

Washoe County District Board of Health Meeting Notice and Agenda

Members

Kitty Jung, Chair
Julia Ratti, Vice Chair
Oscar Delgado
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, February 25, 2016
1:00 p.m.**

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

Items for Possible Action. 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.

1:00 p.m.

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

4. Approval of Agenda

February 25, 2016

5. Approval of Draft Minutes

January 28, 2016

6. *Recognitions

A. Years of Service

1. Lee Bryant, 5 years, hired 2/28/11-EHS
2. Maria Chaidez, 20 years, hired 2/26/96 – CCHS
3. Heylyn Lorena Solorio, 20 years, hired 2/26/96 - CCHS

B. New Hires

1. Michael Touhey, Environmental Health Specialist Trainee I, hired 2/8/16 - EHS
2. Matthew Christensen, Environmental Health Specialist Trainee I, hired 2/8/16 - EHS

7. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Budget Amendments/Interlocal Agreements

1. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$290,182 for the period Upon approval by all parties through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Grant Program, IO 10013; approve amendments totaling an increase of \$4,662 in both revenue and expense to the FY16 HIV Prevention Grant Program, IO 10013; and if approved, authorize the Chair to execute the Notice of Subgrant Award
Staff Representative: Patsy Buxton
2. Recommendation to approve an Intrastate Interlocal Contract between the Department of Employment, Training and Rehabilitation and the Washoe County Health District to provide immunizations for Vocational Rehabilitation Clients and Transitional Students for the period upon approval through June 30, 2020 in an amount not to exceed \$9,000; and if approved, authorize the Chair to execute the Contract
Staff Representative: Patsy Buxton
3. Recommendation to approve an award from the Association of Food and Drug Officials (AFDO) for total funding of \$20,000 for the period December 31, 2015 through August 31, 2016 in support of the Environmental Health Services Division (EHS) Food Program Community Outreach IO TBD; approve amendments totaling an increase of \$18,182 to the Food Program Community Outreach Grant, IO TBD
Staff Representative: Erin Dixon
4. Approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$23,499 for the period September 1, 2015 through June 30, 2016 in support of Public Health Preparedness HPP Ebola, IO 11286; approve amendments totaling an increase of \$22,948 in both revenue and expense to FY16 HPP Ebola, IO 11286; and if approved, authorize the Chair to execute the Subgrant Amendment
Staff Representative: Erin Dixon
5. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$194,272 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Immunization Grant Program, IO 10028 and IO 10029; approve amendments totaling an increase of \$1,639.36 in both revenue and expense to the FY16 Immunization Grant Program, IO 10029; and if approved, authorize the Chair to execute the Notice of Subgrant Award
Staff Representative: Patsy Buxton
6. Recommendation to approve an Interlocal Agreement between the Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MedSchool Associates North to provide colposcopy and/or biopsy services for referred Family Planning clients for the period March 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.
Staff Representative: Patsy Buxton

- B. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
Staff Representative: Charlene Albee
 - 1. Citation No. 5484, Case No. 1179 Issued to Mr. Nick Maerz - 1380 Carlin LLC
- C. Recommendation for the Re-Appointment of Ron Anderson, P.E. to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning February 25, 2016 and ending on February 24, 2019
Staff Representative: Jim English
- D. Recommendation for the Re-Appointment of Mr. Richard Harris, JD, PhD, and Mr. Joseph Serpa to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning December 20, 2015 thru December 20, 2018; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2016 thru January 26, 2019
Staff Representative: Charlene Albee
- E. Acknowledge receipt of the Health District Fund Financial Review for January Fiscal Year 2016
Staff Representative: Anna Heenan
- 8. Discussion and possible adoption of a Resolution supporting the implementation of the Air Quality Management Division's Ozone Advance Program**
Staff Representative: Charlene Albee
- 9. Regional Emergency Medical Services Authority**
Presented by Dean Dow
 - A. Review and Acceptance of the REMSA Operations Report for January 2016
 - *B. Update of REMSA's Public Relations during January 2016
- 10. Discussion and possible approval for the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016 and possible decision from the Board on compliance calculations**
Staff Representative: Randall Todd
- 11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2014 through 6/30/2015**
Staff Representative: Randall Todd
- 12. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County**
Staff Representative: Leslie Admirand
- 13. Approval of the Fiscal Year 2016-2017 Budget**
Staff Representative: Kevin Dick
- 14. *Staff Reports and Program Updates**
 - A. Air Quality Management, Charlene Albee, Director**
Program Update, Divisional Update, Program Reports

B. Community and Clinical Health Services, Steve Kutz, Director

Program Report – Divisional Update – Homeless Connect Project, Client Satisfaction Results; Program Reports

C. Environmental Health Services, Bob Sack, Director

EHS Division Update, Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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

Community Health Improvement Plan, Truckee Meadows Healthy Communities, Strategic Planning, Quality Improvement, Security, Other Events and Activities and Health District Media Contacts

15. *Board Comment

Limited to announcements or issues for future agendas.

16. Emergency Items

17. *Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

18. Adjournment

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

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

Public Comment. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

Posting of Agenda; Location of Website.

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>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 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

Members

Kitty Jung, Chair
Julia Ratti, Vice Chair
Oscar Delgado
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, January 28, 2016
1:00 p.m.**

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

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. George Hess
Dr. John Novak
David Silverman
Mike Brown
Oscar Delgado

Members absent: Julia Ratti, Vice Chair

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer, AHS
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Sara Dinga, Director of Programs and Projects, ODHO
Linda Gabor, Public Health Nurse Supervisor, CCHS
Jim English, Environmental Health Specialist Supervisor, EHS
Joshua Restori, Air Quality Specialist II, AQM
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

Chair Jung welcomed Councilmember Delgado.

2. *Pledge of Allegiance

Councilmember Delgado led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

January 28, 2016

Dr. Novak moved to approve the agenda for the January 28, 2016, District Board of Health regular meeting. Chief Brown seconded the motion which was approved six in favor and none against.

5. Approval of Draft Minutes

December 17, 2015

Chair Jung thanked Ms. Spinola for always having the minutes prepared on time.

Dr. Novak moved to accept the minutes of the December 17, 2015 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved six in favor and none against.

6. Recognitions

A. Transfer

1. Scott Baldwin – From EHS Environmental Health Specialist to AQM Air Quality Specialist II – 1/11/16

Mr. Dick introduced and congratulated Mr. Baldwin on his achievement as being the most qualified candidate for the position.

B. New Hires

1. Sonya Smith – Public Health Nurse I, hired 12/14/15 – CCHS

Mr. Kutz introduced Ms. Smith and reviewed her previous career accomplishments.

2. Maximilian Wegener – Public Health Investigator II, hired 12/28/15 – EPHP

Dr. Todd introduced Mr. Wegener and discussed his background.

3. Ellen Messinger-Patton – Environmental Health Trainee I, hired 1/11/16 – EHS

Mr. Sack introduced Ms. Messinger-Patton and reviewed her background, and noted some of her anticipated Health District tasks.

4. Briana Johnson – Environmental Health Trainee I, hired 1/11/16 – EHS

Mr. Sack introduced Ms. Johnson, discussed her background, and stated they were happy to have her.

C. Promotion

1. Nick Florey – Environmental Health Specialist to Senior Environmental Health Specialist effective January 25, 2016 – EHS

Mr. Dick congratulated Mr. Florey on his achievement for coming out on top through a competitive process.

7. Consent Items

- A. Accept cash donation in the amount of \$3,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$3,000 in both revenue and expense to the FY16 Arctica Ice Donation budget, IO-20424.

Staff Representative: Steve Kutz

- B. Appoint Vonnie L. Fundin to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning January 28, 2016 and ending on January 27, 2019

Staff Representative: Jim English

Councilmember Delgado moved to accept the Consent Agenda as presented. Mr. Silverman seconded the motion which was approved six in favor and none against.

8. *Update on Quality Improvement (QI) Processes for Health District Services

Staff Representative: Sara Dinga

Ms. Dinga provided a PowerPoint presentation (Attachment A) and introduced the members of the QI Team. Ms. Gabor, Mr. English and Mr. Restori provided brief overviews of QI projects that their respective divisions had completed.

Chair Jung congratulated Ms. Dinga on her work and opined there had been a complete and positive culture change at the Health District under Mr. Dick's leadership and with the initiation of QI.

9. *Introduction of New REMSA President and Comments from REMSA Board Chair

Presented by Jim Begbie

Mr. Begbie reviewed REMSA's recent accomplishments, to include a recognized shift towards transparency and cooperation. They are developing a strategic plan, a part of which is a Unified Public Affairs plan, focused on open and cooperative communication with all of their partners. He noted Tim Nelson, appointed last year to the Board, has strengthened the Finance Committee.

Mr. Begbie explained Dean Dow had been appointed as Interim President and CEO and acknowledged the numerous efforts that Mr. Dow had taken in his short time on the job to meet and engage with the EMS community. Mr. Begbie thanked Chief Brown for meeting with Mr. Dow and introducing him to the EMS partners.

Mr. Dow introduced himself and spoke about REMSA's services and credentials. He explained his vision of how the EMS community health care system should work. He reiterated Mr. Begbie's comments regarding openness, and indicated he would be working to bring in new ideas and make REMSA an even more sound organization. Mr. Dow provided an overview of his 40-year background, which encompassed both direct service and administrative capacities in EMS, Fire, Ambulance, and Healthcare.

Chair Jung welcomed Mr. Dow to the community. Councilmember Delgado thanked him for his remarks and stated he was looking forward to working within an atmosphere of more openness and transparency.

10. Regional Emergency Medical Services Authority

Presented by Don Vonarx

- A. Review and Acceptance of the REMSA Operations Reports for November and December, 2015

Mr. Vonarx stated REMSA understood the importance of customer satisfaction surveys. He explained there had originally been some confusion as to the number of surveys distributed and noted some challenges with the vendor, to include slow response. By next week, another vendor will be selected or REMSA will choose to handle that service in-house. He noted results would likely be seen starting with the March report.

Chair Jung noted a comment had been submitted suggesting that two women not be paired in an ambulance, requiring assistance from Fire to load patients. She requested a report explaining what the policy and procedure is for those circumstances.

Chief Brown moved to accept the report as presented. Dr. Novak seconded the motion which was approved six in favor and none against.

*B. Update of REMSA's Community Activities during November and December, 2015

Kevin Romero reviewed some of the New Year's Eve preparations and activities, emphasizing they were designed to limit the impact of additional calls on normal operations. He noted that February was Heart Awareness month and REMSA would be sponsoring a benefit for the American Heart Association as well as supporting other heart awareness activities.

Mr. Romero stated they would address the question regarding lifting patients and is working with an equipment company to help them develop a new gurney.

11. *Regional Emergency Medical Services Advisory Board January Meeting Summary
Staff Representative: Christina Conti

Ms. Conti offered to answer any questions.

12. Discussion and possible approval of the draft REMSA response zones map within the Washoe County REMSA ambulance franchise service area.
Staff Representative: Christina Conti

Ms. Conti explained the updated map had been an important priority for some time, and the process had involved significant regional collaboration. She provided a PowerPoint presentation (Attachment B) to demonstrate key points, as well as the current and proposed maps. A single methodology had been utilized to prepare the new map. All decisions about response time were now population census-driven, and each area was to be designated to fall into one of five categories.

Ms. Conti further explained that call data information had been integrated, to verify that special-needs areas were being addressed. Response zone islands had been identified. She acknowledged the assistance of Gary Zaepfel from Washoe County Geographic Information systems, noting he had broken call volume and population density down in a number of different ways for analysis. Additionally, an outside contractor had provided guidance. Google Earth had been utilized to create a heat map showing where the calls were coming from.

Ms. Conti noted the proposed map had achieved immediate regional consensus, with the exception of three areas. The first two were in Spanish Springs and Cold Springs. Alterations to the map in those areas had been proposed and accepted. The third was to South Reno, which required some additional analysis from the contractor for options. The final area to review was the Mt. Rose Corridor boundary. The two affected agencies agreed to adopt the boundary established by a 1982 special election in which the North Lake Tahoe Fire Protection District took over jurisdiction within the geographic boundaries of the existing franchise area of the ambulance company that was disbanding.

Ms. Conti explained the final consideration for the Board was to consider the revision methodology presented.

Mr. Dick noted the proposed map had been presented to the Emergency Medical Services Advisory Board and they had approved it and recommended it be presented to the District Board of Health (DBOH) for approval.

Debbie Sheltra stated she had been a resident of an area that was designated for higher response times. She pointed out a map and correspondence that she had provided to the Chair (Attachment C). She explained the people of that area had voluntarily paid higher taxes so that there would be Emergency Medical Services (EMS) in their area, then they were absorbed into the Sierra Fire District, and were now in the Truckee Meadows Fire Protection District. She requested the ambulance parked at Bower's Mansion be covered under an aid agreement that is more fluid and provides better service for the area. She pointed out there was a current aid agreement with Carson City for the lower portion of the valley.

At Chair Jung's request, Ms. Conti explained the Priority 1 response times for each of the zones were as follows: A) 8:59, B) 15:59, C) 20:59, D) 30:59, and E) Wilderness/Frontier, no time associated. Dr. Hess asked if it were correct that the ambulance at the fire station could not transport. Ms. Conti stated that was correct, because the exclusive right to transport belongs to REMSA under the franchise agreement. A mutual aid agreement must be signed before the ambulance can be utilized.

Chair Jung pointed out that issue was outside of the scope of the current item, although it could be discussed and brought back. Dr. Hess asked if Washoe Valley could be changed to a designation with quicker response time and Chair Jung stated she would not support that, as the map was driven by data and one change would necessarily lead to others.

Chair Jung opined the problem at hand would be overcome with the use of the ambulance located at Bower's Mansion. She pointed out another reason it should be deployed was due to the number of accidents along 395 through the valley. She stated she wanted the item regarding the ambulance deployment and mutual aid to appear on the February DBOH agenda.

