

- The proposed fee is 25%; the anticipated annual volume is 276 for total estimated revenue of \$8,925.00 (see **Attachment EHS10** Page 19 for details).

These activities require staff time to be able to work with contractors, developers, Land Managers and other parties involved with the activities and the cost is currently not being recovered. The activities are fundamental for the protection of public health so it is recommended that staff be directed to work with the public to educate them about the new fees and return to the board for adoption.

Direction to bring back the new fees is consistent with the Fundamental Review Recommendation goal 5: update fee schedules and billing processes for all clinical and environmental services; section b and c, identify costs for regulatory programs and permits and services that could be included in the fee schedule.

FISCAL IMPACT

If all new fees are adopted by the DBOH it is anticipated that the Air Quality Division will have an increase in revenue of \$10,167.00 and the Environmental Health Division will have an increase of \$89,823.00, for a total annual increase in revenue of \$99,990.00 to the Health Fund.

RECOMMENDATION

Staff recommends that the District Board of Health give direction regarding new fees associated with Health District activities that are not currently on the Fee Schedule and begin the process of updating the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

POSSIBLE MOTION

Move to direct staff to present to the community the proposed new fees and bring back to the Board the fees for consideration and possible adoption into the current Fee Schedule and begin the process of updating the existing fee schedule with the most current salaries, benefits, and indirect cost rates that have been approved for Fiscal Year 2015.

Attachment AQM1:

Air Quality Management Division - National Emission Standards for Hazardous Air Pollutants (NESHAP) Asbestos Abatement Notifications when an administrative modification is necessary for a change in general or abatement contractors.

NESHAP NOTIFICATION ADMINISTRATIVE MODIFICATION FEE

A Notification of Asbestos Demolition/Renovation is required for construction activities in order to demonstrate compliance with the Federal Asbestos Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The NESHAP Administrative Modification Fee is based upon the staff time to review the revised notification, enter the new contractor contact information into the permitting system, retrieve the original notification from the files to attach the revision, and notify the inspector of the change in contractor. The inspector will then make arrangements to meet with the new contact on site to review the scope of the project and current status.

The average time for the Office Support Specialist to complete the revision is 15 minutes. The average time for the Air Pollution Specialist II to complete the review of the project with the new contractor is 30 minutes.

The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45. The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.

The computation of the NESHAP Administrative Modification fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Office Support Specialist	\$39.45	0.250	\$9.86
Air Quality Specialist II	\$51.32	0.500	\$25.66
Subtotal			\$35.52
AQM Indirect Cost Rate	26.08%	Indirect Cost-AQM	\$9.26
CoWCAP (County) Indirect Cost		Indirect Cost-CoWCAP (County)	\$2.65
Rate-AQM Division	7.46%	Total Cost	\$47.44

The NESHAP Administrative Modification fee is \$47.00.

Attachment AQM2:

NESHAP demolition notifications following abatement. The current schedule only allows for non-NESHAP demolition notices.

NOTIFICATION OF ASBESTOS APPLICATION/REMOVAL FEE

A Notification of Asbestos Demolition/Renovation is required for construction activities in order to demonstrate compliance with the Federal Asbestos Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The Notification fee is based upon the staff time to conduct a review of asbestos removal or demolition plans, meet with consultants/abatement contractors prior to project start up, conduct field inspections of control strategies during the actual demo/removal process, and maintain the necessary documentation and paperwork that will ensure compliance with Federal NESHAP regulations for friable and non-friable asbestos projects.

The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.

The hourly salary, including fringe benefits for a Plan/Permit/App Aide is \$36.99.

Demolition Notifications

Personnel	Hourly Rate	# of Hours	Cost
Air Quality Specialist II	\$51.32	2.000	\$102.64
Plan/Permit/App Aide	\$36.99	0.500	\$18.50
Subtotal			\$121.14
AQM Indirect Cost Rate	26.08%	Indirect Cost-AQM	\$31.59
CoWCAP (County) Indirect Cost Rate-AQM Division	7.46%	Indirect Cost-CoWCAP (County)	\$9.04
Total Cost			\$161.76

The Notification of Asbestos application/removal fee is \$162.00

Attachment AQM3:

Dust control permits administrative modifications for change of contractor, developer, and size of project.

DUST CONTROL PERMIT ADMINISTRATIVE MODIFICATION FEE

A Dust Control Plan Review is required for grading activities that have the potential to emit air contaminants above the levels established in the DBOH Regulations Governing Air Quality Management. These regulations were adopted by the DBOH in order for the AQMD to implement the Federal CAA under delegation from the EPA, and in accordance with NRS 445B.

The Dust Control Permit Administrative Modification Fee is based upon the staff time to review the application for modification, enter the modified information into the permitting system, retrieve the original application to attach the modification, issue the modified permit to all of the contacts, and notify the inspector of the changes. The inspector will then make arrangements to meet with the contractor on site to review the scope of the project and current status.

The average time for the Office Support Specialist to complete the revision is 15 minutes. The average time for the Air Pollution Specialist II to complete the review of the project with the contractor on site is 30 minutes.

The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45. The hourly salary, including fringe benefits for an Air Quality Specialist II is \$51.32.

The computation of the Dust Control Permit Administrative Modification fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Office Support Specialist	\$39.45	0.250	\$9.86
Air Quality Specialist II	\$51.32	0.500	\$25.66
Subtotal			\$35.52
AQM Indirect Cost Rate	26.08%	Indirect Cost-AQM	\$9.26
CoWCAP (County) Indirect Cost		Indirect Cost-CoWCAP (County)	\$2.65
Rate-AQM Division	7.46%	Total Cost	\$47.44

The Dust Control Permit Administrative Modification fee is \$47.00.

Attachment AQM4:

Transfer of Woodstove Certificates of Compliance for a change of title or loan companies.

TRANSFER OF WOODSTOVE CERTIFICATE OF COMPLIANCE FEE

A Woodstove Certificate is required to demonstrate a solid fuel burning device is in compliance with the Fireplace/Woodstove Regulations adopted in the DBOH Regulations Governing Air Quality Management. These regulations were adopted in order for the AQMD to implement the Federal CAA under delegation from the EPA and in accordance with NRS 445B.

The fee for a Transfer of a Woodstove Certificate of Compliance is based upon the staff time to review the application for transfer, enter the modified information into the permitting system, issue the amended Certificate to the Title Company to be included in the escrow paperwork.

The average time for the Office Support Specialist to complete the revision is 15 minutes. The hourly salary, including fringe benefits for an Office Support Specialist is \$39.45.

The computation of the Transfer of Woodstove Certificate fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Office Support Specialist	\$39.45	0.250	\$9.86
Subtotal			\$9.86
AQM Indirect Cost Rate	26.08% CoWCAP		Indirect Cost-AQM \$2.57
(County) Indirect Cost			Indirect Cost-CoWCAP (County) \$0.74
Rate-AQM Division	7.46%		Total Cost \$13.17

The Transfer of Woodstove Certificate of Compliance fee is \$13.00.

Attachment AQM5:

Review of Smoke Management Plans for annual review of overall plan and review of individual projects prior to commencement of burns.

SMOKE MANAGEMENT PLAN REVIEW FEE

A Smoke Management Plan Review is required for prescribed burn activities that have the potential to emit air contaminants above the levels established in the DBOH Regulations Governing Air Quality Management. These regulations were adopted by the DBOH in order for the AQMD to implement the Federal CAA under delegation from the EPA, and in accordance with NRS 445B.

The Smoke Management Plan Review Fee is based upon the staff time to review the Smoke Management portion of the Land Managers Burn Prescription, enter the information into the permitting system, and issue the plan approval with appropriate conditions. A Notification of Prescribed Burning is submitted for review and approval for each unit to confirm burn activity information and ensure favorable air quality conditions prior to the burn.

The average time for the Senior Air Quality Specialist to complete the initial review is 1 hour. The average time for the Senior Air Quality Specialist to review and track each of the unit burn notifications is 15 minutes.

The hourly salary, including fringe benefits for a Senior Air Quality Specialist is \$53.85. The computation of the Smoke Management Plan Review fee is as follows:

Base Fee

Personnel	Hourly Rate	# of Hours	Cost
Sr. Air Quality Specialist	\$53.85	1	\$53.85
Subtotal			\$53.85
AQM Indirect Cost Rate	26.08%	Indirect Cost-AQM	\$14.04
CoWCAP (County) Indirect Cost Rate-AQM Division	7.46%	Indirect Cost-CoWCAP (County)	\$4.02
Total Cost			\$71.91

The Smoke Management Plan Review base fee per permit is \$72.00.

Per Unit

Personnel	Hourly Rate	# of Hours	Cost
Sr. Air Quality Specialist	\$53.85	0.25	\$13.46
Subtotal			\$13.46
AQM Indirect Cost Rate	26.08%	Indirect Cost-AQM	\$3.51
CoWCAP (County) Indirect Cost Rate-AQM Division	7.46%	Indirect Cost-CoWCAP (County)	\$1.00
Total Cost			\$17.98

The Smoke Management Plan review fee (per unit) is \$18.00.

Attachment EHS1:

New application/Change of ownership fee for every facility with a recurring permit. The following facilities are currently not being charged this type of fee: Invasive Body Decoration Establishments, Hotel/Motel, Child care, Mobile Home or Recreational Vehicle Park, Schools (public and private), Pool/Spa, Recreational Vehicle Dump Station, all Biohazardous and Solid Waste Annual Permits, Biohazardous Waste Generator, and Liquid-Oil-Waste Hauler Vehicles.

NEW FACILITY/CHANGE OF OWNERSHIP - APPLICATION FEE

The Facility Application fee is based upon the average amount of staff time necessary to conduct inspections at establishments with a recurring permit and for those facilities the Health District is legally required to inspect.

Except as noted, the application fee is assessed only at the time an application for permit to operate is submitted and will be combined with the applicable routine inspection fee for the first year. At the time of permit renewal, only the applicable routine inspection fee will be assessed.

NOTE: Applications for permit to operate associated with a plan submittal will not be assessed the application fee - only the applicable routine inspection fee will be assessed. Fees for conducting opening inspections at facilities involving plan reviews are accounted for in the 'base fee' associated with plan reviews.

Per NRS and the Regulations of the Washoe County District Board of Health, the facilities outlined in the justification must be inspected by the Health District.

The average time spent by an Environmental Health Specialist to conduct inspections and associated paperwork is 1 hour, 15 minutes.

The hourly salary, including fringe benefits, for an Environmental Health Specialist is \$51.32.

Processing an application includes, but is not limited to: collection of applicable fees and generation of a receipt; initializing a record in the Permits system; creation of a file; initial inspection of facility; if applicable meeting with new owner; reviewing procedures; and determining if facility is eligible for a permit or appropriate equivalent.

The average time spent by an Office Assistant II-Plans/Permit/Application Aide combination to process the application is 20 minutes.

The hourly salary, including fringe benefits, of an Office Assistant II/PPAA combo is \$35.53. The computation of the New Facility/Change of Ownership - Application fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Environmental Health Spec.	\$51.32	1.250	\$64.15
OAI/PPAA combo	\$35.53	0.333	\$11.84
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$16.06
		Indirect Cost-CoWCAP (County)	\$5.45
CoWCAP (County) Rate-EHS Division	7.17%	Subtotal	\$97.50
		IT Overlay	\$4.00
		Total Cost	\$101.50

The New Facility/Change of Ownership- Application Fee is \$102.00.

Attachment EHS2:

School Institution inspections pursuant to requirements under NRS 444.335 related to the state school regulations for environmental and safety standards.

School Institutions			
<p>The School Institution Permit fee is based upon the average time it takes to conduct semi-annual routine inspections/re-inspections of school premises and complete associated paperwork. Pursuant to NRS 444.335 bathrooms, areas used for sleeping, common areas and areas located outdoors used by children at the facility must be inspected twice per year. Semi-annual routine inspections include, but are not limited to, validating that: building exteriors/interiors are in good repair, classrooms/gymnasiums meet applicable lighting, ventilation and heating standards, laboratory supplies are properly stored, and school grounds are in good repair.</p> <p>The average time spent by an Environmental Health Specialist to conduct each semi-annual routine inspection of a school facility is 1 hour.</p> <p>The average time spent by an Office Assistant II-Plans/Permit/Application Aide combination to process the application is 20 minutes.</p>			
Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$51.32	2.000	\$102.64
OAI/PPAA combo	\$35.53	0.333	\$11.84
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$24.19
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP (County)	\$8.21
Subtotal			\$146.88
IT Overlay			\$4.00
Total Cost			\$150.88
<p>The annual School Institutions Inspection fee is \$151.00</p>			

Attachment EHS3:

Underground Storage Tank Inspection fee. This would include new construction, remodels, and decommissioning of systems.

Underground Storage Tanks (UST) New Construction Permit Fee

The UST Construction Fee is based upon the staff time to conduct the plan review and construction inspections associated with a new UST Facility. The permit fee would be assessed at the time of construction plan submittal and building permit application. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapter 459. The construction plan review includes an advisory inspection. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.

A minimum of 4 field inspections are necessary, requiring a total of 20 hours (2 staff members at 10 hours each): tank set inspection of 6 hours, primary inspection of 4 hours, secondary inspection of 4 hours and a final inspection of the leak detection system, including the case/regulatory file creation of 6 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.

An average of three hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	23.000	\$1,209.46
Plan/Permit/Application Aid	\$36.99	1.000	\$36.99
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$263.37
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP County)	\$89.34
		Subtotal	\$1,599.16
		IT Overlay	\$4.00
		Total Cost	\$1,603.16

The Underground Storage Tanks (UST) New Construction Permit fee is \$1,603.00

Attachment EHS3 (continued):

Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee (UST Repair)

The UST Repair Fee is based upon the staff time to conduct the plan review and construction inspections associated with an UST Facility undergoing remodels, upgrades or repairs. The permit fee would be assessed at the time of construction plan submittal and building permit application for the associated work. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapters 445A and 459. The construction plan review includes an advisory inspection. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.

A minimum of 5 field inspections are necessary, requiring a total of 20 hours (2 staff members at 10 hours each): existing piping inspection prior to removal of 2 hours, sampling inspection of 6 hours, primary inspection of 3 hours, secondary inspection of 3 hours and a final inspection of the leak detection system, including the case/regulatory file creation of 6 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.

An average of three hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	23.000	\$1,209.46
Plan/Permit/Application Aid	\$36.99	1.000	\$36.99
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$263.37
CoWCAP (County) Indirect Cost		Indirect Cost-CoWCAP (County)	\$89.34
Rate-EHS Division	7.17%	Subtotal	\$1,599.16
		IT Overlay	\$4.00
		Total Cost	\$1,603.16

The Underground Storage Tanks (UST) Remodel/Upgrade/Repair Construction Permit Fee is \$1,603.00

Attachment EHS3 (continued):

Underground Storage Tanks (UST) Decommissioning Permit Fee

The UST Construction Fee is based upon the staff time to conduct the plan review and construction inspections associated with a new UST Facility. The permit fee would be assessed at the time of construction plan submittal and building permit application. Staff reviews the construction permit application and associated construction plans with regard to compliance with the Code of Federal Regulations Chapter 40 Part 280 and Nevada Administrative Code (NAC) Chapter 459. The construction plan review includes an advisory inspection. Staff performs construction inspections to ensure the system is constructed in compliance with 40 CFR 280, NAC 459 and according to the approved plans.

A minimum of 3 field inspections are necessary, requiring a total of 16 hours (2 staff members at 8 each): field inspection of the UST system and associated components prior to removal for 2 hours, piping removal inspection and associated sampling oversight for 6 hours, tank removal inspection and associated sampling oversight for 8 hours. The two staff members completing the work consist of a Senior Environmental Health Specialist and an Environmental Health Specialist.

An average of two hours of office time is spent on the plan review for each permit which includes one onsite advisory inspection. Plan review is completed by a Senior Environmental Health Specialist.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The hourly salary, including fringe benefits, for a Plans/Permit/App Aid is \$36.99.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process permit applications, enter plans and inspection reports and route construction plans is 1 hour.

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	19.000	\$999.12
Plan/Permit/Application Aid	\$36.99	1.000	\$36.99
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$218.93
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP (County)	\$74.26
		Subtotal	\$1,329.30
		IT Overlay	\$4.00
		Total Cost	\$1,333.30

The Underground Storage Tanks (UST) Decommissioning Permit fee is \$1,333.00

Attachment EHS4:

Expand the Limited Advisory Inspection Fee to a Per Hour Fee for all customer service based requests that don't fit within current fee structure. This is for Normal Working Hours and Non-standard Working Hours requests. Currently this fee can only be charged for Food Inspections.

LIMITED ADVISORY INSPECTION FEE

The Limited Advisory Inspection fee is a customer service based fee and may or may be not associated with specific permitting, certification or application processes. Service requests typically involve on-site inspections to evaluate a facility, operation or building. Results are presented in a formal report.

Individuals requesting Limited Advisory Inspections will be assessed a fee equal to a minimum of 2 hours of staff time at the Sr. Environmental Health Specialist/Environmental Health Specialist level. On-site inspections exceeding the 2 hour minimum will be assessed an additional fee for each 30 minutes, or portion thereof, beyond the 2 hour minimum. This additional fee will be assessed at the rate for a Sr. Environmental Health Specialist/Environmental Health Specialist combo.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The computation of the Limited Advisory Inspection fee is as follows:

Normal Working Hours Request

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	1.000	\$52.59
EHS Indirect Cost Rate		Indirect Cost-EHS	\$11.11
21.13%		Indirect Cost-CoWCAP (County)	\$3.77
CoWCAP (County) Indirect Cost		Subtotal	\$67.47
Rate-EHS Division	7.17%	IT Overlay	\$4.00
		Total Cost	\$71.47

The Limited Advisory Inspection fee during normal working hours is \$71.00 per hour with a 2 hour minimum charge.

Non-standard Working Hours Request

For any portion of a Limited Advisory Inspection conducted during non-standard working hours, the hourly, overtime salary (including fringe benefits), for a Senior Environmental Health Specialist/ Environmental Health Specialist shall be applied. For inspections related to activities that are conducted during Non-standard working hours, the Non-standard Working Hours Request rate applicable will be assessed.

The overtime hourly salary, including fringe benefits, of a Sr. Environmental Health Specialist/ Environmental Health Specialist is \$78.88.

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$78.88	1.000	\$78.88
EHS Indirect Cost Rate		Indirect Cost-EHS	\$16.67
21.13%		Indirect Cost-CoWCAP (County)	\$5.65
CoWCAP (County) Indirect Cost		Subtotal	\$101.20
Rate-EHS Division	7.17%	IT Overlay	\$4.00
		Total Cost	\$105.20

The Limited Advisory Inspection fee during non-standard working hours is \$105.00 per hour with a 2 hour minimum charge.

Attachment EHS5:

Implement a re-inspection Fee for re-inspections above what is included in an original permit fee. The current fee schedule only allows for re-inspection fees to be charged to Foods, Special Events, Pool/Spa Construction, and Pool/Spa Inspection.

RE-INSPECTION OF FACILITIES FEE

The non-routine re-inspection fee is based upon the cost to conduct a re-inspection of any permitted facility or those establishments the Health District is legally required to inspect where limited progress to correct previously noted violations or deficiencies has occurred. During the inspection cycle, one routine inspection is conducted and, in cases where violations or deficiencies are noted during the routine inspection, a re-inspection may also be conducted to validate compliance. The fee would only be assessed when more than one re-inspection is conducted during the inspection cycle and when limited progress to correct previously noted violations or deficiencies has occurred.