Councilmember Delgado noted growth would be occurring in some areas and asked if that would be taken into consideration during the annual reviews. Ms. Conti explained the populations would not be reviewed annually, staff would look at the call data, which would potentially reflect in those pockets of developed areas. At the five-year mark, the population would be taken into consideration because the State Demographer's statistics regarding population growth would then be available.

Ms. Conti went on to explain that if a newly-constructed neighborhood reflected a substantial number of calls, that would be reflected in the annual reviews. Councilmember Delgado summarized, stating that annually calls would be reviewed, every five years population density would be addressed, and at 10 years the map would be completely revised. Ms. Conti stated that was correct, in theory.

Councilmember Delgado asked, if there were a large overall population growth, was there a balancer or a metric that will trigger an update of the map prior to the 10-year schedule. Ms. Conti stated that every review has the opportunity to have a revision attached to it. If, for example, at the three-year mark there is an area with a substantial amount of activity that needs to be upgraded, the map could be upgraded at that point and brought back to the Board for approval.

Councilmember Delgado moved to accept the REMSA response zone map within the Washoe County REMSA ambulance franchise service area. Dr. Novak seconded the motion which was approved six in favor and none against.

Chair Jung reiterated her request for the agenda item regarding mutual aid for ambulance service in Washoe Valley.

13. Acknowledge receipt of the Health District Fund Financial Review for December Fiscal Year 2016

Staff Representative: Anna Heenan

Ms. Heenan reviewed the highlights of the report.

Chief Brown moved to accept the report as presented. Mr. Silverman seconded the motion which was approved six in favor and none against.

14. Discussion and possible approval of the Washoe County Community Health Improvement Plan (CHIP), 2016-2018

Staff Representative: Sara Dinga

Ms. Dinga reviewed a PowerPoint presentation (Attachment D) that provided the background, development and implementation information for the CHIP. She emphasized that although the Health District is coordinating the efforts, the plan was driven by the community. Ms. Dinga acknowledged the members of the CHIP Steering Committee and the numerous agencies in the community that had participated in the efforts to create the CHIP.

Dr. Hess stated he was disappointed that obesity had not been targeted. He noted he understood the need to keep a narrow focus, and opined the issue overlapped with Food Security. Ms. Dinga explained how wellness components were integrated into all of the health topic issues.

Dr. Hess asked if the CHIP was only addressing 89502, and Ms. Dinga explained the CHIP was separate from, but affiliated with Truckee Meadows Healthy Communities (TMHC). Pilot projects were occurring in 89502, but the CHIP was intended to work for all of Washoe County.

Chair Jung pointed out this was the first CHIP and health assessment. She noted that the National Association of Local Boards of Health had consistently sent the message of the importance of the assessment, as it provides a baseline by which to measure improvement. She thanked Councilmember Delgado and Commissioner Bob Lucey, who had both provided funding for different aspects of the projects.

Chair Jung expressed that she was pleased that Mental/Behavioral Health had been selected as a top priority, as it was an underlying factor in all of the health challenges that had been identified. Ms. Dinga agreed, noting it addresses root causes. If it is not addressed, other challenges cannot be either.

Dr. Novak thanked Ms. Dinga for her efforts. He supported Dr. Hess' disappointment with obesity not being included, but stated it was a good place to start. Ms. Dinga noted more obesity components could and would be integrated.

Mr. Dick acknowledged Ms. Dinga's work in engaging the community and pulling the plan together. He pointed out the next challenge was to continue the effort and support all of the organizations that were working together to implement the plan and make progress under the objectives. He also acknowledged that the Steering Committee had committed to continue to work with them through the implementation phase. He reiterated the plan was developed by the community and they are engaged in implementing it together, but that did not preclude the Health District from continuing to pursue other initiatives.

Councilmember Delgado told Ms. Dinga she had done a great job. He noted the information was extremely valuable and was an opportunity to get people to start discussing health conditions and what needs to be done about them. He supported Chair Jung's statement about the importance of having a benchmark, and opined it was important for leaders to have discussions with colleagues regarding overall policy.

Dr. Novak moved to accept the CHIP. Councilmember Delgado seconded the motion which was approved six in favor and none against.

[Councilmember Delgado left the meeting at 2:39 p.m.]

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director
Program Update, Divisional Update, Program Reports

Ms. Albee opined air quality was critical for a healthy community. She noted staff was focusing quite a bit of effort on the Environmental Protection Agency (EPA) program called Ozone Advance. The EPA had indicated they were pleased to hear of Washoe County's commitment to the program. Part of the County's responsibility under that plan is to report community efforts that will contribute towards the reduction of emissions.

Ms. Albee explained the first meeting of the Idle Reduction campaign had been held with numerous community organizations and had a very positive response. Additionally, she noted that the City of Reno had approved Green Building codes. Sustainable measures such as those contribute to emission reduction.

Ms. Albee noted a resolution would be presented to the Board in February to commit to supporting the Ozone Advance program. The resolution will then be taken to the other elected bodies.

Dr. Novak asked if the Nevada Department of Transportation (NDOT) would be taking action to synchronize traffic lights. Ms. Albee noted the Regional Transportation Committee (RTC) had the authority for that and are working on it. Her staff participates on technical advisory committees and encourages study on that topic whenever possible. The Ozone Advance resolution will be presented to RTC and the synchronization will be suggested again.

Chair Jung suggested that she and Ms. Albee meet with RTC board members to provide feedback about what is working to be achieved and what consequences the County is trying to avoid. Ms. Albee noted the resolution will include anti-idling and reducing emissions. Dr. Novak offered his support for their efforts.

B. Community and Clinical Health Services, Steve Kutz, Director
Divisional Update, Program Reports

Mr. Kutz stated he was very proud of the work his staff has done over the course of the last year. Additionally he noted he was happy to hear that one of the priority areas of the CHIP was Access to Health Care, as his division provides care to a substantial number of citizens. He noted CCHS had utilized ideas that came from QI projects to provide better and more accessible care.

C. Environmental Health Services, Bob Sack, Director
EHS Division Update, Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review

Mr. Sack stated he had nothing to add.

D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd explained another school had experienced a Norovirus outbreak. He stated they had had a meeting with the school district to form a plan to reduce the duration of subsequent

outbreaks. If those initiatives do not proceed well, he will initiate discussion with Chair Jung regarding her offer of support to help encourage progress.

Chief Brown noted that REMSA had proposed utilizing Intermediate Life Support (ILS) services and asked if they were currently in service. Ms. Conti stated some ILS cars had responded to calls. She noted it was sporadic and opined the program had not been implemented. Mr. Romero stated ILS was implemented approximately a year ago for inter-facility transfer only. Other than that, there was one occasion in which an ILS unit was requested to come to a scene to respond to a low-acuity patient.

Chief Brown asked if there was a change that was going to occur wherein ILS units would be used in a different model. Ms. Conti replied that REMSA had requested permission to employ that and had been working with regional partners towards that implementation. If there are regional concerns, the program will not implement until those concerns have been addressed.

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

District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Strategic Planning, Quality Improvement, Budget, Security, Other Events and Activities and Health District Media Contacts

Mr. Dick explained Phyllis Freyer, Vice President of Marketing for Renown, was stepping down, and she has been the primary contact and partner with Renown on the Community Health Needs Assessment (CHNA). She has chaired the Truckee Meadows Healthy Community (TMHC) Steering Committee, so he wanted to ensure Renown's continued participation in TMHC and the next CHNA. He met with Tony Slonim, CEO of Renown, who indicated he wanted to remain involved in working on the CHNA. Additionally, Mr. Slonim offered to co-chair the TMHC Steering Committee with Mr. Dick.

Mr. Dick explained that the TMHC Steering Committee had recently gained additional influential community organizations as members. He noted another Family Health Festival would be held February 29.

Mr. Dick stated staff was continuing to address security issues. A security assessment had been completed for the Board chambers and he would report the findings to the Chair.

16. *Board Comment

Chair Jung stated for the record she would like to see an item regarding the Bowers Mansion ambulance agreement at the next meeting.

Chair Jung pointed out a severe shortage of physicians in Northern Nevada. She asked if a community-wide assessment could be conducted and a recruitment and retention plan developed.

Chair Jung noted that she, Mr. Dick, the Food Bank of Northern Nevada, Commissioner Lucey and staff who were well-versed in food deserts and food insecurity had met and are working to recruit people to build grocery stores in underserved communities. Additionally they are pursuing grant opportunities to support entrepreneurs.

Dr. Hess noted the University had tracked physician population in the State and verified the deficiency. He explained medical school graduates tend to settle where their residency is located, and there are few residency availabilities in Northern Nevada. He opined there may be more of those types of opportunities in the future.

Chief Brown requested an update on the status of the ILS program at the next meeting.

Dr. Novak noted there are programs that utilize food stamps for food grown in local gardens and also incorporates entrepreneurship of local gardens. It is an alternative when no grocery store is available. He opined the problem with the low numbers of physicians is due to the lack of a cohesive medical school system.

17. Emergency Items

None.

18. *Public Comment

Reno Fire Chief David Cochran stated he supported the mutual aid agreement for the ambulance unit at the Bowers Mansion. He opined there was a need and opportunity for similar services throughout the region, and there were many issues that would need to be considered. A meeting had been scheduled with the fire partners and REMSA to further discuss mutual aid. He urged the Board to look at all opportunities and consider what would provide the best service for the region.

19. Adjournment

At 3:02 p.m., Chair Jung adjourned the meeting.

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 _____, 2016.

DD	AH	-
DHO		KD
DA	LA	-
Risk	DME	-

Staff Report
Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: **Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$290,182 for the period Upon approval by all parties through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Grant Program, IO 10013; approve amendments totaling an increase of \$4,662 in both revenue and expense to the FY16 HIV Prevention Grant Program, IO 10013; and if approved, authorize the Chair to execute the Notice of Subgrant Award.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on January 19, 2016 to support the HIV Prevention Grant Program. The funding period is retroactive to January 1, 2016 and extends through December 31, 2016. A copy of the Notice of Subgrant award is attached.

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

PREVIOUS ACTION

The Board of Health approved the Notice of Subgrant Award for the period January 1, 2015 – December 31, 2015 in the amount of \$317,061 on January 22, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HIV Prevention Grant Program

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

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, and other expenses, including funding

specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.)

Benefit to Washoe County Residents: This Award supports the Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the HIV Prevention Program.

Award Amount: \$290,182
Grant Period: January 1, 2016 – December 31, 2016
Funding Source: Centers for Disease Control and Prevention (CDC)
Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.940
Grant ID Number: 5U62PS003654-05

Match Amount and Type: No match required

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

FISCAL IMPACT

The FY16 budget was adopted with \$334,427.61 in revenue (\$305,603.61 direct and \$28,824.00 indirect). The total award amount is \$290,182 (\$261,358 direct and \$28,824 indirect). A budget amendment in the amount of \$4,662 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. This amendment takes into account the budget authority required for actual direct expenditures from July – Dec which total \$179,587.23 (prior award) plus 50% of the new award direct expenditures of \$130,679 (Jan-June). No amendment is necessary for indirect revenue.

The award includes \$28,824 in indirect costs (11.028% of total direct costs). Funds will be drawn down as reimbursement to expenditures.

Should the Board approve these budget amendments, the adopted FY 16 budget will be **increased by \$4,662** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10013	-431100 Federal Revenue	\$4,662
	Total Revenue	\$4,662
2002-IO-10013	-710546 Advertising	\$4,662
	Total Expenditures	\$4,662

RECOMMENDATION

It is recommended that the Washoe County Health District approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$290,182 for the period Upon approval by all parties through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Grant Program, IO 10013; approve amendments totaling an increase of \$4,662 in both revenue and expense to the FY16 HIV Prevention Grant Program, IO 10013; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$290,182 for the period Upon approval by all parties through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Grant Program, IO 10013; approve amendments totaling an increase of \$4,662 in both revenue and expense to the FY16 HIV Prevention Grant Program, IO 10013; and if approved, authorize the Chair to execute the Notice of Subgrant Award."



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

HD #: **15329**
 Budget Account: 3215
 Category: 15
 GL: 8516
 Job Number: 9394016

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program Bureau of Behavioral Health, Wellness, and Prevention	Subgrantee Name: Washoe County Health District Attn: Anna Heenan
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: P. O. Box 11130 Reno, NV 89520-00207
Subgrant Period: Upon approval by all parties through December 31, 2016 Funding Period: January 1, 2016 through December 31, 2016	Subgrantee's: EIN: 88-60000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: To conduct HIV Prevention Services in Northern Nevada

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

Approved Budget Categories:

1. Personnel	\$	197,943
2. Travel	\$	9,522
3. Operating	\$	4,704
4. Supplies	\$	7,000
5. Contractual/Consultant	\$	0
6. Other	\$	42,189
7. Indirect	\$	28,824
Total Cost:	\$	290,182

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$290,182.00** during the subgrant period.