The average re-inspection time for all Facilities is one (1) hour.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The computation of the Re-inspection of Facilities fee is as follows:

Facilities

Personnel	Hourly Rate	# of Hours	Cost
Sr Env/Env Health Specialist Combo	\$52.59	1.000	\$52.59
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$11.11
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP (County)	\$3.77
		Subtotal	\$67.47
		IT Overlay	\$4.00
		Total Cost	\$71.47

The Re-inspection of Facilities fee is \$71.00.

Attachment EHS6:

Adjust the current refund fee to reduce staff time and customer confusion.

Refund Policy

At this time the health district is reevaluating the refund policy to consider all perspectives including the implementation of the Accela project.

No determination will be made at this time, however, if decisions are made they will be brought forward to the community with the other fees.

Attachment EHS7a:

Cost recovery fee for a Validated Facility Complaint.

VALIDATED FACILITY COMPLAINT

The Validated Facility Complaint fee is based upon the actual staff time to conduct field inspections, research, interviews and re-inspections of the complaint, as well as review lab results and analyze data.

The purpose of the fee is to recover staff costs related to the follow up of complaint investigative activities, review corrective action plans, and other abatement orders to ensure compliance of the facility in accordance with applicable environmental laws and regulations. This also includes the time necessary to meet and consult with representatives of the "responsible party".

The amount of time necessary will vary according to the scope of the problem and the time it takes to remediate the public health concern and close the complaint investigation. Staff will provide documentation on approved forms in order to recover costs.

The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.

The computation of the Validated Facility Complaint fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	1.000	\$52.59
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$11.11
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP (County)	\$3.77
		Subtotal	\$67.47
		IT Overlay	\$4.00
		Total Cost	\$71.47

The Validated Facility Complaint fee (per hour) is \$71.00

Attachment EHS7b:

Cost recovery fee for Validated Foodborne Illness (FBI) Investigation Fee.

VALIDATED FOODBORNE ILLNESS (FBI) INVESTIGATION FEE			
<p>The Validated FBI Investigation fee is based upon the actual staff time spent to conduct field inspections, investigations, research, interviews, as well as collect and deliver laboratory specimens or samples, review lab results, and analyze data associated with the FBI investigation.</p>			
<p>The purpose of the fee is to recover staff costs related to investigative activities, implementation and oversight of specific action plans associated with ending or controlling the cause of the outbreak, evaluation of laboratory data, meetings and final report documentation associated with a validated FBI investigation.</p>			
<p>The fee will include the actual amount of time spent on the activities outlined above to define the scope of the problem and remediate and close the illness outbreak. Staff will provide documentation of actual staff time spent on the investigation on approved forms in order to recover costs.</p>			
<p>The hourly salary, including fringe benefits, for a Sr. Environmental Health Specialist/ Environmental Health Specialist combo is \$52.59.</p>			
<p>The computation of the Validated Facility Complaint fee is as follows:</p>			
Personnel	Hourly Rate	# of Hours	Cost
Sr. Environmental Health Specialist/Env Hlth Spec.	\$52.59	1.000	\$52.59
EHS Indirect Cost Rate	21.13%	Indirect Cost-EHS	\$11.11
CoWCAP (County) Indirect Cost Rate-EHS Division	7.17%	Indirect Cost-CoWCAP (County)	\$3.77
Subtotal			\$67.47
IT Overlay			\$4.00
Total Cost			\$71.47
<p>The Validated Foodborne Illness (FBI) Investigation fee (per hour) is \$71.00</p>			

Attachment EHS8:

Expand Quick Start. Currently the Quick Start Fee is only charged for Food Construction Establishments and services are being requested for other construction activities. Expanding the definition will allow us to charge for these services.

**ESTABLISHMENT CONSTRUCTION -
QUICK START FEE**

In an effort to provide contractors an opportunity to conduct limited construction activities while their plans are being processed through various agencies, local building departments have established varying levels of a service generally referred to as a "quick start". As a partner in the plan review process, personnel from the Environmental Health Services Division regularly attend these "quick start" meetings to evaluate the feasibility, from the Health Department's standpoint, of allowing the contractor to proceed with certain construction activities while plans are being reviewed for approval. This fee is charged based on the NRS requirement that we review construction plans of some facilities.

This insures that facilities are constructed in a manner that minimizes the risk of a negative public health outcome.

The average amount of plan review time involved in a Quick Start meeting is 30 minutes.

The hourly salary, including fringe benefits, for an Environmental Health Specialist is \$51.32. The computation of the Establishment Construction-Quick Start fee is as follows:

Personnel	Hourly Rate	# of Hours	Cost
Environmental Health Spec	\$51.32	0.500	\$25.66
		Indirect Cost-EHS	\$5.42
		Indirect Cost-CoWCAP (County)	\$1.84
EHS Indirect Cost Rate	21.13%	Subtotal	\$32.92
CoWCAP (County) Indirect Cost		IT Overlay	\$4.00
Rate-EHS Division	7.17%	Total Cost	\$36.92

The Establishment Construction-Quick Start fee is \$37.00 per half hour.

NOTE: The quick start fee is not a mandated fee; it is a service fee. Customers are purchasing our time to expedite their projects. The 30 minutes assessed is consistent with the time the Sparks Building Department assesses per quick start and is a minimum fee. If more staff time is required the customer will be charged for additional time in 30 minute increments.

Attachment EHS9:

Water System Construction Plan Review Fee. Currently the fee justification allows for a \$1.00 charge for each water connection in addition to the base fee. We are not currently charging the additional water connection fee.

WATER SYSTEM CONSTRUCTION PLAN REVIEW FEE Expansion or Modification of Community or Non-Community System

The Water System Construction Plan Review-Expansion/Modification fee is based on the cost of engineering services required and the cost of support services necessary to complete the review. Engineering staff reviews the water system construction plans and reports with regards to compliance with Federal, State and Health District Regulations. The engineering staff reviews the plans and reports for compliance with Nevada Administrative Code (NAC) 445A.65505 to 6731 and water quality standards. This includes review of the source water capacity and water quality, water storage capacity for fire and emergency needs, water system minimum and maximum pressures, water line size and setback and back flow prevention and cross-connection requirements.

This fee is based on the requirement in NRS that the District Board of Health approve the design, construction, and operation of water systems.

Because of the varying size and the differing complexities of the public water systems, the type of construction is broken out into two categories. In addition, a per lot charge is used because of the complexities associated with the larger systems. The fees were determined using the following information:

The minimum amount of engineering time required to review an application for a permit to construct to expand or modify an existing water system is three (3) hours, 15 minutes for a community system and two (2) hours for a non-community system. This includes time for in-office plan review, 1 initial site visit and 1 final inspection. The hourly salary, including fringe benefits, for a Licensed Engineer is \$67.51.

The average amount of Plan/Permit/Application Aide time not included in the indirect cost rate required to process the applications, type and send correspondence is 20 minutes. The hourly salary, including fringe benefits, for a Plans/Permit/App Aide is \$36.99.

The computation of the Water System Construction Plan Review-Expansion/Modification is as follows:

Expansion or Modification of an Existing System - Community Water

Personnel	Hourly Rate	# of Hours	Cost
Licensed Engineer	\$63.43	3.250	\$206.15
Plan/Permit/App Aide	\$36.99	0.333	\$12.32
EHS Indirect Cost Rate	21.13%		Indirect Cost-EHS \$46.16
CoWCAP (County) Indirect Cost			Indirect Cost-CoWCAP (County) \$15.66
Rate-EHS Division	7.17%		Subtotal \$280.29
			IT Overlay \$4.00
			Total Cost \$284.29

The Water System Construction Plan Review-Expansion/Modification - Community Water fee is \$284.00

<i>Expansion or Modification of an Existing System - Non-Community Water</i>			
Personnel	Hourly Rate	# of Hours	Cost
Licensed Engineer	\$63.43	2.000	\$126.86
Plan/Permit/App Aide	\$36.99	0.333	\$12.32
EHS Indirect Cost Rate	21.13%		Indirect Cost-EHS \$29.41
CoWCAP (County) Indirect Cost			Indirect Cost-CoWCAP (County) \$9.98
Rate-EHS Division	7.17%		Subtotal \$178.56
			IT Overlay \$4.00
			Total Cost \$182.56
The Water System Construction Plan Review-Expansion/Modification - Non-Community Water fee is \$183.00			
<i>Note: A fee of \$1.00 for each connection will be added to the plan review.</i>			

Attachment EHS10:

Late payment fee for all permitted facilities. Air Quality Management currently charges a 25% Permit to Operate Late Fee. Adding this fee for EHS would increase timely payment and provide consistency across divisions.

LATE PAYMENT- PERMIT INVOICE FEE

The late payment fee is based upon the time spent processing a late payment (past due) invoice, recording late payments, and the cost of postage. If the permit fee is not received, the Department, within 15 working days following the permit renewal due date, mails a 30 Day Delinquency Letter. Facilities that fail to pay may have their permits suspended. The processing of late payment invoices and recording of late payments requires clerical time to prepare and mail the correspondence and administrative time in the Health District.

Following the precedent set by the Nevada Division of Environmental Protection, NAC 445B.330.9, the assessed late fee will be 25% of the total amount due, unless otherwise stated in regulations.

The late fee must be paid in addition to the annual permit to operate fee.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: November 20, 2014

DATE: November 7, 2014

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update – Clean Cities Coalition, Accela Project; Divisional Update – Monthly Air Quality Index; Program Reports

1. Program Update

a. Clean Cities Coalition

The AQMD provides funding to the University of Nevada, Reno – Business Environmental Program (BEP) for the Fleets Project which provides outreach, education, and technical assistance for fleet operations in Northern Nevada. The current economic recovery being experienced in the area continues to promote the region as one of the primary distribution centers for the West Coast. This results in an increase in the number and size of truck and automobile fleets operating in the area. If not well-managed, the potential exists for these expanding fleets to negatively impact regional air quality.

In order to further the effectiveness of the Fleets Project, the BEP is pursuing the re-designation of the Truckee Meadows region as a U.S. Department of Energy Clean Cities Coalition member. The Clean Cities Coalition advances the nation's economic, environmental, and energy security by supporting local actions to reduce petroleum use in transportation. There are almost 100 Clean Cities Coalitions nationally and since the inception of the program in 1993, the 14,000 stakeholders have saved nearly 6.5 billion gallons of petroleum which results in the avoidance of significant air quality emissions. In August 2013, the Eastern Sierra Clean Cities Coalition, which was run through the State of Nevada, was officially removed from the Clean Cities Program due to a lack of focus and participation.

The BEP, acting as a neutral coordinator, held a Kick-Off meeting to evaluate the local interest in pursuing the re-designation. The meeting was targeted at government fleet operators and included representatives from the Nevada Chapter of the Rocky Mountain Fleet Managers Association, the RTC, Airport Authority of Washoe County, Washoe County School District, Cities of Reno and Sparks, NV Energy, and the Nevada Department of Agriculture Division of Consumer Equitability. BEP was able to confirm there is a significant interest in completing the 8-step process to once again become recognized as a Clean Cities Coalition. The designation will not only help with the advancement of technologies but also opens the door for future grant opportunities.

b. Accela Project Update

The first Quarterly Oversight meeting has been scheduled for Tuesday, December 2nd at 1:30 pm in the Reno City Council Chambers. The Oversight Committee is comprised of the four project sponsors including Andrew Clinger (Reno), Steve Driscoll (Sparks), John Slaughter (Washoe County), and Kevin Dick (Health District). The agenda for the meeting is currently being drafted and will be posted in accordance with the Nevada Open Meeting Law upon completion. The Oversight Committee will receive an update on and provide direction regarding the overall project status, the project charter, regional GIS meetings, analysis sessions, and financials.

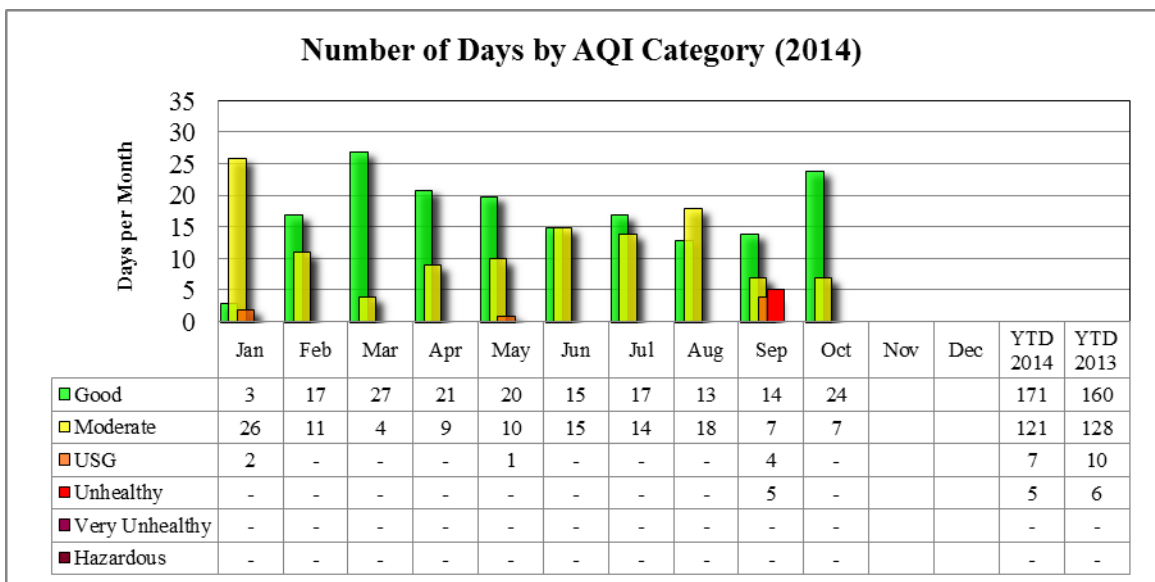
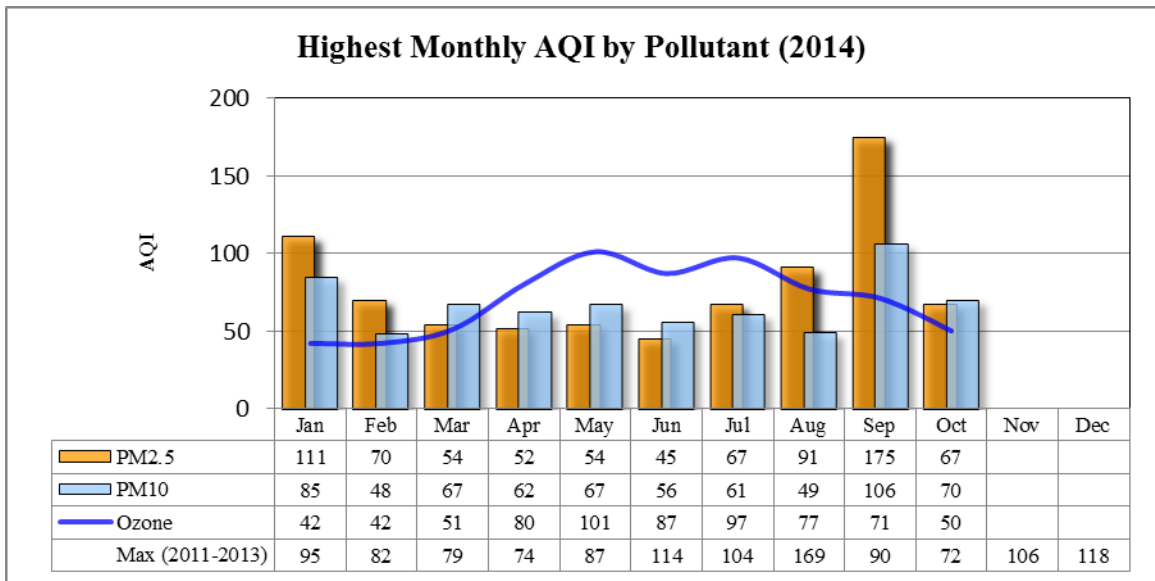
As the analysis sessions are being completed, the focus is turning to subject matters that will involve all of the participating agencies including electronic document review and mapping existing Permits Plus data for conversion into the new Accela Automation system. Training sessions have also been scheduled for January and February for Administrator and Report/Analysis Training to identify the functional abilities of the system. Train the Trainer sessions have been tentatively scheduled for September for the Accela Core Team.

The City of Reno Information Technology staff is currently working on coding and mapping their existing Accela Automation system in preparation for the move to the Cloud. The move is scheduled for May 2015 making it the first in the region to go live in the new regional platform.

Charlene Albee, REM
Director, Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of October. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit www.OurCleanAir.com for the most recent AQI Summary

3. Program Reports

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standard during the month of October.

The 2014-15 Know the Code Season began on November 1st. AQMD staff met with the National Weather Service and local television media in preparation for the woodburning season. AQMD coordinates with these key partners to ensure the public has the best Know the Code information to Keep it Clean. A new video was produced for the Know the Code program and is available at OurCleanAir.com.

The RTC received \$16 million for transportation and transit enhancements for the 4th Street/Prater Way RAPID Transit Project. Funding came from the U.S. Department of Transportation under the Transportation Investment Generating Economic Recovery (TIGER) program. The RTC 4th Street/Prater Way RAPID Transit Project will better connect downtown Reno and downtown Sparks and revitalize the 4th Street/Prater Way corridor. Four new all electric buses will also be purchased to serve this route. The project includes features to accommodate all modes of transportation. There will be wider sidewalks for pedestrians and dedicated bike lanes. The Health District submitted a letter of support for the project. Additional letters of support were sent by U.S. Senate Majority Leader Harry Reid, the City of Reno, the City of Sparks, Washoe County, Nevada Department of Transportation, The Chamber, Northern Nevada Center for Independent Living, Northern Nevada Hispanic Chamber of Commerce, University of Nevada, Reno, Economic Development Authority of Western Nevada, Truckee Meadows Regional Planning Agency, Washoe County School District Police Department, and Truckee Meadows Tomorrow.

AQMD staff attended a Truckee Meadows Tomorrow Transportation Roundtable presentation. Staff from the RTC, Nevada Department of Transportation, and Federal Highway Administration shared their perspectives on the connection between quality of life and transportation planning in Washoe County.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2014		2013	
	October	YTD	October	Annual Total
Renewal of Existing Air Permits	85	835	84	1356
New Authorities to Construct	19	110	6	71
Dust Control Permits	4 (27 acres)	96 (974 acres)	15 (197 acres)	119 (1150 acres)
Wood Stove Certificates	34	289	33	364
WS Dealers Affidavit of Sale	27 (17 replacements)	95 (62 replacements)	13 (9 replacements)	99 (61 replacement)
WS Notice of Exemptions	712 (6 stoves removed)	5811 (59 stoves removed)	991 (10 stoves removed)	8356 (88 stoves removed)
Asbestos Assessments	74	683	72	828
Asbestos Demo and Removal (NESHAP)	21	169	12	199

Staff reviewed twenty-four (24) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The Truckee Meadows Water Reclamation Facility H2S scrubbing system construction is nearing completion. All components are installed and hooked up. The current schedule is to have the system running any day now. Permitting staff is working with Reno City Engineers to assist in completing the required modeling of the emissions from the new scrubber system. This modeling is being performed to demonstrate the facility will be operating in compliance with the National Ambient Air Quality Standards.
- Permitting and enforcement staff is currently completing training on the new EPA reporting tool called ICIS AIR. The old system has been taken off line and all federal air quality reporting now must be performed using ICIS Air.
- MME Truckee sampling results were received from DRI. The results were consistent with staff emissions estimates and provide support to the upcoming permitting effort of the cultivation facilities. The State has finished their selection process for the MME facilities within Washoe County and we are expecting applications for cultivation, processing and lab facilities to be submitted in the near future.