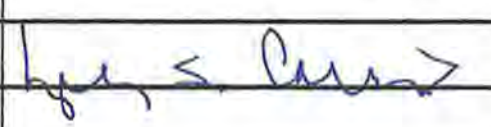
Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.940	5U62PS003654-05

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
Chair, District Board of Health		
Lyell Collins, MBA Program Manager		1/19/16
Kevin Quint, MBA, LADC Bureau Chief		
for Cody L. Phinney, MPH 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 stated 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.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. 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.
13. 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 (2 CFR § 200.501(a)), revised December 26, 2013, 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:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
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.**

THIS SPACE INTENTIONALLY LEFT BLANK

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 Subgrantee

A. HIV Testing

A.1: During the funding period, 100% of HIV media messages targeted to healthcare providers will include predetermined language promoting the recommendation of opt-out testing;

A.2: During the subgrant period, the Subgrantee will create and distribute provider packets on the importance of opt-out HIV testing to the top 10% of providers reporting morbidity on HIV, STD, TB, and Hepatitis;

A.3: During the funding period, the Subgrantee will offer opt-out testing at 100% of the clinics at the local health authority;

A.4: During the funding period, the Subgrantee will offer HIV testing at least once a week in a non-healthcare setting;

A.5: During the funding period, the Subgrantee will offer HIV testing at a setting that is selected based on high-risk clientele, or venues where high-risk activities are known to occur;

A.6: During the funding period, the Subgrantee will ensure at least 90% of clients testing for HIV are informed of their test results;

A.7: During the funding period, the Subgrantee will ensure that 95% of clients testing positive for HIV are informed of their test results within 7 days;

A.8: During the funding period, the Subgrantee will participate on the HIV Testing Workgroup and meet at least semi-annually to determine testing priorities;

A.9: During the funding period, the Subgrantee must utilize the Social Networks Testing model within their health jurisdiction;

A.10: The Subgrantee will continue to use the Personal Cognitive Counseling (PCC) intervention within its Counseling and Testing Program;

A.11: Annually, the Subgrantee will administer at least 2,000 HIV tests (1000 must be rapid HIV tests) within its health jurisdiction, of which, at least 75% (1500) must

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

be determined to be at high-risk for acquiring HIV and/or meeting the target populations identified in the Jurisdictional HIV Prevention Plan.

A.12: During the funding period, the Subgrantee must meet an overall 1% HIV positivity rate per grant year.

B. Comprehensive Prevention with Positives

B.1: During the funding period, the Subgrantee will link 85% of newly identified HIV-positive individuals into Partner Services;

B.2: During the funding period, the Subgrantee will ensure at least 80% of HIV-positive individuals referred to an HIV care provider attend their first appointment;

B.3: During the funding period, the Subgrantee will ensure their local HIV care services referral list is updated annually, and a copy submitted to the Nevada Division of Public and Behavioral Health's HIV Prevention Program when updates are made, but no later than December 31st.

C. Condom Distribution

C.1: During the funding period, the Subgrantee will distribute at a minimum 24,000 condoms to individuals at highest-risk for acquiring HIV and at locations where high-risk individuals gather.

D. Prevention Planning

D.1: During the grant period, the Subgrantee will provide administrative oversight and leadership to the Northern Nevada HIV Prevention Planning Group (NNHPPG). This includes, but is not limited to the provision of logistical planning, training of new co-chairs, taking of minutes, provision of hydration/nutrition to members, and general leadership. This will ensure that the Prevention Planning Group is adhering to the Centers for Disease Control and Prevention's (CDC) and Health Resources and Services Administration (HRSA) HIV Prevention and Ryan White Care Integrated Planning Guidance and its Policies and Procedures.

D2: Subgrantee shall maintain a current Membership Roster of the NNHPPG which includes the following: Name, Affiliation, Mailing address, Email address, and Phone number. A copy of the current roster shall be submitted annually to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, by December 31st, or as updates are made.

D.3: The Subgrantee will participate in the statewide and regional prevention planning process as described in the CDC and HRSA HIV Prevention and Ryan White Care Integrated Planning Guidance.

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

E. Reporting

E.1: The Subgrantee will submit to the Nevada Division of Public and Behavioral Health, a narrative and statistical report by July 30, 2016 and January 30, 2017. The report will be submitted in a format as determined by the Centers for Disease Control and Prevention and the Nevada Division of Public and Behavioral Health. Measurements for each goal contained in the subgrant can be found on pages 43-46 of the grant application. Unless otherwise instructed, data must be collected to address each deliverable.

E.2: During the funding period, the Subgrantee shall submit to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, a monthly report on rapid HIV testing, to include: the number of rapid HIV tests performed, location where the tests were performed, and the current HIV positivity rate.

F. Evaluation

F.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

F.2: Subgrantee will be responsible for the collection of all performance indicator data, as well as counseling and testing, Partner Services, and aggregate data using the CDC recommended format, or a format agreeable by Subgrantee and the Nevada Division of Public and Behavioral Health. Data entry will be kept current and reported to the Nevada Division of Public and Behavioral Health as indicated by the Centers for Disease Control and Prevention data submission timeline.

**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 through Grant Number 5U62PS003654-05 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U62PS003654-05 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

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

Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 197,943		(Includes Fringe)
		\$	In Kind
		46,847	Public Health Nursing Supervisor
		25,510	Health Educator Coordinator (.61 FTE)
		34,280	Public Health Nurse II/DIS (.46 FTE)
		10,149	Public Health Nurse II/DIS (.42 FTE)
		116,786	Office Support Specialist (.20 FTE)
			<i>Subtotal</i>
		53,399	Fringe Benefits: 45.724% of salary = 53.399
		27,758	RN – Intermittent Hourly Pooled (\$26.69/hr x 20 hrs per wk x 52 wks per year) (Amount does not include fringe benefits.)
2. Travel	\$ 9,522		
		\$	2,874 <u>In-State Travel</u>
			Airfare: \$200 per r/trip x 2 trips x 2 staff = \$800
			Per Diem: \$64/day x 2 days x 2 trips x 2 staff = \$512
			Ground Transportation: \$12/day x 2 days x 2 trips x 2 staff = \$96
			Lodging: \$108/night x 1 night x 2 trips x 2 staff = \$432
			Mileage: \$.54 per mile x 526 miles = \$284
			Conference Registration for 5 staff @\$150 = \$750
			HIV Health Educator Coordinator and one other staff to travel to Las Vegas for trainings or meetings. Registrations for 5 staff, including the HIV Health Educator Coordinator, to attend the AIDS Education and Training Center (AETC) Autumn Update locally. Mileage is for day-to-day travel expense to conduct relative HIV prevention services, including HIV testing, condom distribution and attending HIV-related local meetings.
		6,648	<u>Out-of-State Travel</u>
			Airfare: \$400 per r/trip x 2 trips x 2 staff = \$1,600
			Per Diem: \$66/day x 4 days x 2 trips x 2 staff = \$1,056
			Ground Transportation: \$12/day x 4 days x 2 trips x 2 staff = \$192
			Lodging: \$150/night x 3 nights x 2 trips x 2 staff = \$1,800
			Conference Registration: 2 conferences x \$500 ea. x 2 staff = \$2,000
			HIV Health Educator Coordinator, and one staff or appropriate community member to attend two development conferences, such as the National HIV Prevention Conference (if offered), the U. S. Conference on AIDS (USCA), or other HIV prevention-related conference.
3. Operating	\$ 4,704		
		\$	300 Postage and Freight: \$25 per mo. x 12 mos. = \$300
		700	Copy Machine: \$58.33 per mo. x 12 mos. = \$700
		1,000	Printing: \$83.33 per mo. x 12 mos. = \$1,000
		600	Licenses & Certifications: \$600
		900	Telephone: \$75 per mo. x 12 mos. = \$900
		480	Network and Data Lines: \$40 per mo. x 12 mos. = \$480
		624	Cell Phone: \$52 per mo. x 12 mos. = \$624
		100	Books and Subscriptions: \$100
4. Supplies	\$ 7,000		
		\$	1,000 Educational Materials = \$1,000
		5,000	Medical Supplies = \$5,000
		1,000	Office Supplies = \$83.33 per mo. x 12 mos. = \$1,000
5. Contractual Consultant	\$ <0>		
		\$	<0>

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

6. Other	\$	42,189																						
			<table border="0"> <tr> <td>\$</td> <td>100</td> <td>Professional Services: Marketing development & materials = \$100</td> </tr> <tr> <td></td> <td>12,587</td> <td>Advertising: Targeted HIV testing efforts, including social network strategies.</td> </tr> <tr> <td></td> <td>1,500</td> <td>Program Incentives: Implementing the social network strategy intervention - \$125/mo. x 12 mos. = \$1,500</td> </tr> <tr> <td></td> <td>250</td> <td>Hydration at testing events: \$250</td> </tr> <tr> <td></td> <td>200</td> <td>Meeting Room Rental: Meeting spaces, storage space for HIV materials and audio/visual equipment = \$200</td> </tr> <tr> <td></td> <td>26,052</td> <td>Lab/Outpatient Services: Costs associated with HIV testing, including test kits and controls = \$26,052</td> </tr> <tr> <td></td> <td>1,500</td> <td><u>Northern Nevada HIV Prevention Planning Group</u> Hydration/Nutrition for NNHPPG meetings = \$900 Community Engagement meetings = \$500 Supplies for PPG meetings = \$100</td> </tr> </table>	\$	100	Professional Services: Marketing development & materials = \$100		12,587	Advertising: Targeted HIV testing efforts, including social network strategies.		1,500	Program Incentives: Implementing the social network strategy intervention - \$125/mo. x 12 mos. = \$1,500		250	Hydration at testing events: \$250		200	Meeting Room Rental: Meeting spaces, storage space for HIV materials and audio/visual equipment = \$200		26,052	Lab/Outpatient Services: Costs associated with HIV testing, including test kits and controls = \$26,052		1,500	<u>Northern Nevada HIV Prevention Planning Group</u> Hydration/Nutrition for NNHPPG meetings = \$900 Community Engagement meetings = \$500 Supplies for PPG meetings = \$100
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7. Indirect	\$	28,824																						
		\$	28,824																					
			11.028% of Direct Costs, (including Personnel) \$261,358 x 11.028% = \$28,824																					
Total Cost	\$	290,182																						

- The subgrantee may move no more than 10% of their total budget (\$29,018) between existing budget categories, without prior approval, if it does not alter the agreed upon Scope of Work; however, the Subgrantee must submit a revised budget within 14 (fourteen) days, should the Subgrantee alter its budget.
- This award has been assigned the Federal Award Identification Number (FAIN) U62PS0003654,
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursements must be at least quarterly, but may be made monthly;
- The maximum available through this subgrant is \$290,182 per grant year;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada Division of Public and Behavioral Health when requested.
- Additional expenditure detail will be provided upon request from the Division

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

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:

- To provide technical assistance, upon request and when feasible;
- Provide prior approval of all reports or documents to be developed by subgrantee;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control (CDC) or other entity, as required under this grant;
- 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:

- The Division's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site visits more often should they be necessary.\
- 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 or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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

Request for Reimbursement Instructions

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

An explanation of the form is provided below. The cells are pre-programed and will auto populate when data is entered.

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

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

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

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

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

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

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

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

SECTION D

Request for Reimbursement

HD#: **15329**

Budget Account: 3215

GL: 8516

Draw #: _____

Program Name: HIV Prevention Program Bureau of Child, Family, and Community Wellness	Subgrantee Name: Washoe County Health District Attn, Anna Heenan
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706	Address: P O Box 11130 Reno, NV 89520-0027
Subgrant Period: Upon approval by all parties through December 31, 2016 Funding Period: January 1, 2016 through December 31, 2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: 2016

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	\$197,943.00	\$0.00	\$0.00	\$0.00	\$197,943.00	0.0%
2 Travel	\$9,522.00	\$0.00	\$0.00	\$0.00	\$9,522.00	0.0%
3 Operating	\$4,704.00	\$0.00	\$0.00	\$0.00	\$4,704.00	0.0%
4 Supplies	\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00	0.0%
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$42,189.00	\$0.00	\$0.00	\$0.00	\$42,189.00	0.0%
7 Indirect	\$28,824.00	\$0.00	\$0.00	\$0.00	\$28,824.00	0.0%
Total	\$290,182.00	\$0.00	\$0.00	\$0.00	\$290,182.00	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/back-up. 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**

SECTION E

Audit Information Request

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

4. What is the official name of your organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time period did your last audit cover _____

8. Which accounting firm conducted your last audit? _____

Signature Date

Title

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

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

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

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

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

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

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the 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.

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

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 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

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

Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

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

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

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 agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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

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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**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**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Name

Business Address

Business City, State and Zip Code

Business Phone Number

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Authorized Signature

Print Name

Title

Date

Date

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: Recommendation to approve an Intrastate Interlocal Contract between the Department of Employment, Training and Rehabilitation and the Washoe County Health District to provide immunizations for Vocational Rehabilitation Clients and Transitional Student for the period upon approval through June 30, 2020 in an amount not to exceed \$9,000; and if approved, authorize the Chair to execute the Contract.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health; Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND

The Contract provides for immunizations for Vocational Rehabilitation Clients and Transitional Students to facilitate participation of eligible clients/students to begin secondary education obtain competitive employment or re-enter the work environment, in accordance with the client/student Individual Plan for Employment (IPE).

Accepted referrals for service will result in scheduled service delivery no more than 15 business days from date of referral. All services covered under this contract must be pre-authorized by the Department of Employment, Training and Rehabilitation and will be paid in accordance to the Washoe County Health District fee schedule.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this Contract. All revenue received in FY16 will be recorded in Internal Order 10479 in the Program Income – 3rd Party Receipts line item (460516).

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



RECOMMENDATION

It is recommended that the Washoe County Health District approve an Intrastate Interlocal Contract between the Department of Employment, Training and Rehabilitation and the Washoe County Health District to provide immunizations for Vocational Rehabilitation Clients and Transitional Student for the period upon approval through June 30, 2020 in an amount not to exceed \$9,000; and if approved, authorize the Chair to execute the Contract.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Intrastate Interlocal Contract between the Department of Employment, Training and Rehabilitation and the Washoe County Health District to provide immunizations for Vocational Rehabilitation Clients and Transitional Student for the period upon approval through June 30, 2020 in an amount not to exceed \$9,000; and if approved, authorize the Chair to execute the Contract."