Staff conducted fifty two (52) stationary source renewal inspections in October 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2014*		2013	
	October	YTD	October	Annual Total
Asbestos	3	21	2	18
Burning	0	4	0	8
Construction Dust	5	32	2	0
Dust Control Permit	4	17	0	7
General Dust	10	49	3	46
Diesel Idling	0	3	1	8
Odor	0	14	0	16
Spray Painting	1	5	2	5
Permit to Operate	2	27	8	55
Woodstove	2	10	1	16
TOTAL	27	182	19	209
NOV's	October	YTD	October	Annual Total
Warnings	7	33	4	46
Citations	1	9	4	40
TOTAL	8	42	8	86

*Discrepancies in totals between monthly reports can occur due to data entry delays.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION



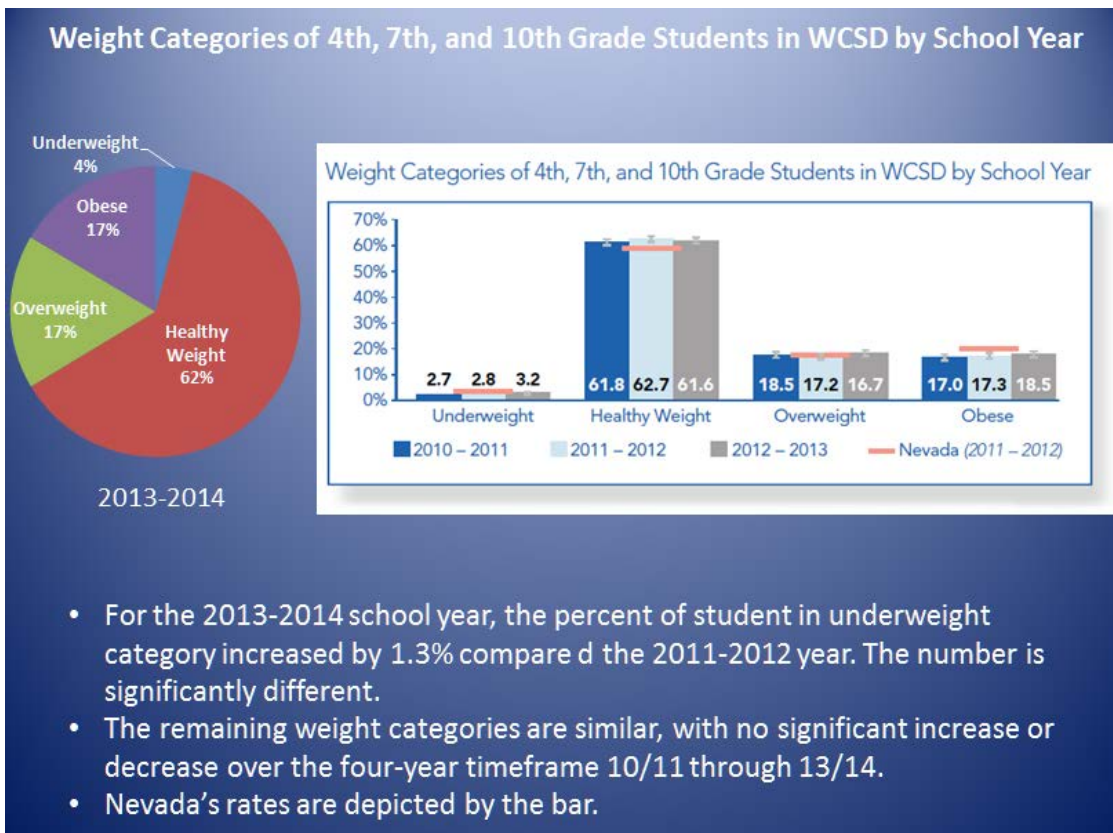
Public Health
Prevent. Promote. Protect.

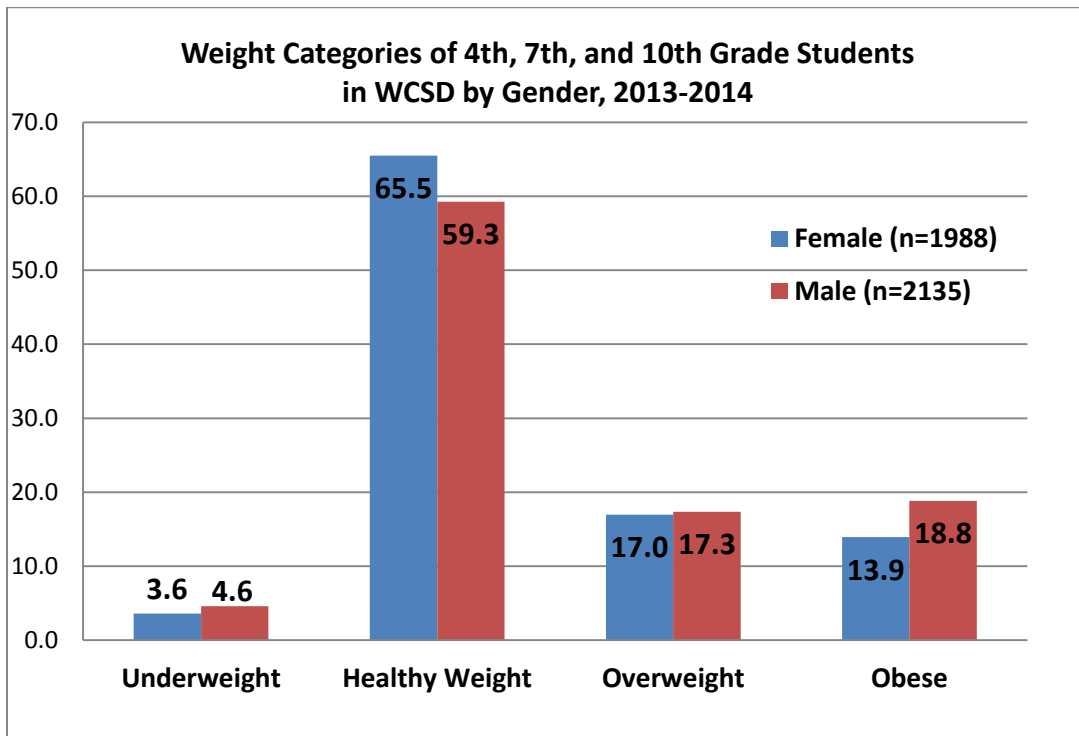
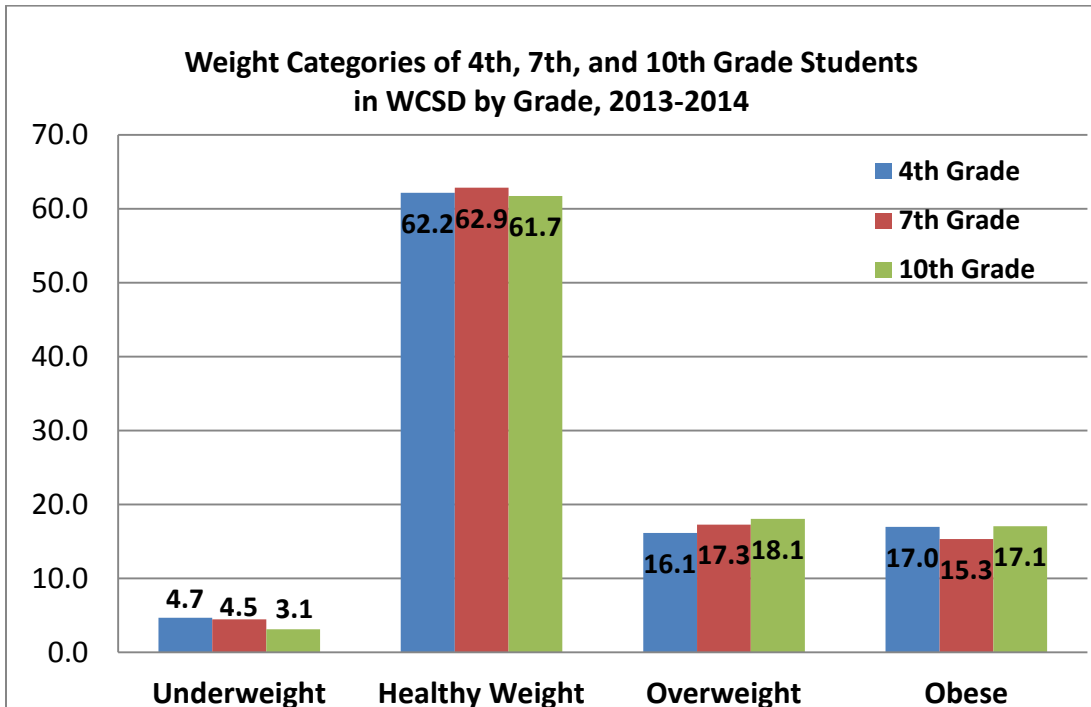
DIVISIONAL STAFF REPORT
BOARD MEETING DATE: November 20, 2014

DATE: November 7, 2014
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Update – Chronic Disease, Divisional Update, Program Reports

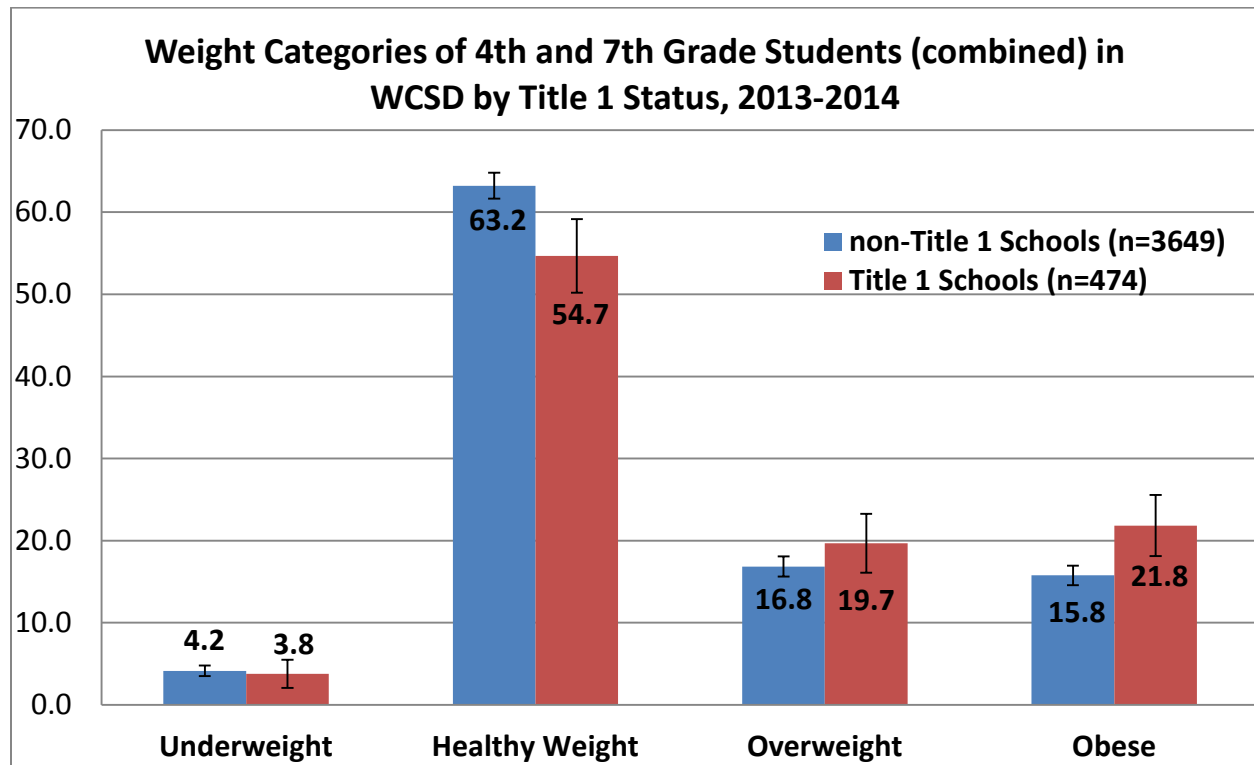
1. Program Update – Chronic Disease Prevention Program – Washoe County Youth Weight Status

Washoe County School District has been collecting height and weight measurements of its 4th, 7th and 10th grade students since the 2007/2008 school year. Each year, the Washoe County Health District analyzes this data, creates a report, and provides it to the community. Below are highlights from the 2013/2014 school year, as well as trend data.





- In 2013-2014, a higher proportion of male students were obese than female students.
- Male students have a lower percentage of healthy weight than female.
- The differences are statistically significant.

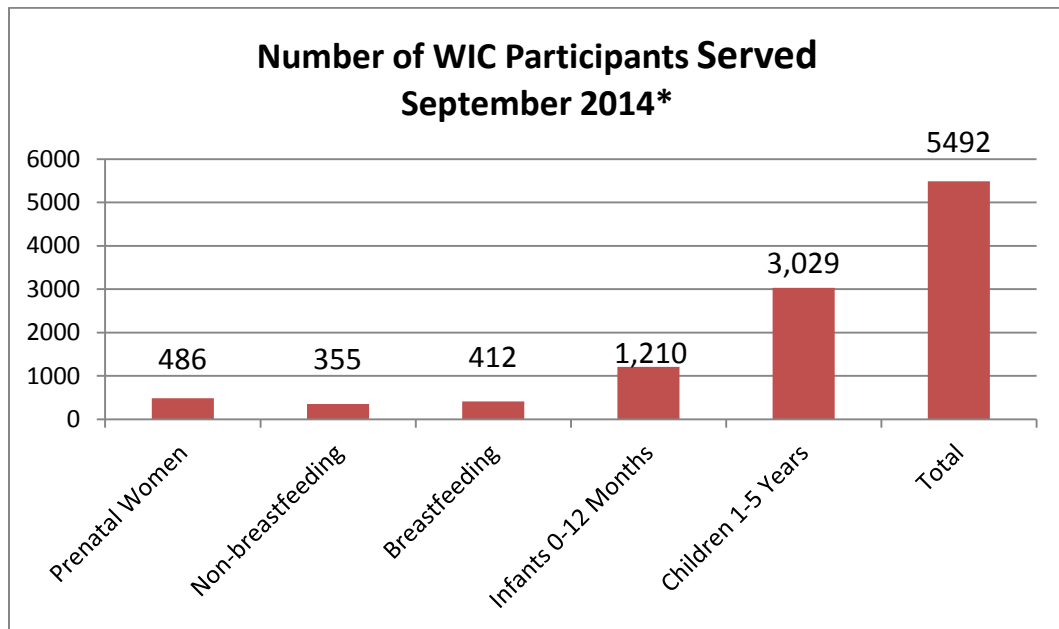
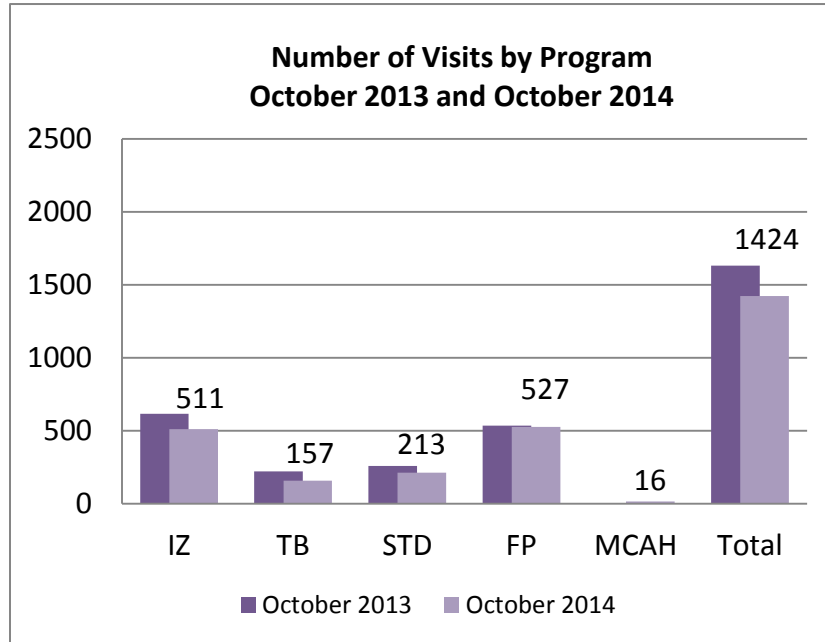


Title 1 schools had a lower proportion of healthy weight students and a higher proportion of obese students compared to Non-Title 1 schools.

2. Divisional Update

- a. Insight – The Insight Workgroup continues to work on software upgrades, new modules and building a more collaborative relationship with the new Client Alignment Executive to more effectively meet the needs of CCHS and its clients.
- b. Affordable Care Act (ACA) – A letter of interest was sent to MultiPlan in response to their request to CCHS for contracting for clinical services. I am in the process of updating the Health Plan of Nevada insurance contract per legal review recommendations.

c. Data/Metrics –



*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Becky Koster transitioned to the Sexual Health program full time on November 3, 2014. Staff will attend Couples Testing training November 19th and November 20th. Staff is in the process of updating the Outbreak Response Plan.

The Sexual Health program collaborated with the Regional Street Enforcement Team at a prostitution sting by offering HIV/STD testing and risk assessments. Seven rapid HIV tests and risk assessments were provided to individuals soliciting prostitution. The WCHD was mentioned in an article in the Reno Gazette Journal regarding this sting which was published October 18, 2014. Sexual Health staff initiated the collaboration to help insure compliance with NRS 201.356, which requires any person who is arrested for engaging in or soliciting for position submit to HIV testing.

An advertising campaign promoting early detection of HIV and syphilis in the Men that have Sex with Men (MSM) population is scheduled to begin in December. The campaign will be implemented through a Social Media phone app that is commonly utilized by the targeted MSM population.

Immunizations – Kathy Sobrio transitioned to the Immunization Program full time as of November 3, 2014. Several staff members attended the CDC Pink Book Immunization Training track of the Nevada Health Conference.

Four School Located Vaccination Clinics (SLVCs) were held in October, in partnership with Immunize Nevada. A total of 616 vaccinations were given to 522 children and adults including 117 Tdap and 499 flu vaccinations. SLVCs continue through mid-December. A Community Flu Clinic was held at Mariposa Academy on October 1, 2014 where 75 flu and 4 Tdap vaccinations were administered. This was also held in partnership with Immunize Nevada.

- b. **Tuberculosis Prevention and Control Program** – Staff has been participating in an International TB investigation which spans multiple states and countries. TB treatment was provided until the client was non-infectious and could travel home, which was out of state. There have been a total of five active TB cases in 2014. Staff initiated treatment on an inter-jurisdictional transfer.
- c. **Family Planning/Teen Health Mall** – The orientation of the program's new Advanced Practice Registered Nurse (APRN), Chris Cifelli, began this month. Program staff has encountered delays in training and implementation of the Family Planning Module in Insight. This is related to a newer version of the software being available that may result in an undesirable impact in the immunization program's use of Insight

- d. **Chronic Disease Prevention Program (CDPP)** – Kelli Goatley-Seals attended the Clearing the Air Institute September 28, through October 1, 2014, hosted by the Americans for Nonsmoker's Rights Foundation. Presentation topics included e-cigarettes, second-hand smoke exposure (including Multi-Unit Housing and Casinos), and third-hand smoke. Information from this conference will be used as the program continues its work in tobacco prevention and control efforts. The information was particularly useful in understanding new approaches recommended by the CDC, such as smoke free casinos.