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

**Department of Employment, Training and Rehabilitation
Rehabilitation Division
751 Basque Way
Carson City, NV 89713
Walter Cuneo ~ wlcuneo@nvdetr.org
ph: (775) 687-6864 ~ fx: (775) 684-4184
and**

**Washoe County Health District
Community and Clinical Health Services
P.O. Box 11130
Reno, NV 89520-0027
Linda Gabor ~ lgabor@washoecounty.us
ph: (775) 328-2477 ~ fx: (775) 328-3750**

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

WHEREAS, it is deemed that the services of Washoe County Health District, Community and Clinical Health Services (WCHD-CCHS) hereinafter set forth are both necessary to Department of Employment, Training and Rehabilitation, Bureau of Vocational Rehabilitation (DETR-VR) and in the best interests of the State of Nevada;

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective upon approval to **June 30, 2020**, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until **30** days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT AA: SCOPE OF WORK

7. CONSIDERATION. Washoe County Health District, Community and Clinical Health Services agrees to provide the services set forth in paragraph (6) at a cost in accordance with the WCHD-CCHS established fee schedule as published on the WCHD website. All services must be pre-authorized by DETR-VR. The fee schedule is subject to change. The contract shall not exceed \$9,000.00 for the term of the contract. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

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

9. INSPECTION & AUDIT.

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

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

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or

military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

SCOPE OF WORK

*Agency: Department of Employment, Training and Rehabilitation,
Bureau of Vocational Rehabilitation*
Contractor: Washoe County Health District, Community and Clinical Health Services

At the request of the Agency, the Contractor shall provide immunizations for Vocational Rehabilitation Clients and Transitional Students to facilitate participation of eligible clients/students to begin secondary education obtain competitive employment or re-enter the work environment, in accordance with the client/student Individual Plan for Employment (IPE). The Contractor agrees to have qualified staff to provide at a minimum the immunizations listed in the tables below.

Referrals for immunization will result in scheduled service no more than 10 business days from the date the client/student calls for an appointment. The client will bring the written referral form with them to the appointment. All services covered under this contract must be pre-authorized by the Agency and will be paid in accordance to the Contractor's established fee schedule. The Contractor shall not evaluate/treat the client without the approved authorization prior to or at the time of the appointment. An official immunization record will be provided to the client after the services are provided. The Contractor shall also provide the client's Vocational Rehabilitation counselor with a copy of the official immunization record within 30 working days of the provided service(s). Services provided by the contractor without prior authorization will not be paid by the Agency. The practitioner providing the services or signing the report must be qualified in their discipline per their accreditation and licensure and must meet State of Nevada requirements for professional standards and certification. All intern signatures will be counter signed by their internship supervisor. The Agency will not utilize the services of any non-licensed practitioners for medical services.

Referrals:

Accepted referrals for service will result in scheduled service delivery no more than 15 business days from date of referral. Any extenuating circumstances preventing the referred service by the Contractor will be documented in writing or email and communicated by both written and telephone by the Contractor to the referring Vocational Rehabilitation counselor within 5 business days.

Fee Schedule:

The Contractor's Fee Schedule is updated periodically as the cost that the Contractor pays for the vaccines fluctuates. The Agency will pay what is posted on the Washoe County Health District's Community and Clinical Health Services Fees schedule (<https://www.washoecounty.us/health/fees/cchs-fees.php#iz>). Agency's cost for the vaccines will be charged at the rate of the day the appointment was made with Contractor.

Invoicing:

All services must be pre-authorized by the Agency and will be invoiced according to the Contractor's posted fee schedule.

The Contractor agrees to submit all invoices for payment within 30 working days of the provided service. Services provided without prior authorization will not be paid by the Agency. The Agency understands some services may require a longer billing cycle and the

Contractor may not meet the 30-day billing requirement. Without exception, all invoices must be submitted to the Agency for payment no later than 30 days following the Fiscal Year (which ends on June 30th) in which services were provided.

Payment may be delayed if the invoice is not submitted correctly, and/or supporting documentation is not received by the Agency.

General:

1. The Contractor will use their own computer, printer, etc. to prepare any necessary correspondence and reports. The Agency will not be billed for the cost of those supplies.
2. Reviews will be completed within time frames established by the Agency to enable the Agency to make reasonable, expeditious decisions for disability applicants.
3. There is no guarantee of the minimum or maximum number of clients to receive service under this contract.

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: Recommendation to approve an award from the Association of Food and Drug Officials (AFDO) for total funding of \$20,000 for the period December 31, 2015 through August 31, 2016 in support of the Environmental Health Services Division (EHS) Food Program Community Outreach IO TBD; approve amendments totaling an increase of \$18,182 to the Food Program Community Outreach Grant, IO TBD.

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 Environmental Health Services Division received an Award from AFDO on December 10, 2015 to educate permitted food facilities on recent changes to Food Regulations in Washoe County. The award was not received in time to be placed on an earlier DBOH agenda and approval is considered retroactive. A copy of the award letter and application are attached.

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

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Food Program Community Outreach

Scope of the Project: The Washoe County Health District adopted new retail food regulation in June 2015. Included in the regulations are Program Based HACCP Principles which will allow for inspections based on risk factors. In an effort to reach out to the food service industry and community changes in the inspection process, the Food Program received these grant funds to conduct a “What to Expect When You Are Inspected” campaign.

The campaign will include new guidance materials on inspection process including checklists and resources for operators, free workshops and trainings, Facebook and radio outreach, and updated website materials.



Benefit to Washoe County Residents: Project will increase food safety awareness and compliance among licensed food operators in Washoe County.

On-Going Program Support: Grant will support a one-time project and ongoing funding is not necessary.

Award Amount: \$20,000
Grant Period: December 31, 2015 – August 31, 2016
Funding Source: United States Food and Drug Administration (FDA)
Pass Through Entity: Association of Food and Drug Officials (AFDO)
CFDA Number: 93.103
Grant ID Number: G-MP-1510-03283
Match Amount and Type: No match required

Sub-Awards and Contracts: No Sub-Awards are anticipated. The advertising contractor will be selected through WC Purchasing requirements.

FISCAL IMPACT

The FY16 budget did not include any funding for this grant. The total grant award is \$20,000 and a budget amendment in the amount of \$18,182 is necessary to bring the Award into alignment with the program budget. No amendment is necessary for indirect revenue and expenditures of \$1,818 which is 9.09% of the total award. Funds will be drawn down as reimbursement to expenditures.

Should the Board accept this grant award and approve these budget amendments, the adopted FY16 budget will be increased by \$18,182 in both revenue and expenditure in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA -431100	Federal Revenue	\$18,182
	Total Revenue	\$18,182
2002-IO-TBA -710546	Advertising	\$18,182
	Total Expenditures	\$18,182

RECOMMENDATION

It is recommended that the Washoe County Health District approve an award from the Association of Food and Drug Officials (AFDO) for total funding of \$20,000 for the period December 31, 2015 through August 31, 2016 in support of the Environmental Health Services Division (EHS) Food Program Community Outreach IO TBD; approve amendments totaling an increase of \$18,182 to the Food Program Community Outreach Grant, IO TBD

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an award from the Association of Food and Drug Officials (AFDO) for total funding of \$20,000 for the period December 31, 2015 through August 31, 2016 in support of the Environmental Health Services Division (EHS) Food Program Community Outreach IO TBD; approve amendments totaling an increase of \$18,182 to the Food Program Community Outreach Grant, IO TBD"

VOLUNTARY NATIONAL RETAIL FOOD
REGULATORY PROGRAM STANDARDS
(RETAIL STANDARDS) GRANT PROGRAM



December 10, 2015

Grant Number: G-MP-1510-03283

Project Title: Washoe County Health District What to Expect When You're Inspected

Award Value: \$20,000.00

Project Period: December 31, 2015 to August 31, 2016

anthony macaluso
EHS Supervisor
washoe County health district
1001 east 9th street
reno, Nevada 89502

Dear anthony macaluso:

We have approved your application for Washoe County Health District What to Expect When You're Inspected as part of the Retail Standards Grant Program, funded by the United States Food and Drug Administration (FDA). Approval is based on review of the application submitted by you on behalf of washoe County health district to the Association of Food and Drug Officials (AFDO).

As part of your application your agency has made an assurance that it will comply with all applicable Federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Parts 74 and 92. Acceptance of this award and/or any funds provided by the Retail Standards Grant Program acknowledges agreement with all of the terms and conditions in this award letter.

Your award is based on the above-title project application, submitted to and approved by AFDO, and is subject to the following terms and conditions:

- **The grantee must complete the full scope of work and all tasks outlined in the approved grant application by August 31, 2016 unless a written exception is granted by the AFDO Programmatic Point of Contact for this grant award.**
- **Any changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.**
- The grantee must abide by the grant guidance for the program, available as a PDF file on the Retail Standards Grant Program portal at <http://afdo.org/retailstandards>. This portal is also the site where you can find additional information/updates regarding this grant program, and where you can log in for project status and submission of required reports.
- Per United States Department of Health and Human Services Grants Policy, expenses for food or beverage are generally not allowed unless it is part of a per diem allowance provided in conjunction with allowable travel.
- A Final Project Report must be submitted through the online grants portal no more than 45 days after August 31, 2016. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award, accompanied by the documentation specified in the reporting section of the grant guidance.
- As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Retail Program Standards, available at: http://afdo.org/fda_vnrfrps.

The amount of \$20,000.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that Retail Standards Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 9/11/2013, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have questions about this award, please contact your AFDO Programmatic Point of Contact. Additionally, the Retail Food Safety Specialist from your FDA Region is an integral part of your jurisdiction's successful completion of Retail Standards activities, and is available to assist with your funded project. Contact information for both individuals is listed below.

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,



Joe Corby
Executive Director
Association of Food and Drug Officials
2550 Kingston Road
Suite 311
York, PA 17402

AFDO Programmatic Point of Contact:

Michael Turner
retailstandards@afdo.org
(850) 583-4593

Follow the link below to obtain contact information for the FDA Regional Food Specialist assigned to assist your jurisdiction:

<http://afdo.org/retailstandards/fdaregionalcontacts>

cc: Daniel Lukash (daniel.lukash@fda.hhs.gov)
Catherine Hosman (catherine.hosman@fda.hhs.gov)

G-MP-1510-03283

washoe County health district

Average of Ratings: 35.66666667

washoe County health district

\$20,000.00 | 10/9/2015 | Grant: Year 3 (Sept/Oct 2015)

G-MP-1510-03283 | Category 2 - Moderate Projects

The Washoe County Health District (WCHD) adopted new retail food regulations in June 2015. The adoption of the new food regulations should allow the WCHD to meet Standard 1 - Regulatory Foundation during our next audit. As part of the implementation of the new food regulations, the WCHD is also in the process of updating the food establishment inspection form to conform to the inspection form requirements listed in Standard 3 - Inspection Program Based on HACCP Principles. The use of the new form, an inspection process based on risk factors, and the corresponding food establishment scoring system will be a new a concept for food service workers and the food establishment industry in Washoe County as prior to June, 2015, the food regulations and inspection form had not been updated for several years. Therefore, in an effort to reach out to the food service industry and communicate the changes in the inspection process, the WCHD intends to conduct a "What to Expect when Your Inspected" campaign. This campaign will include the following overall activities:

Develop guidance material on the inspection process including inspection checklists, and resources for operators to be available on the WCHD website – provided by WCHD personnel to be completed by December 31, 2015

Conduct free workshops and trainings for the food service industry on the use of the new inspection form - provided by WCHD personnel by January 31, 2016

Develop a Facebook and radio media campaign using a local marketing company to advertise the new inspection process and direct interested parties to the WCHD website for additional information and resources – campaign to be designed and implemented by local marketing company with review/oversight by WCHD personnel by February 29, 2016. Campaign to run through August 2016

Organization: washoe County health district
Location: reno, NV
Primary Contact anthony macaluso
Confirm Primary Contact anthony macaluso
Jurisdictional Level: Local
FDA Region: PACIFIC (CA, HI, GU, MP, AS, AK, OR, AZ, NV, WA, ID, MT)

AUTHORIZING OFFICIAL INFORMATION

Authorizing Official Title: District Health Officer
Authorizing Official First Name: Kevin
Authorizing Official Last Name: Dick
Authorizing Official Email: kdick@washoecounty.us
Authorizing Official Phone: 775- 328-2461

PROJECT INFORMATION

Please note the Project Title has a limit of 255 characters. The system will automatically truncate text longer than this amount.

Project Title: Washoe County Health District What to Expect When You're Inspected

Granting Year: Year 3 (Sept/Oct 2015)

PROJECT START DATE - May start on or after 11/30/2015: 12/31/2015

PROJECT END DATE - Must be completed by 12/04/2016: 8/31/2016

Have you conducted a self assessment of all 9 standards? Yes

Date of Most Recent Self-Assessment: 8/27/2012
(Must have occurred within the last 5 years)

Amount Requested (Minimum \$10,000 / Maximum \$20,000) \$20,000.00

Project Summary:

The Washoe County Health District (WCHD) adopted new retail food regulations in June 2015. The adoption of the new food regulations should allow the WCHD to meet Standard 1 - Regulatory Foundation during our next audit. As part of the implementation of the new food regulations, the WCHD is also in the process of updating the food establishment inspection form to conform to the inspection form requirements listed in Standard 3 - Inspection Program Based on HACCP Principles. The use of the new form, an inspection process based on risk factors, and the corresponding food establishment scoring system will be a new a concept for food service workers and the food establishment industry in Washoe County as prior to June, 2015, the food regulations and inspection form had not been updated for several years. Therefore, in an effort to reach out to the food service industry and communicate the changes in the inspection process, the WCHD intends to conduct a "What to Expect when Your Inspected" campaign. This campaign will include the following overall activities:

Develop guidance material on the inspection process including inspection checklists, and resources for operators to be available on the WCHD website – provided by WCHD personnel to be completed by December 31, 2015
Conduct free workshops and trainings for the food service industry on the use of the new inspection form - provided by WCHD personnel by January 31, 2016

Develop a Facebook and radio media campaign using a local marketing company to advertise the new inspection process and direct interested parties to the WCHD website for additional information and resources – campaign to be designed and implemented by local marketing company with review/oversight by WCHD personnel by February 29, 2016. Campaign to run through August 2016

Project Members:

Washoe County Health District Staff:

Amber English, Senior Environmental Health Specialist in the Food Safety Program. Amber will coordinate the development of resource and training material and will review and approve the content of related advertisement campaigns. Amber is a training Standard and is responsible for overseeing training, the writing of policies, guidelines and SOPs for the food protection Program in regards to the Standards.