Ms. Goatley-Seals presented BMI data, tobacco and e-cigarette information to Washoe County School Nurses on November 4, 2014.

Nevada's Qualified Allocation Plan details how Nevada will distribute low income housing tax credits to applicants. Washoe County staff worked with the Nevada Tobacco Prevention Coalition to propose that smoke-free policy be added to the scoring criteria for applications. Staff attended a public hearing on November 5, 2014 and participated in public comment regarding the proposal.

- e. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff completed eight data abstractions and one home interview in October. The first Case Review Team meeting was held on October 15, 2014 and there were 22 participants. Rebecca Gonzales and Jan Houk presented at the March of Dimes Women's Health Symposium on FIMR Implementation in Washoe County. Dr. Kinman's presentation on Fetal Alcohol Syndrome held on October 15, 2014, and had over 80 attendees, and was well received.
- f. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – WIC is working on contracts with UNR and TMCC to provide student experiences and internships in community nutrition. WIC participated in the TMCC Resource Fair on October 22, 2014, which had over 350 attendees including faculty, staff, students and prospective students. WIC provided on-site training for a new State WIC employee, at the request of the State. The Health District WIC program is frequently sought out for trainings, software launches, etc., in part due to the well run program and excellent service provided by WIC staff.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



Public Health
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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: November 20, 2014

DATE: November 6, 2014
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, Land Development, UST/LUST, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- EHS has offered two individuals the Environmental Health Specialist Trainee positions. The anticipated start date is December 1, 2014.
- EHS continues to work with the Accela implementation team to develop and design workflows and permitting processes for the new system.

PROGRAM UPDATES

Food

- **Special Events** continue to bolster the local economy more than ever and our Special Events staff worked diligently to protect public health during the 3rd quarter of 2014 and through October. Reno Sparks Convention and Visitors Authority (RSCVA) reported occupancy and room rates in August 2014 were up 3.4 percent and September 2014 set a new record in room rates with total taxable revenues at \$27.04 million, a 4.5 percent improvement over September 2013, attributing the success to Special Events.

Special Events staff conducted 765 inspections in August which included the area's largest events of Hot August Nights and Nugget Rib Cookoff, 257 inspections in September (Great Reno Balloon Races, Reno Air Races, Street Vibrations, etc.), and 183 inspections in October (Great Italian Festival, etc.). Several staff members worked extended hours over several nights and weekends. Eighty percent of staff time for inspecting Special Events is conducted after hours and on weekends.

In addition to food inspections, Special Events staff worked with promoters to ensure that event infrastructure posed minimum risk of health and safety to the general public. As important as events are to our economy, the regulation of these events is our responsibility and we are proud to state there has never been a major outbreak associated with Special Events in Washoe County. (see attached)

Land Development

- EHS staff is still attempting to recruit individuals to sit on the Sewage, Wastewater and Sanitation Hearing Board (SWS Board). One of the vacancies must be filled by a licensed contractor and staff will advertise to solicit individuals for the current vacancies.

UST/LUST

- Staff completed oversight of the construction upgrades at the Bi-Rite Market in Sun Valley. The station had been inactive for over four months due to the discovery of leaks with the underground piping.

Vector-Borne Disease

- City of Reno Parks Department requested the Health District lift the public health advisory for cyanotoxins at Virginia Lake. The advisory was issued in September due to deaths of water fowl and testing of the lake water by the Desert Research Institute (DRI) indicating the presence of microcystins from algae. The algae was toxic to people and animals when they came in contact with this water. Pets in particular needed to avoid wading and or drinking the water. Subsequent testing in early October and as late October 24 indicated zero cyanotoxins and our Health Officer lifted the public health advisory on October 30 (see attached).
- Kiley Ranch east of Pyramid Highway and north of Kiley Parkway has recently submitted development projects for the former ranch. The existing wetlands now owned by the Kiley Preserve are an existing hot zone for West Nile virus. Developers and the City of Sparks have no intentions for improvement plans for the wetlands. Staff is working with the Kiley Ranch Preserve Board as to ways to develop the wetlands to meet our needs. Our Program has design standards for wetlands that minimize adult mosquitoes from colonizing. The build out of this ranch as planned will put people living in these communities in close proximity to mosquito habitat.

Waste Management

- Staff is working on streamlining inspection processes and preparing for an influx of new permit applications associated with medical marijuana facilities.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	YTD	AVG
Child Care	6	3	7	13	10	27	25	14	25	16	146	15
Complaints	70	74	68	96	101	97	139	117	128	78	968	97
Food	499	312	452	388	475	364	288	420	429	458	4,085	409
General	63	67	118	62	383	134	190	290	101	113	1,521	152
Plan Review (Commercial)	14	3	4	3	14	14	4	3	10	31	96	10
Plan Review (Residential Septic)	21	29	32	39	41	47	46	39	37	39	370	37
Residential Septic Inspections	22	29	37	45	33	74	44	27	43	49	403	40
Temporary Food/Special Events	28	33	62	84	132	420	337	765	271	183	2,315	232
Well Permits	11	0	5	6	6	15	12	12	7	13	87	9
Waste Management	12	20	29	9	12	21	13	13	13	4	146	15
TOTAL	746	570	814	745	1,207	1,209	1,098	1,700	1,064	984	10,137	1,014

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Reno-Tahoe hotels got a big boost from special events

Bill O'Driscoll 5:20 p.m. PDT October 23, 2014



Chris Baum, CEO, RSCVA (Photo: RSCVA photo)

An awesome August for lodging business continued into a splendid September across Reno-Sparks with a 3.4 percent rise in the average room rate over a year earlier, according to a report Thursday.

Data from the Reno-Sparks Convention & Visitors Authority show total taxable room revenues for September were \$27.04 million, a 4.5 percent improvement over September 2013.

Additionally, the occupancy rate across Washoe County rose nearly a half-point to 68.2 percent for a month dominated by major special events, notably the Great Reno Balloon Race, Reno National Championship Air Races, and Street Vibrations.

Room rates have been an ongoing challenge for the RSCVA as the region transitions from a gaming-dependent economy to a broader-based tourist draw with special events and outdoor recreation.

“September is a key month for Reno-Tahoe, with lots of special events activity, so we're pleased,” Chris Baum, RSCVA president/CEO, said in an email to the Reno Gazette-Journal.

He cited the lodging industry's hotel sector, a key draw for special-events crowds, where September taxable room revenues were up 2.5 percent over the year and the average daily room rate rose 2.1 percent to \$93.58.

“So we are definitely moving in the right direction with still lots of room for upwards rate growth in the region, based upon national trends,” Baum said.

The September figures follow a record month of August, when the region saw a new high of \$103.98 in the average room rate, fueled in part by the biggest special event of the year, Hot August Nights, and accompanying Barrett-Jackson Collector Car Auction drawing higher-end hotel customers.

“They don't balk,” Baum said last summer before the auction. “They're used to paying hotel rates we don't get consistently here.”

September's record room rate handily broke August 2013's previous record by 3.8 percent, according to the RSCVA.

Public Health Advisory Lifted for Virginia Lake

KTVN – Channel 2 Posted: Oct 30, 2014 12:31 PM PDT
By Kellene Stockwell



The Washoe County Health District has lifted its public health advisory for Virginia Lake in Reno.

The Health District reports that recent DRI water testing at Virginia Lake for microcystin has indicated zero cyanotoxin in samples taken on October 24th.

The health district had advised people and animals to avoid all contact with water due to the presence of algae and toxins known as microcystins.

Public health advisory lifted for Virginia Lake



Dead birds and fish linked to ongoing drought. (Van Tieu, KRVN)

Published: 10/31 7:08 am

Related Links

- [Virginia Lake contaminated; City to improve circulation](#)
- [City officials to host Virginia Lake contamination meeting](#)
- [Meeting about the future of Virginia Lake yields positive results](#)
- [Dead birds and fish linked to drought](#)

RENO, NEV. (KRVN & MYNEWS4.COM)-- The Washoe County Health District has lifted the public health advisory for the Virginia Lake area. Officials report that a recent Desert Research Institute water testing at the lake for microcystin has indicated zero cyanotoxin in samples taken on October 24.

The public health advisory was put into effect on September 5 due to the presence of the algae and toxins known as microcystins.

You can see how the water has pulled away from the shore line.

This has been going on since September.

(Jim Shaffer, Environmental Health Services) 11/5/2014





WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS



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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: November 20, 2014

DATE: November 12, 2014
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Cross Jurisdictional Sharing

Communicable Disease (CD) -

Pertussis - CD staff have continued investigating pertussis cases. To date, 51 cases have been reported and investigated in 2014. By comparison 22 cases were reported for the whole year in 2013.

Ebola - CD staff members have been heavily engaged in Ebola preparedness activities. These have included work on the Ebola Response Plan and development of protocols for case investigation and contact tracing. Staff have also been engaged in monitoring of exposed individuals, Epi-News and Physician Alert preparation, presentation preparation for community and business partners, and collaboration with local hospital infection control practitioners for Ebola preparedness in the community.

Enterovirus D68 – CD staff investigated four suspected EVD68 like illness cases. So far two were positive for Rhinovirus, one negative for enterovirus, and one pending. No lab-confirmed EVD-68 has been identified. Around the middle of November, the Nevada State Public Health Laboratory will be able to perform EVD68 testing, eliminating the need to send specimens out for testing.