Tony Macaluco, Environmental Health Specialist Supervisor in the Food Protection Program. Tony will oversee and approve the entire project.

Project Outcomes:

The successful implementation of this project will enhance the relationship and communication with the food service industry. The successful implementation of an inspection form designed to identify and evaluate foodborne illness risk factors and interventions will allow the WCHD to meet the goals of Standard 3 - Inspection Program Based on HACCP Principles. In order to ensure the success of this new inspection form and inspection process, this project will help garner food service industry support and enhance the effectiveness of WCHD field staff. Although the WCHD already meets the criteria of Standard 7 - Industry and Community Relations, this project will also help the WCHD continue to meet the goals of this standard by communicating the importance of the foodborne illness risk factors through educational outreach. Additionally, the successful implantation of the new inspection form will position the WCHD to conduct a baseline Risk Factor Study to measure the trends and occurrence of the risk factors as outlined in Standard 9 - Program Assessment.

Which standard(s) will this project help you meet? Select all that apply, #1-9 (Note: If performing a self assessment, select all 9 standards.) Standard No. 3 - Inspection Program Based on HACCP Principles, Standard No. 7 - Industry and Community Relations, Standard No. 9 - Program Assessment

BUDGET INFORMATION

BUDGET REQUESTS

Budget Item	Grant Amt Requested
Services	\$20,000.00
Total Grant:	\$20,000.00

Budget Narrative (1500 Max Characters)

Overview:

Services by local marketing company: \$18,182

Indirect: \$1,818

All personnel time related to this project will be provide by the WCHD.

REQUEST DOCUMENTS

Award Letter

Award Letter

Added at 5:18 PM on December 10, 2015

DD	AH	___
DHO	___	___
DA	LA	___
Risk	DME	___

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: **Approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$23,499 for the period September 1, 2015 through June 30, 2016 in support of Public Health Preparedness HPP Ebola, IO 11286; approve amendments totaling an increase of \$22,948 in both revenue and expense to FY16 HPP Ebola, IO 11286; and if approved, authorize the Chair to execute the Subgrant Amendment.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Subgrant Amendment from the Nevada Division of Public and Behavioral Health for the period September 1, 2015 through June 30, 2016 with additional funding of \$23,499.00 for a total award amount of \$159,297 in support of the Public Health Preparedness Program, HPP Ebola, IO-11286. A copy of the Subgrant Amendment 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.

PREVIOUS ACTION

The Board of Health approved the Notice of Subgrant Award for the period September 1, 2015 through June 30, 2016 in the amount of \$135,798 on October 22, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HPP Ebola

Scope of the Project: The Subgrant Amendment scope of work includes contracting with Saint Mary's and Renown to:

- Provide after action reports and improvement plans for Ebola related training and exercises
- Conduct presentations to regional partners regarding Ebola related exercise, trainings, and planning
- Provide documentation outlining lessons learned from Ebola related activities that will assist the Health District in revising CONOPS (Concept of Operation).

Benefit to Washoe County Residents: This Amendment supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency. This collaboration and updating of the Health District CONOPS will improve the community response to Ebola and other highly communicable diseases.

On-Going Program Support: These funds support one time activities in the Public Health Preparedness Program.

Award Amount: Amendment of \$23,499, total award is \$159,297
Grant Period: September 1, 2015 – June 30, 2016
Funding Source: Assistant Secretary for Preparedness and Response (ASPR)
Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health
CFDA Number: 93.817
Grant ID Number: 1U3REP150510-01-00
Match Amount and Type: No match required
Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The FY16 budget was adjusted to include the original award. A budget amendment in the amount of \$22,948 is necessary to bring the Subgrant Amendment in alignment with the direct program budget. No amendment is necessary for indirect revenue.

The amendment includes \$551 in indirect costs (2.4% direct costs). Funds will be drawn down as reimbursement to expenditures.

Should the Board approve these budget amendments, the FY 16 budget will be **increased by \$22,948** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11286 -431100	Federal Revenue	\$22,948
	Total Revenue	\$22,948
2002-IO-11286 -710100	Professional Services	\$22,948
	Total Expenditures	\$22,948

RECOMMENDATION

It is recommended that the Washoe County Health District approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$23,499 for the period September 1, 2015 through June 30, 2016 in support of Public Health Preparedness HPP Ebola, IO 11286; approve amendments totaling an increase of \$22,948 in both revenue and expense to FY16 HPP Ebola, IO 11286; and if approved, authorize the Chair to execute the Subgrant Amendment.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$23,499 for the period September 1, 2015 through June 30, 2016 in support of Public Health Preparedness HPP Ebola, IO 11286; approve amendments totaling an increase of \$22,948 in both revenue and expense to FY16 HPP Ebola, IO 11286; and if approved, authorize the Chair to execute the Subgrant Amendment."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health

Original HD #: **15114**
 Budget Account: 3218
 Category: 25
 GL: 8516
 Job Number: 9381715

SUBGRANT AMENDMENT #1

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)		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: September 1, 2015 through June 30, 2016		Amendment Effective Date: Upon approval by all parties.	
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: Hospital Ebola related training and exercises			
Required Changes:			
Current Language:		Funds are intended to demonstrate achievement in HPP Ebola Activities according to ASPR grant guidance.	
Amended Language:		Funds are intended to demonstrate achievement in HPP Ebola Activities according to ASPR grant guidance.	
Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 35,000.00	\$ 0.00	\$ 35,000.00
2. Travel	\$ 92.00	\$ 0.00	\$ 92.00
3. Supplies	\$ 82,993.00	\$ 0.00	\$ 82,993.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 22,948.00	\$ 22,948.00
6. Other	\$ 0.00	\$ 0.00	\$ 0.00
7. Indirect	\$ 17,713.00	\$ 551.00	\$ 18,264.00
Total	\$ 135,798.00	\$ 23,499.00	\$ 159,297.00
Incorporated Documents:			
Exhibit A: Amended Scope of Work			
Exhibit B: Amended Budget Detail			
Exhibit C: Original subgrant Notice of Subgrant Award and all previous amendments			

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

Kitty Jung Washoe County District Board of Health	Signature	Date
Erin Lynch Health Program Manager II, PHP		
Chad Westom Bureau Chief, PAIS		
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

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

EXHIBIT A

Amended 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: Compensate regional hospitals for documented Ebola training and exercises to use in the Washoe County Health District CONOPS.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. By June 30, 2016, Washoe County will improve collaboration with Saint Mary's Regional Medical Center and Renown Regional Medical Center through Ebola exercises and trainings.	1. Provide After Action Reports/Improvement Plan(s) (AAR/IP(s)) for Ebola related trainings and exercises. Provide document outlining lessons learned from Ebola related activities to Washoe County Health District (WCHD), to be used for the revision of the WCHD Concept of Operations (CONOPS). Conduct presentation for regional partners on Ebola related trainings, exercises and planning.	06/30/2016	AAR/IP(s) including lessons learned

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

EXHIBIT B

Amended Budget

Subgrantee agrees to adhere to the following amended budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 0		
		\$	
2. Travel	\$ 0		
		\$	
3. Supplies	\$ 0		
		\$	
4. Equipment	\$ 0		
		\$	
5. Contractual/ Consultant	\$ 22,948		
		\$	After Action Reports/Improvement Plan(s) (AAR/IP(s)) and outline lessons learned to be used in the revision of the WCHD Concept of Operations (CONOPS). Conduct presentations to regional partners for Ebola related exercises, trainings, and planning.
		\$11,474	Saint Mary's Regional Medical Center
		\$11,474	Renown Regional Medical Center.
6. Other	\$ 0		
		\$	
7. Indirect	\$ 551		
		\$ 551	2.4% of all Direct cost excluding Equipment (rounded)
Total Cost	\$ 23,499		

DD	AH	___
DHO	___	KB ___
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: **Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$194,272 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Immunization Grant Program, IO 10028 and IO 10029; approve amendments totaling an increase of \$1,639.36 in both revenue and expense to the FY16 Immunization Grant Program, IO 10029; and if approved, authorize the Chair to execute the Notice of Subgrant Award.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health’s behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada on January 15, 2016 to support the HIV Prevention Grant Program. The funding period is retroactive to January 1, 2016 and extends through December 31, 2016. A copy of the Notice of Subgrant award is attached.

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

PREVIOUS ACTION

The Board of Health approved Subgrant Amendment #2 (included third round of funding) for the period January 1, 2015 – December 31, 2015 in the amount of \$337,109 on September 24, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Immunization Grant Program

Scope of the Project: The Subgrant scope of work includes the following: conduct Vaccine For Children (VFC) compliance visits, perform Assessment, Feedback, Incentives and Exchange (AFIX) assessments, Perinatal Hepatitis B prevention activities, and seasonal influenza vaccination activities.

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, repairs and maintenance, postage, printing, telephone and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Immunization program mission to public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Immunization Program.

Award Amount: \$194,272
Grant Period: January 1, 2016 – December 31, 2016
Funding Source: Centers for Disease Control and Prevention (CDC)
Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health
CFDA Number: 93.268
Grant ID Number: Not available at this time
Match Amount and Type: No match required

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

FISCAL IMPACT

The Notice of Subgrant Award issued for Calendar Year 2016 in the amount of \$194,272 represents “Round 1” of funding from the CDC. The total award amount after receiving all rounds of funding will be \$340,586 (\$301,404 direct and \$39,182 of indirect.)

As the FY16 budget in Internal Orders 10028 and 10029 was adopted with a total of \$338,517.64 in revenue (includes \$38,753 of indirect) and \$299,764.64 in expenditure authority, a budget amendment in the amount of \$1,639.36 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget.

The first round of funding includes \$22,350 in indirect costs (13% of total direct costs). Funds will be drawn down as reimbursement to expenditures.

Should the Board approve these budget amendments, the adopted FY 16 budget will be **increased by \$1,639.36** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10029	-431100 Federal Revenue	\$1,639.36
	Total Revenue	\$1,639.36
2002-IO-10029	-710200 Service Contracts	\$1,134.00
	-710350 Office Supplies	\$ 505.36
	Total Expenditures	\$1,639.36

RECOMMENDATION

It is recommended that the Washoe County Health District approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$194,272 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Immunization Grant Program, IO 10028 and IO 10029; approve amendments totaling an increase of \$1,639.36 in both revenue and expense to the FY16 Immunization Grant Program, IO 10029; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$194,272 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Immunization Grant Program, IO 10028 and IO 10029; approve amendments totaling an increase of \$1,639.36 in both revenue and expense to the FY16 Immunization Grant Program, IO 10029; and if approved, authorize the Chair to execute the Notice of Subgrant Award."

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NEVADA STATE IMMUNIZATION PROGRAM**
Bureau of Child, Family & Community Wellness
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone: (775) 684-5900 · Fax: (775) 684-8338

January 14, 2016

Washoe County Health District
Attn: Kevin Dick, District Health Officer
PO Box 11130
Reno, NV 89520

RE: HD-15389 Sub-grant Agreement

Dear Mr. Dick,

Please find attached a copy of Sub-grant Agreement #HD-15389. This sub-grant is funded by the Nevada Immunization & Vaccine for Children Federal Grant (CDC). The funding period for this award is January 1, 2016 through December 31, 2016.

The purpose of this sub-grant agreement is to eliminate cases of vaccine preventable diseases in Washoe County by raising immunization rates and through case management under the provisions of Perinatal Hepatitis B Prevention.

Please complete and verify signatures in all locations and return to my attention. Once the sub-grant has final approval I will return one original to your attention and records. Please feel free to contact me with any questions or concerns you may have at (775) 684-4233 or sharonpilcher@health.nv.gov.

Sincerely,

A handwritten signature in blue ink that reads "Sharon A. Pilcher".

Sharon A. Pilcher
Grants & Fiscal Manager
Nevada State Immunization Program

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

January 14, 2016

MEMORANDUM

TO: Mark Winebarger, ASO IV
Division of Public and Behavioral Health

THROUGH: Beth Handler, Chief *BH*
Bureau of Child, Family & Community Wellness

FROM: Karissa Loper, MPH, HPM 2 *KL*
Nevada State Immunization Program

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL DUE TO TIMING OF NOGA

This memorandum requests that subgrants with Health Division #'s for Carson City Health & Human Services #HD15388, Washoe County Health District #HD15389, Southern Nevada Health District #HD15390, and Immunize Nevada #HD15391 be approved for a retroactive start date effective January 1, 2016. The Notice of Award has been delayed as referenced in the attached letter from the Centers for Disease Control and Prevention (CDC); however, the program is authorized to continue normal operations beginning 01/01/16. These subgrants need a retroactive start date because original signatures still have to be received on each subgrant. Additionally, Washoe County Health District has to have their subgrant reviewed and approved by their Board of Health.

The Bureau will implement the following to prevent future retroactive requests:

- Future retroactive requests under this funding source cannot be prevented from happening because the CDC tends to provide the Notice of Grant Award a few days before the start of the new grant period (always January 1). Additionally, it takes significant program staff time to prepare an accurate subgrant.

If you have any questions, please contact Karissa Loper at (775) 684-3209 or e-mail kloper@health.nv.gov.

cc: Rick Morse, Management Analyst II
Division of Public and Behavioral Health

Revised 8/25/15



December 30, 2015

Re: Approval to Incur Pre-Award Costs under Funding Opportunity Announcement (FOA) Number **IP13-1301**, entitled **Immunization and Vaccines for Children Program**

Dear Grantee:

This correspondence provides approval to incur pre-award costs under Funding Opportunity Announcement number **IP13-1301**, entitled **Immunization and Vaccines for Children Program** for the upcoming Budget Period 1/01/2016 through 12/31/2016. CDC anticipates that the Notices of Award (NOA) for the Year 04 non-competing continuation will be issued no later than 1/30/2016. The effective date of the award will remain January 1, 2016.

Until your NOA is received, your organization can incur pre-award costs for approved activities under this Funding Opportunity Announcement that are allowable, allocable, consistent with program objectives and reasonable (for additional information please refer to the Department of Health and Human Services [Grants Policy Statement](#)). We trust this will allow your program to continue without interruption. If you have any questions regarding this matter, please contact Dwayne Cooper at (770) 488-2874, Email Address: YIH4@cdc.gov or me at (770) 488-1644, Email Address: FYQ5@cdc.gov.

Sincerely,

Sheila Edwards

Sheila Edwards
Grants Management Officer
Office of Financial Resources

cc: Terrance Perry, Director, Office of Grants Services, OFR
Carla Harper, Chief, Infectious Disease Branch, OFR
Anella Higgins, Grants Management Officer
Dwayne Cooper, Grants Management Specialist
Elizabeth Sullivan, Public Health Advisor, NCIRD - Program
Operation Branch



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

HD #: 15389
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9326816

NOTICE OF SUBGRANT AWARD

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness		Subgrantee Name: Washoe County Health District (WCHD)																	
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520																	
Subgrant Period: 01/01/2016 – 12/31/2016		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400 Q</u> Dun & Bradstreet: <u>73786998</u>																	
Purpose of Award: To eliminate cases of vaccine preventable diseases in Washoe County by raising immunization rates and through case management under the provisions of Perinatal Hepatitis B Prevention.																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>																			
Approved Budget Categories:		Disbursement of funds will be as follows:																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>160,636.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>5,163.00</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>827.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>5,296.00</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>22,350.00</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>194,272.00</u></td></tr> </table>		1. Personnel	\$ <u>160,636.00</u>	2. Travel	\$ <u>5,163.00</u>	3. Operating	\$ <u>827.00</u>	4. Equipment	\$ _____	5. Contractual/Consultant	\$ _____	6. Other	\$ <u>5,296.00</u>	7. Indirect	\$ <u>22,350.00</u>	Total Cost:	\$ <u>194,272.00</u>	<p>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 \$194,272.00 during the subgrant period.</p>	
1. Personnel	\$ <u>160,636.00</u>																		
2. Travel	\$ <u>5,163.00</u>																		
3. Operating	\$ <u>827.00</u>																		
4. Equipment	\$ _____																		
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7. Indirect	\$ <u>22,350.00</u>																		
Total Cost:	\$ <u>194,272.00</u>																		
Source of Funds:		% of Funds:	CFDA:																
1. Nevada Immunization & Vaccine for Children Federal Grant (CDC)		100%	93.268																
Federal Grant #: N/A – See attached letter from CDC																			
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																
Kitty Jung, Chair District Board of Health																			
Karissa Loper, MPH Program Manager, NSIP		<i>Karissa Loper</i>	1/4/16																
Beth Handler, MPH Bureau Chief, CFCW		<i>BHandler</i>	1/14/16																
for Cody L. Phinney, MPH 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 stated 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.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. 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.
13. 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 (2 CFR § 200.501(a)), revised December 26, 2013, 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:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
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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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults in Washoe County. The activities addressed in this subgrant are required under the federal Immunization and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention (CDC), and identified within the Immunization Program Operations Manual (IPOM) dated 1/1/2013 – 12/31/2017.

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

Scope of Work for WCHD (CY2016)

CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC COMPLIANCE VISITS

VFC compliance visits ensure that federally provided vaccine is stored, handled and administered appropriately. **All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager.**

Goal 1: Enhance stewardship and accountability for all publicly purchased vaccine and VFC/317 funding.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. (IPOM A-7) By 12/15/2016, assure that VFC-enrolled providers comply with VFC Program requirements through compliance visits to at least <u>50%</u> of active VFC-enrolled providers in jurisdiction.	1) Throughout 2016, the state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits on a minimum of 50% of enrolled VFC providers. In addition, coordinators must ensure 100% of VFC providers satisfy the VFC annual training component. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This schedule will help coordinators meet the annual goal of 50%. The following are required for VFC compliance visits: <ul style="list-style-type: none"> a) Utilize the most current VFC Compliance Visit Questionnaire provided by PEAR. Enter the VFC compliance visit data in PEAR within 10 days of the visit. 	12/15/2016	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided). 2. Within 30 days of the VFC Compliance Visit, submit the following documentation: <ul style="list-style-type: none"> a. VFC Compliance Visit "Acknowledgement of Receipt" signed by provider/medical director. b. VFC Program training documentation when applicable.

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

	<ul style="list-style-type: none"> b) Conduct VFC Compliance Visits on newly enrolled VFC providers no sooner than 90 days and no later than 120 days of enrollment. c) Provide technical assistance and/or follow-up visits as directed by the NSIP Provider Quality Assurance Manager. d) Complete required VFC Program annual training with VFC provider staff, if necessary. <p>2) As assigned by the NSIP Vaccine Manager, perform unannounced storage and handling visits on VFC providers in jurisdiction.</p> <p>3) Ensure that during 2016, every VFC provider completes the mandatory VFC training as required by the CDC, through:</p> <ul style="list-style-type: none"> a) VFC Compliance Visit, OR b) Certificates of completion from the "You Call the Shots" modules 10 & 16, OR c) QA Coordinator training session utilizing the VFC Training Elements checklist in person or by phone. <p>4) Update contact information in the PEAR and AFIX Online Tools as changes occur within VFC Provider offices within WCHD jurisdiction (e.g., changes in Primary or Back-Up Vaccine Coordinators).</p> <p>5) Relocate short-dated publicly-funded vaccine as requested by NSIP staff to prevent vaccine waste in jurisdiction.</p>		<p>3. Enter the compliance visit data into PEAR within 10 days of performing the compliance visit.</p> <ul style="list-style-type: none"> a. Enter follow-up provider contacts in PEAR until 100% compliance is achieved. <p>4. Submit the required "Acknowledgement of Receipt" within 30 days of conducting an Unannounced Storage & Handling Visit.</p> <ul style="list-style-type: none"> a. Enter visit data into PEAR within 10 days. <p>5. Provide VFC Provider's office staff training data to the State Provider Quality Assurance Manager as requested to assist with tracking VFC Provider compliance.</p>
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

CHAPTER B – ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

Assessment, Feedback, Incentives and Exchange (AFIX) is a continuous quality improvement process that is used to improve VFC providers' immunization practice and raise immunization coverage rates in individual offices. **All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.**

Goal 2: Assess program performance for program improvement.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. (IPOM B-3) By 12/31/2016, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components and move toward use of NV WebIZ as primary source of data for provider coverage level assessments.</p>	<p>1) Throughout 2016, the state Provider Quality Assurance Manager and county coordinators will conduct childhood AFIX assessments on selected VFC providers. The following will be conducted during each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize NV WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the 4.3.1.3.3.1.4 immunization series, the individual antigen rates and the missed opportunity rates by utilizing the "Assessment Results" tab and selecting "up-to-date rate at age 24 months." d) Utilizing the AFIX Online Tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback and all follow-up sessions. e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort (but, not the same patients). f) Promote reminder/recall programs and NILE activities during provider visits. 	<p>12/31/2016</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p> <p>2. Within 30 days of the AFIX Visit, submit the following documentation:</p> <ul style="list-style-type: none"> a. 2016 Childhood Immunization Report Card b. CoCASA Summary Report for the 4.3.1.3.3.1.4 series "up-to-date at age 24 months." <p>3. Enter the AFIX Visit data into the AFIX Online Tool within 10 days of completing the visit.</p> <p>4. Document progress on Quality Improvement Activities in the AFIX Online Tool during each childhood follow-up visit.</p>

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

	<ul style="list-style-type: none"> g) Perform immunization assessments for all NV WebIZ users in jurisdiction for the annual Silver Syringe Awards; generate immunization rates in NV WebIZ for those providers that did not receive an AFIX visit. <ul style="list-style-type: none"> i. Coordinate with NSIP staff to conduct an immunization assessment of all VFC Providers/WebIZ users in jurisdiction. <p>2) Throughout 2016, Washoe County Health District will conduct AFIX assessments on four (4) VFC providers who immunized 10 or more adolescents born in 2003 or before. The following will be conducted with each adolescent AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize NV WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from providers, generate the antigen series rate in CoCASA for 1 Tdap, 1 MCV4, 1 HPV, 3 HPV, 3 HepB, 2 MMR and 2 Varicella utilizing the "Assessment Results" tab. d) Utilizing the AFIX Online Tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback and all follow-up sessions. e) Conduct the required follow-up sessions within six (6) months of the feedback session and include an AFIX assessment on the same age cohort (but, not the same patients). f) Document and assess progress on the selected Quality Improvement activities. 		<p>5. Submit the 2016 Adolescent Immunization Report Card within 30 days of completing the AFIX Visit.</p> <p>6. Enter the AFIX Visit data into the AFIX Online Tool within 10 days of completing the visit.</p> <p>7. Document progress on the Quality Improvement Activities in the AFIX Online Tool at each adolescent follow-up visit.</p>
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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

CHAPTER C – ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. **All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.**

All jurisdictions are required to use the Perinatal Hepatitis B Module within Nevada WebIZ to conduct case management activities for all infants born to HBsAg positive mothers. Case, infant and contact information including serology, HBIG and hepatitis B vaccination dates must be documented in this module.

The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart upon his request.

Goal 3: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent Perinatal Hepatitis B transmission.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. (IPOM C5-a) Identify HBsAg-positive pregnant women.	1) Throughout 2016: <ul style="list-style-type: none"> a) Educate prenatal, postpartum and pediatric providers on the importance of screening all women during every pregnancy for HBsAg; b) Improve mechanisms to identify women who are HBsAg-positive and pregnant; and c) Identify household and sexual contacts and offer testing and Hepatitis B vaccination. 	12/31/2016	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).
2. (IPOM C5-b) Prophylax newborns with Hepatitis B vaccine and HBIG.	1) Throughout 2016, provide technical assistance to each birthing hospital in jurisdiction to establish mechanisms to confirm women's HBsAg status at time of delivery, and if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2016	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).

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

	<p>2) If mother is HBsAg-positive, then establish policies or mechanisms to administer Hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, then administer Hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital in jurisdiction to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.</p> <p>3) Throughout 2016, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and Hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the county Perinatal Hepatitis B Prevention Program.</p> <p>4) Throughout 2016, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening as soon as results become available.</p> <p>5) Throughout 2016, provide technical assistance to each birthing hospital in jurisdiction to develop policies and/or procedures for administering the first dose of Hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.</p>		
<p>3. (IPOM C-5c) Increase timely completion of doses two and three.</p>	<p>1) Throughout 2016: a) Review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required doses of the Hepatitis B vaccine series on schedule.</p>	<p>12/31/2016</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p>

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

	<ul style="list-style-type: none"> b) Review and improve protocols to actively follow up with families that do not receive the full Hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule. c) Review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to the identified infants born to HBsAg-positive women. 		
<p>4. (IPOM C-5d) Increase post-vaccination serology.</p>	<ul style="list-style-type: none"> 1) Identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame. 2) Develop and implement an action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator. 3) Identify, contact and collaborate with other entities that may be able to reduce/eliminate identified factors outside the program's control that prevent infants from obtaining timely and appropriate PVST. 4) Develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due. 5) Review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations. 6) Review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection. 	<p>12/31/2016</p>	<ul style="list-style-type: none"> 1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided). 2. Copy of Action Plan due to NSIP Perinatal Hepatitis B Prevention Coordinator upon completion.

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

	<p>7) Review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to Hepatitis B infection to revaccinate infant with 2nd Hepatitis B vaccine series and receive PVST results after the completion of the 2nd Hepatitis B vaccine series.</p> <p>8) Review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, healthcare provider, etc.).</p>		
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CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS

SEASONAL INFLUENZA VACCINATION

Goal 4: Conduct seasonal influenza vaccination activities to improve preparedness for an influenza pandemic.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. (IPOM E-3) Throughout 2016, work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination clinics.</p>	<p>1) Work with Immunize Nevada, Washoe County School District (WCSD) and other local partners, especially those which serve groups at high risk for complications from influenza and/or underserved populations, to increase demand for seasonal influenza vaccination.</p> <p>2) In partnership with Immunize Nevada and WCSD, conduct school-located vaccination clinics throughout calendar year 2016.</p> <p>3) Participate in training local advanced EMTs and Paramedics on the administration of intramuscular, intradermal and intranasal influenza vaccines in collaboration with the WCHD Public Health Preparedness division.</p>	<p>12/31/2016</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p> <p>2. SLVC Reports – Reports should include, when feasible, the number of clinics held, total number of individuals targeted, dates of clinics with respect to jurisdictions influenza season, and a description of the target population by age and race/ethnicity.</p>

**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 through Grant Number 5H23IP00727-04 from The 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 the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5H23IP00727-04 from The Centers 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	\$ 160,636.00	See Exhibit A to Section C	
		\$	
2. Travel	\$ 5,163.00		
		\$	
3. Operating	\$ 827.00		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Other	\$ 5,296.00		
		\$	
7. Indirect	\$ 22,350.00		
		\$	
Total Cost	\$ 194,272.00		

- Categorical adjustments of 10% or less are permitted and must be requested and approved through the Nevada State Immunization Program Manager. Written permission must be obtained and can be done via e-mail.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- The maximum available through this subgrant is \$194,272.00

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

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
 - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- 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:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documents; and
- 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:

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 or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