Influenza – For the week ending November 8 (Week 45), 10 of the 12 participating sentinel healthcare providers reported a total of 67 patients with influenza-like illness (ILI) out of a total of 3,335 total patients seen. This represents an ILI percentage of 2.0% which is below the regional baseline of 2.7%. During week 44, the percentage of ILI patient visits to US sentinel healthcare providers was 1.5% which is below the national baseline of 2.0%. On a regional level the ILI percentage ranged from 0.8% to 2.3%. Also during week 44 7 death certificates were received listing pneumonia (P) or influenza (I) as a factor contributing to the death. The total number of deaths submitted for week 44 was 42. This reflects a P&I ratio of 16.7 which is above the epidemic threshold set by CDC for week 44 at 6.2%. The national P&I ratio for week 44 was 5.7%. Total P&I deaths registered to date in Washoe County for the 2014-2015 influenza season is 30 reflecting a year-to-date P&I ratio of 7.3%.

Public Health Preparedness (PHP) –

The WCHD's Medical Reserve Corps Volunteer Program (MRC) continues to involve MRC Volunteers in community activities. MRC Volunteers' participated in: the POD exercise on October 9, 2014; the Child ID program, that helps locate missing children, October 26 & 31, 2014; and, the community partners' education conference on Ebola, October 24, 2014.

The MRC Coordinator made a presentation to the Inter Hospital Coordinating Council (IHCC) on October 10, 2014. The purpose of the presentation was to provide an update on the MOU between Saint Mary's Regional Medical Center (SMRMC) and WCHD's MRC unit. A request was also extended to other IHCC members to consider entering into an MOU with the WCHD's MRC Unit.

PHP staff observed REMSA's POD exercise on October 16th. The exercise was very successful.

PHP staff continue to plan and prepare for Ebola response by working closely with Epi staff to write the Ebola Virus Disease Emergency Response Plan.

Emergency Medical Services (EMS) –

On October 13, EMS staff met with hospital personnel to begin planning for the Family Assistance Center Annex to the Multi-Casualty Incident Plan. This addition was specifically requested by hospitals after the Broken Wing 2014 exercise.

On October 16 EMS staff and REMSA personnel conducted the bi-annual Mutual Aid Evacuation Annex (MAEA) training for fifteen hospital nursing supervisors and REMSA employees. This training included a detailed explanation of the current MAEA plan for evacuating a hospital during a disaster, as well as a hands-on tabletop exercise.

On October 21 the EMS Program Manager presented to Saint Albert the Great on Emergency Preparedness. This request stemmed from a National Study looking at family preparedness and the impacts on children. According to the study, 56% of America's children have been impacted by a disaster of some kind.

As part of the WCHD's effort to prepare for a possible Ebola case, the EMS Working Group convened on October 20 to discuss procedures and protocols for first responders. During this meeting all EMS agencies were well represented and were able to make some significant steps in protocol formulation.

EMS staff is working to construct the EMS Oversight Program by further developing the framework that was written in the Interlocal Agreement for EMS Oversight. Staff is establishing a variety of new processes for the Program. Last week a memorandum was distributed to all regional EMS agencies concerning the new investigation procedures and the required steps for WCHD to intervene and conduct a thorough and impartial investigation of an EMS call and/or issue.

October 30 marked the first meeting of the EMS Advisory Board. John Slaughter and Kevin Dick were nominated as Chair and Vice Chair for the Board, and will serve in these roles for one year. During the meeting there was dynamic discussion about the role and priorities of the Board. There was particular emphasis on data collection and reporting and response time concerns. The

next EMS Advisory Board meeting is scheduled for December 4, and then the group will meet on a quarterly basis thereafter.

On November 3rd, Hearthstone of Northern Nevada held a tabletop exercise, written and facilitated by EMS Program Manager. Hearthstone is applying for Joint Commission accreditation and this was an internal step needed. Work with this facility has been extensive in ensuring their emergency plans meet the requirements for their staff and residents.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER

**Public Health**
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DISTRICT HEALTH OFFICER STAFF REPORT

BOARD MEETING DATE: November 20, 2014

DATE: November 10, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report - REMSA/EMS, Ebola Preparedness, Community Health Needs Assessment, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

The initial meeting of the Regional EMS Advisory Board meeting occurred on October 30. John Slaughter was elected Chair of the Advisory Board and I was elected as Vice-Chair.

Dr. Todd was appointed to the State Ebola Task Force and attended the initial meeting in Las Vegas on October 30. The Health District is participating in weekly State situation calls, and is convening weekly Health District Incident Command meetings. (Fundamental Review Item 16).

Ebola Preparedness

The Health District continues to work with hospitals, healthcare providers, EMS agencies and other regional partners to provide information and distribute or develop protocols for use in the event a case of Ebola Virus Disease presents in our community. On November 3, the Health District ended active monitoring of the person that traveled on the October 13 Frontier Airlines flight from Cleveland to Dallas. The person remained symptom-free throughout the potential 21-day incubation period. A second individual who returned from travel to Liberia is cooperating with the Health District on active monitoring which will end at the end of the potential 21-day incubation period on November 23.

Community Health Needs Assessment

Work continues on the Community Health Needs Assessment (CHNA) through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin. The CHNA is expected to be completed by the end of December 2014. The Truckee Meadows Healthy Communities Conference will be held on January 8th, 2014. Kathleen Sandoval has agreed to serve as Honorary Conference Chair.

A meeting with stakeholder organizations was held October 24 to discuss demographic, socioeconomic, and health status characteristics of the 89502 area code in preparation for discussion of possible collective impact projects that might result from the Conference. Potential project ideas were discussed. Stakeholder organization committed to engaging community members from this area through surveys and focus groups to have their assistance in identifying needs and potential projects and to help support community member participation at the conference. (Fundamental Review Item 14)

Subject: District Health Officer Staff Report

Date: November 20, 2014

Fundamental Review

The current dashboard on progress implementing of the Fundamental Review recommendations implementation is attached.

Integrated Emergency Management Course

I am participating in a Regional Integrated Emergency Management Course and Exercise, November 17-20 at the FEMA Training Center in Emmitsburg, MD. Bob Sack, Jeff Whitesides, and Christina Conti will also be participating from the Health District with about 70 other local jurisdiction and organization partners. The event was organized by the County Emergency Manager, Aaron Kenneston, and FEMA is funding the travel and training. The event will provide an opportunity for key Health District staff to train and exercise with our regional partners in order to be better prepared to respond to and recover from a natural disaster or other emergency in our community.

Staffing

Recruitments are underway for two Public Health Nurses, a Health Educator, and a Public Health Emergency Response Coordinator.

Other Events and Activities

I met with the Division Directors/Supervisors on November 5. I conduct individual meetings with the Division Directors, Communication Manager, and QI Coordinator on a bi-weekly schedule. My monthly meeting with the County Manager occurred on November 7.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada.

Health District Media Contacts: October 14 - November 12, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
11/7/2014	Reno Gazette Journal	Marcella Corona	Ebola - Ulibarri
11/7/2014	KRNV CH4 - NBC Reno/FOX 11	Madison Corney	Ebola - Dick
10/30/2014	Reno Gazette Journal	Jeff De Long	Virginia Lake Warning Lifted - Ulibarri
10/27/2014	KRNV CH4 - NBC Reno/FOX 11	Madison Corney	Ebola - Ulibarri
10/21/2014	KKOH Radio - 780 AM ABC News Reno	Ross Mitchell	Know the Code - Inouye
10/20/2014	Reno Gazette Journal	Marcella Corona	Ebola - Dick
10/20/2014	UNIVISION	Ivet Contreras	Ebola - Dick
10/20/2014	KOLO CH8 - ABC Reno	Photographer	Ebola - Dick
10/20/2014	KRNV CH4 - NBC Reno/FOX 11	Gianna Giorgi	Ebola - Dick
10/20/2014	KTVN CH2 - CBS Reno	Photographer	Ebola - Dick
10/16/2014	KTVN CH2 - CBS Reno	Paul Nelson	Ebola - Dick
10/16/2014	KRNV CH4 - NBC Reno/FOX 11	Madison Corney	Ebola - Ulibarri
10/15/2014	KRNV CH4 - NBC Reno/FOX 11	Madison Corney	Ebola - Ulibarri

Press Releases/Media Advisories/Editorials

11/7/2014	Press Release	PIO Ulibarri	Health District Reports Active Monitoring of Traveler
10/30/2014	Press Release	PIO Ulibarri	EMS Advisory Board Meets
10/30/2014	Media Advisory	PIO Ulibarri	Virginia Lake Health Warning Lifted
10/30/2014	Press Release	PIO Ulibarri	Keep It Clean. Know the Code Burn Season Begins
10/19/2014	Media Advisory	PIO Ulibarri	Health Officer presents Ebola update
10/17/2014	Press Release	PIO Ulibarri	Pre Season Keep It Clean. Know the Code Burn Season
10/14/2014	Press Release	PIO Ulibarri	Frontier Passenger Screened by CDC in Reno



WASHOE COUNTY HEALTH DISTRICT



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Fundamental Review Recommendation Status

Legend:

November 12, 2014

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established. Consider opportunities and costs for weekend clinical services
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service began July 1, 2014
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill
	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	ILA and contract with Accela signed. 16-month implementation

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer was established on July 1, 2014
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway.
	10	Perform cost analysis of all programs
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot will commence in August.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	The CHA is being conducted.
	15	Develop metrics for organizational success and improved community health
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Franchise Agreement approved, EMS Oversight ILA approved by all agencies.
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed January 16, 2014. Determine future schedule to repeat
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop and implement performance mgmt. sy
	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

Fundamental Review Recommendation Status

	23	Develop an organizational culture to support quality by taking visible leadership steps
		a. <u>Cross-Divisional Q-Team established and Divisional QI projects conducted</u>
	24	Seek Public Health Accreditation Board accreditation
		a. <u>Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed</u>

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health