Exhibit A to Section C - WCHD HD#15389

Washoe County Health District - CY2016 BUDGET					
	Qty	Total Wages	Time	Total	
Iz PHN	1	\$ 119,643	0.50	\$ 59,822	
Iz PHN	1	\$ 119,774	0.10	\$ 11,977	
Iz PHN	1	\$ 81,346	0.15	\$ 12,202	
Peri Hep-B Coord	1	\$ 101,976	0.05	\$ 5,099	
VFC/AFIX Coord	1	\$ 120,357	0.90	\$ 108,321	
VFC/AFIX Coord	1	\$ 119,774	0.67	\$ 80,249	
Office Support	1	\$ 78,994	0.05	\$ 3,950	
Total Wages include Fringe					
Total Personnel:				\$ 281,619	
Travel:					
Mileage	2,437	\$ 0.575		\$ 1,401	
2016 NV Health Conference					
Registration (will be in Reno)		\$ 250	5	\$ 1,250	
2016 Silver Syringe Awards					
Registration (will be in Reno)		\$ 150	4	\$ 600	
Other health conf registration		\$ 250	4	\$ 1,000	
2016 National Immunization Conf 5 days/4 nights/2 staff					
Registration		\$ 325	2	\$ 650	
Airfare to Atlanta, GA		\$ 900	2	\$ 1,800	
Lodging	4	\$ 159	2	\$ 1,270	
Per Diem	5	\$ 69	2	\$ 690	
Ground Transportation	5	\$ 25	2	\$ 250	
Airport Parking	5	\$ 14	2	\$ 140	
Total Travel:				\$ 9,051	
Operating/Supplies:					
		120.83	12	\$ 1,450	
Total Operating:				\$ 1,450	
Equipment:					
Total Equipment:				\$ -	
Contractual:					
Total Contractual:				\$ -	
Other:					
MD Consultant		\$ 3,782		\$ 3,782	
Service Contract (Refrigerator Alarm)		\$ 2,268		\$ 2,268	
Fridge Repair & Maintenance		\$ 568		\$ 568	
Copy Machine		\$ 108	12	\$ 1,300	
Books & Subscriptions		\$ 500		\$ 500	
Postage		\$ 8	12	\$ 100	
Printing		\$ 46		\$ 46	
Telephone		\$ 60	12	\$ 720	
Total Other:				\$ 9,284	
Indirect					
	301,404		0.13	\$ 39,183	
Total Indirect:				\$ 39,183	
Total Budget:				\$ 340,586	

Round One Award					
	Qty	Total Wages	Time	Total	
\$281,619 @ 57.04%		\$ 281,619	57.04%	\$ 160,636.43	
Total Personnel:				\$ 160,636	
Travel:					
\$9,051 @ 57.04%		\$ 9,051	57.04%	\$ 5,162.80	
Total Travel:				\$ 5,163	
Operating/Supplies:					
\$1,450 @ 57.04%		\$ 1,450	57.04%	\$ 827.06	
Total Operating:				\$ 827	
Equipment:					
Total Equipment:				\$ -	
Contractual:					
Total Contractual:				\$ -	
Other:					
\$9,284 @ 57.04%		\$ 9,284	57.04%	\$ 5,295.55	
Total Other:				\$ 5,296	
Indirect					
		\$ 39,183	57.04%	\$ 22,349.70	
Total Indirect:				\$ 22,350	
Total Round One Budget:				\$ 194,272	

VFC Ops = \$173,935

317 Ops = \$20,337

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

SECTION D

Request for Reimbursement

HD#: 15389
 Budget Account: 3213/20
 GL: 8516
 Job #: 9326816

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 01/01/2016 - 12/31/2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400 Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: 2016

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	\$160,636.00	\$0.00	\$0.00	\$0.00	\$160,636.00	0.0%
2 Travel	\$5,163.00	\$0.00	\$0.00	\$0.00	\$5,163.00	0.0%
3 Operating	\$827.00	\$0.00	\$0.00	\$0.00	\$827.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$5,296.00	\$0.00	\$0.00	\$0.00	\$5,296.00	0.0%
7 Indirect	\$22,350.00	\$0.00	\$0.00	\$0.00	\$22,350.00	0.0%
Total	\$194,272.00	\$0.00	\$0.00	\$0.00	\$194,272.00	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 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**

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). 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: Contract Unit
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? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature Date

Title

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

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

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

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

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

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

- I. DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the 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.

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

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 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

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

Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

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

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

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 agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

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

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

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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**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	Business Name
Phone: (775) 684-5975	Business Address
Fax: (775) 684-4211	Business City, State and Zip Code
	Business Phone Number
	Business Fax Number
Authorized Signature	Authorized Signature
for Cody L. Phinney, MPH	Print Name
Print Name	Print Name
Administrator, Division of Public and Behavioral Health	Title
Title	Title
Date	Date

DD	AH	—
DHO		AD —
DA	LA	—
Risk	DME	—

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: **Recommendation to approve an Interlocal Agreement between the Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MedSchool Associates North to provide colposcopy and/or biopsy services for referred Family Planning clients for the period March 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.**

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

District Health Strategic Objectives supported by this item: Demonstrate the value and contribution of public health; Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health.

BACKGROUND

The Contract provides for colposcopy and/or biopsy services for referred family planning clients.

The School will schedule appointments; collect payment on the day of service or bill the client's insurance plan; refer the client back to the Health District if further gynecological follow up is required.

The District will maintain a list of clients referred; fax colposcopy referral form, recent pertinent exams and pap results to UNSOM; provide clients with a copy of faxed documents; inform the client that UNSOM requires full payment for services on day of service if they do not have insurance coverage.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this Contract. UNSOM will collect payment or bill client's insurance.

RECOMMENDATION

It is recommended that the Washoe County Health District approve an Interlocal Agreement between the Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MedSchool Associates North to provide colposcopy and/or biopsy services for referred Family Planning clients for the period March 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Agreement between the Washoe County Health District and University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MedSchool Associates North to provide colposcopy and/or biopsy services for referred Family Planning clients for the period March 1, 2016 through June 30, 2017 unless extended by the mutual agreement of the Parties; with automatic renewal for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chair to execute the Contract."

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts the clinical public health programs, including the Family Planning Program, which requires the services of a physician; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada, and specialize in family medicine; and

WHEREAS, the School agrees to provide colposcopy services for referred Family Planning clients;

Now therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The School agrees to:

1. Schedule appointment for colposcopy and biopsy.
2. Provide colposcopy and/or biopsy services.
3. Collect payment on the day of service or bill insurance plan. For insured patients, UNSOM's usual and customary fee schedule will apply. Copays must be made at time of service and third party payers will be billed. If the client does not have insurance, the fee for service will be based on a 50% discount rate off of the current billable fee schedule.
4. Subject to any restrictions under HIPAA, fax colposcopy and/or biopsy results, with recommendations, to the WCHD.
5. If further gynecological follow up is required, refer client back to WCHD promptly.

The District agrees to:

1. Maintain a list of clients referred to UNSOM.
2. Fax colposcopy referral form, recent pertinent exams and pap results to UNSOM.
3. Provide clients with a copy of faxed documents
4. Provide clients with the name of the contact person at UNSOM that will assist the client in scheduling a colposcopy appointment.
5. Inform the client that services will require insurance coverage or full payment to UNSOM is due on the day of service.
6. Inform the client additional separate lab fees may be charged if applicable.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d (“HIPAA”) and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements.”, including the Health Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.360 and NRS 354.626.

TERM. The term of this Agreement is from March 1, 2016, through June 30, 2017 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The

automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse School for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON APPROPRIATION: In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:

Gail Smith, Director of Contracting
UNR - UNSOM

1664 North Virginia Street
Penn Bldg, M/S 0332
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer
Washoe County Health District
P O Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: _____ Date: _____
Chair

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____ Date: _____
Thomas Schwenk, MD
Dean, University School of Medicine
Vice President, University of Nevada, Reno Division of Health Sciences

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: Recommendation to Uphold Citation No. 5484, Case No. 1179 Issued to Mr. Nick Maerz - 1380 Carlin LLC

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5484 be **upheld** and a fine of **\$6,500** be levied against Nick Maerz – 1380 Carlin LLC for the removal of potential asbestos containing materials without a valid survey, failure to obtain an asbestos acknowledgement form and failure to adhere to asbestos control work practices in a commercial establishment. Failure to obtain an asbestos acknowledgement form, submit notification and adhere to proper asbestos control work practices including containment/abatement, are all **major violations** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105 National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107 (A), (B) and (C) Hazardous Air Pollutants.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On January 6, 2016, Air Quality Specialist II Kristina Craig responded to a complaint of possible illegal asbestos removal at 1380 Carlin Street in Reno, Nevada. Upon arrival Specialist Craig observed all 20 apartment units had some level of interior demolition being performed. Specialist Craig observed sheetrock removal and build back in numerous apartments. Specialist Craig immediately contacted Ms. Jeanne Robinson of Nevada Commercial, the property manager for the apartment complex. Specialist Craig questioned if an asbestos survey had been performed. At that time Ms. Robinson was unsure if any asbestos survey had been performed.

On January 7, 2016, Specialist Craig was contacted by Ms. Robinson who advised an asbestos survey had been completed on the apartment complex. Ms. Robinson stated she did not know anything more about the survey and had contacted the project manager, Mr. Nick Maerz, requesting a copy of the survey. Mr. Maerz advised Ms. Craig that Lisa Monroe, a certified asbestos consultant, had performed a survey. Specialist Craig contacted Ms. Monroe and received a copy of the survey for 1380 Carlin Street, dated November 19, 2015.

On January 8, 2016, Specialist Craig was contacted by Mr. Murry Rosenthal (property owner) who advised Mr. Maerz was the project manager and he (Mr. Rosenthal) was funding the work. Mr. Rosenthal advised Specialist Craig that Mr. Maerz had informed him all proper permits had been obtained prior to any demolition including asbestos sampling. Specialist Craig then contacted Mr. Maerz to inquire as to time lines of the removal of possible asbestos containing materials. Mr. Maerz stated the property was purchased by Mr. Rosenthal in July of 2014 and he (Mr. Maerz) was acting as the project manager for the renovations. Specialist Craig questioned Mr. Maerz if building permits had been obtained for the demolition and build back she observed. Mr. Maerz stated “no” and that the project had started approximately twelve months prior. At that time Specialist Craig also learned Mr. Maerz had hired two sub-contractors to remove possible asbestos containing materials which at the time had not been tested for asbestos. Mr. Oscar Rodriguez and Mr. Geva Bartos, the two sub-contractors, were advised by Mr. Maerz “they were good to go” to remove sheetrock and popcorn ceiling materials.

On January 14, 2016, Specialist Craig again met with Mr. Nick Maerz to discuss the project, and to issue him Notice of Violation Citation No. 5484 for the removal of potential asbestos containing materials without a valid survey, failure to obtain an asbestos acknowledgement form and failure to adhere to asbestos control work practices at 1380 Carlin Street in Reno, Nevada.

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 District Board of Health **uphold** Notice of Violation Citation No. 5484, Case No. 1179, and levy a fine in the amount of **\$6,500**, as a negotiated settlement for a **major violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5484.
2. The Board may determine to uphold Citation No. 5484 and levy any fine in the range of \$0 to \$10,000 per day.

POSSIBLE MOTION(s)

Should the Board agree with Staff’s recommendation or the alternatives, a possible motion would be:

1. “Move to grant the uphold Citation No. 5484, Case No. 1179, as recommended by Staff.”
Or
2. “Move to uphold Citation No. 5484, Case No. 1179, and levy a fine in the amount of *(range of \$0 to \$10,000)* per day for each violation, with the matter being continued to the next meeting to allow for Mr. Nick Maerz – 1380 Carlin LLC to be properly noticed.”



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5484

DATE ISSUED: 1/14/16

ISSUED TO: Nick Maerz - 1380 Carlin LLC PHONE #: (775) 230-8169

MAILING ADDRESS: 1380-543 Plumas 2B CITY/ST: Reno NV ZIP: 89509

NAME/OPERATOR: Nick Maerz PHONE #: (775) 230-8169

COMPLAINT NO. CMP16-0005

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 1/7/16 (DATE) AT 10:00 (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 _____ |

VIOLATION DESCRIPTION: 030.107(a) Failure to notify & obtain asbestos sampling survey. 030.107(b) - Improper asbestos work practice 030.107(c) - Failure to have Asbestos Abatement

LOCATION OF VIOLATION: 1380 Carlin - Apartments

POINT OF OBSERVATION: _____

Weather: Clear Wind Direction From: N E S W

Emissions Observed: 0
 (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 1/7/16 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 10:00 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: 1/14/16

Issued by: Keitina Craig-Kudys Title: AQST

PETITION FOR APPEAL FORM PROVIDED
Petition & MOW provided.

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: January 22, 2016

Company Name: Nick Maerz - 1380 Carlin LLC
Address: 543 Plumas Street 2B
Notice of Violation # 5484 Case # 1179

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030-107A, B+C for failure to notify on asbestos removal failure to take proper samples of suspect materials, failure to use proper work practices

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 6,500⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on February 25, 2016.

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.

Nick Maerz 1380 Carlin St. LLC
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Nick Maerz 1380 Carlin St LLC
Print Name

DENNIS A. CERFOGLIO
Print Name

Title

Sr. Air Quality Specialist
Title

Witness

Kristy AUSTIN
Witness



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

Company Name 1380 Carlin LLC
 Contact Name Nick Maerz

Case 1179 NOV 0 Complaint CMP16-0005

Violation of Section 030.107 A - No Sampling or NESHAP Notification

I. Base Penalty as specified in the Penalty Table = \$ 2000

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 1

Comment: _____

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 2.0

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 4

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 4 = \$ 8000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 8000 x Number of Days or Units 1 = \$ 8000

Comment: _____

D. Economic Benefit

Avoided Costs \$ 2000 + Delayed Costs \$ 0 = \$ 2000

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 8000 + Economic Benefit \$ 2000 = \$ 10000

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

Company Name 1380 Carlin LLC
Contact Name Nick Maerz

Case 1179 NOV Complaint CMP16-0005

I. Violation of Section 030.107 A - No Sampling or NESHAP Notification

I. Recommended/Negotiated Fine = \$ 6500

II. Violation of Section 030.107 B - Failure to Follow Asbestos Work Practices

II. Recommended/Negotiated Fine = \$ 0

III. Violation of Section 030.107 C - Failure to Follow Asbestos Abatement Practices

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0

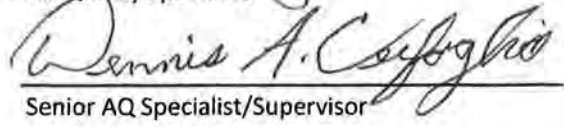
V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

Total Recommended/Negotiated Fine = \$ 6500


Air Quality Specialist

1/14/16
Date


Senior AQ Specialist/Supervisor

1/14/16
Date

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 25%

B. Mitigating Factors (0 – 25%) - 10%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment: _____

C. Compliance History

No Previous Violations (0 – 10%) - 0%

Comment: _____

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -35%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 10000</u>	x	<u>-35%</u>	=	<u>-3500</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

<u>\$ 10000</u>	+/-	<u>\$ -3500</u>	=	<u>\$ 6500</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Kenneth J. Host
Air Quality Specialist

1/14/16
Date

Dennis A. Cerofaglia
Senior AQ Specialist/Supervisor

1/14/16
Date

Staff Report
Board Meeting Date: February 25, 2016

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Recommendation for the Reappointment of Ron Anderson, P.E. to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning February 29, 2016 and ending on February 28, 2019.

SUMMARY

Ron Anderson, P.E., is eligible to be reappointed to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and has indicated his willingness to continue to serve. The new three-year term would begin February 29, 2016 and end on February 28, 2019

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health.

PREVIOUS ACTION

During the February 8, 2013 District Board of Health (DBOH) meeting, Environmental Health Services staff recommended reappointment of Mr. Anderson to the SWS Board. This reappointment was granted at the meeting.

BACKGROUND

The SWS Board considers regulation changes and variance applications pertaining to sewage, wastewater, sanitation, and well drilling. Over the years, staff has sought professionals in these fields to provide valuable expertise to support and enhance technical knowledge provided by program staff.

Mr. Anderson has served as a valuable member of the SWS Board for the past fifteen years. He has expressed interest in another three year appointment. His technical expertise and common sense approach provide invaluable insight to the SWS Board.

EHS will continue to pursue outreach options to fill the two remaining seats on the five-member and two-alternate SWS Board.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board approve this appointment to the SWS Board.

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health reappoint Ron Anderson, P.E. to the SWS Board for a three-year term beginning February 29, 2016 and ending on February 28, 2019.

Subject: Appointment to the Sewage, Wastewater and Sanitation Hearing Board

Date: DBOH Meeting of February 25, 2016

Page: 2 of 2

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to reappoint Ron Anderson, P.E. to the Sewage, Wastewater and Sanitation Hearing Board for a three-year term beginning February 29, 2016, and ending February 28, 2019.”

DD	CA	___
DHO	___	KD ___
DA	LA	___
Risk	___	N/A ___

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

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

SUBJECT: Re-Appointment of Mr. Richard Harris, JD, PhD, and Mr. Joseph Serpa to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning December 20, 2015 thru December 20, 2018; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2016 thru January 26, 2019.

SUMMARY

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board re-appoint Mr. Richard Harris, JD, PhD, Mr. Joseph Serpa, and Mr. Jim Kenney for three-year terms.

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

PREVIOUS ACTION

December 20, 2012. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, and Mr. Joseph Serpa to the APCHB following the completion of their previous three-year terms starting on December 17, 2009 and October 22, 2009, respectively.

January 26, 2013. DBOH approved the initial appointment of Mr. Jim Kenney to the APCHB for a three-year term beginning January 26, 2013 thru January 26, 2016.

BACKGROUND

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the Air Quality Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivision. The membership is required to include one attorney, one professional engineer registered in Nevada, one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be three-year periods.

Mr. Richard Harris, JD, PhD, serves as the attorney admitted to practice law in Nevada as required by Section 030.025. Mr. Harris was originally appointed to the APCHB on December 17, 2009. With a background in Geological Engineering, Environmental Science, and Mining Law, Mr. Harris brings a valuable combination of technical and legal knowledge to the APCHB.

Mr. Joseph Serpa serves as the licensed Nevada general engineering or general building contractor as required by Section 020.025. Mr. Serpa has been on the APCHB since November 20, 2003. His knowledge of the construction industry, especially the responsibility of general contractors to comply with the regulations in order to protect public health, has proven to be very valuable during the hearing process.

Mr. Jim Kenney serves as an at-large member of the APCHB and has just completed his first appointment. Mr. Kenney has demonstrated a unique perspective on the importance of air quality as it relates to public health. As the president of Catalytic PURE Air LLC, he has an appreciation of the impacts of air quality on public health. He also serves as an American Lung Association Board Member. Mr. Kenney has demonstrated a strong appreciation of the challenges of business owners while acknowledging and supporting the critical need to protect the health of our community.

FISCAL IMPACT

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

RECOMMENDATION

Air Quality Management Division staff recommends the Washoe County District Board of Health re-appoint Mr. Richard Harris, JD, PhD, and Mr. Joseph Serpa to the Air Pollution Control Hearing Board for a three-year term serving from December 20, 2015 thru December 20, 2018. Staff further recommends the Board of Health re-appoint Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term serving from January 26, 2016 thru January 26, 2019.

POSSIBLE MOTION

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

“Move to re-appoint Mr. Richard Harris, JD, PdD, and Mr. Joseph Serpa to the Air Pollution Control Hearing Board for a three-year term serving from December 20, 2015 thru December 20, 2018. It further be moved to re-appoint Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term serving from January 26, 2016 thru January 26, 2019.”

DD	NA	_____
DHO		_____ <i>AD</i>
DA	NA	_____
Risk	NA	_____

STAFF REPORT
BOARD MEETING DATE: February 25, 2016

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 January, Fiscal Year 2016

SUMMARY

The seven months of fiscal year 2016 (FY16) ended with a cash balance of \$1,803,565. Total revenues were \$10,988,241 which was 54.7% of budget and an increase of \$1,903,731 compared to fiscal year 2015 (FY15). With 58.3% of the fiscal year completed 52.3% of the expenditures have been spent for a total of \$11,364,875 up \$57,931 compared to FY15.

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

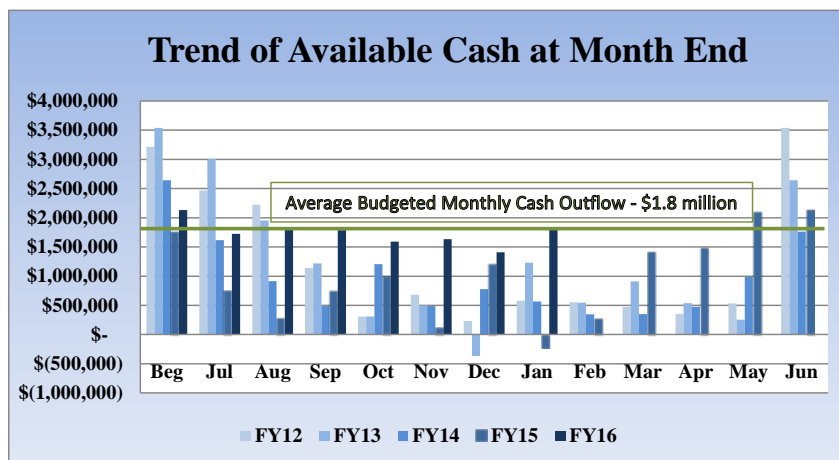
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

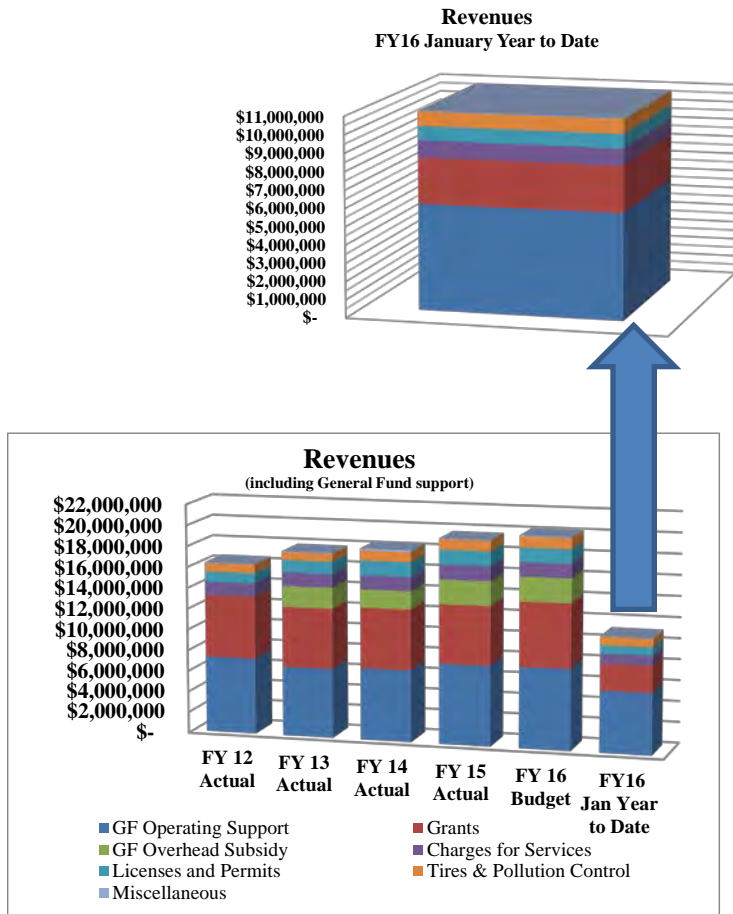
Review of Cash

The available cash at the end of the seventh month of FY16 was \$1,803,565 which was 99.8% of the average budgeted monthly cash outflow of \$1,806,559 for the fiscal year. The encumbrances and other liability portion of the cash balance totals \$993,449 leaving \$810,116 available for future obligations. The County support is the single largest source of cash and continues to come in each month at 1/12 of the budget or \$839,738.



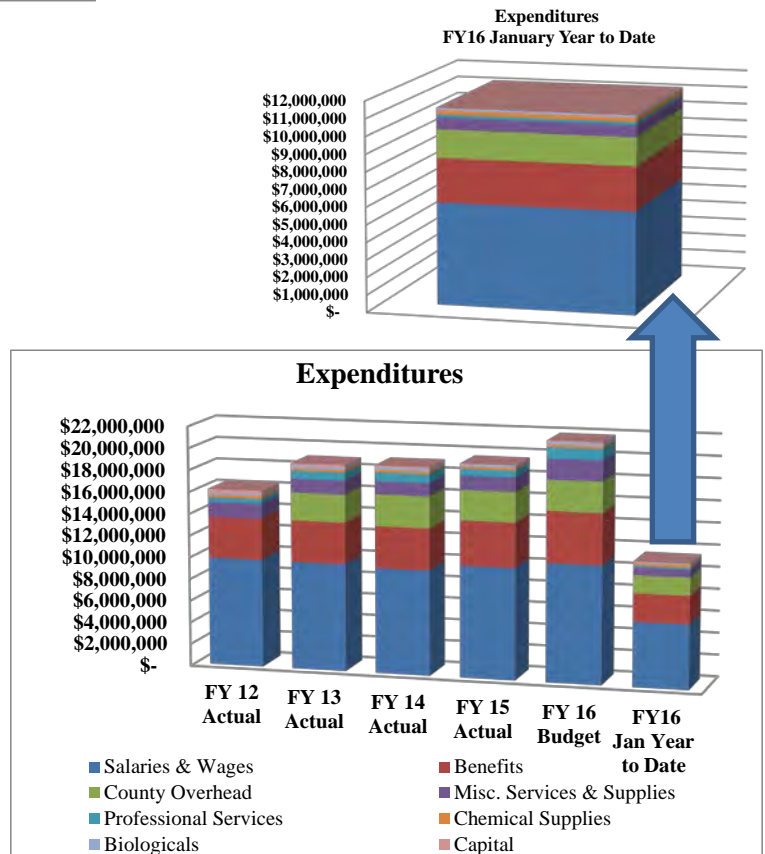
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$10,988,241 were up \$1,903,731 which was an increase of 21.0% over the same time last fiscal year and was 54.7% of budget. The main source of the increase is from the County General Fund support of \$5,878,166, excluding that source of revenue the fund was 6.2% up from last year. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$45,093 or 6.0%; charges for services by \$214,024, 29.8%; fines and forfeitures received \$500; miscellaneous revenue up \$11,062, 51.9%; tire and pollution control funding was up \$72,282 or 10.1%; and, the County General Fund transfer was up \$1,606,420 or 37.6% for year to date January FY16. Federal and state grant revenues are down \$45,649 compared to the prior year.

The total year to date **expenditures** of \$11,364,875 increased by \$57,931 or 0.5% compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the seven months were \$8,445,887 up \$66,124, 0.8%, over the prior year. The total services and supplies expenditures of \$2,908,993 were up \$7,264. The major expenditures included in the services and supplies are: the professional services which totaled \$164,028 for the year, down \$62,055 over the prior year; chemical supplies for the Vector program are up 5% over last year for a total of \$243,309; the biologicals of \$124,356 are down 2.2%; and, County overhead charges of \$1,630,931 are up 2% over last year. Total capital expenditures for the year were \$9,995.



Review of Revenues and Expenditures by Division

The County General Fund support is the single largest source of revenue for the seven months at \$5,878,166 and 58.3% of budget. AQM has received \$1,299,092 or 57.6% of budget but down \$43,667 in funding compared to FY15. CCHS received \$1,765,327 in revenue or 48.9% of budget and up \$78,581 over FY15. EHS has received \$1,187,883 which is 60.1% of budget and up \$121,033 over FY15. EPHP has received \$857,661 in revenue and is up \$141,293 or 19.7% over last year due to additional grant funding and an increase in birth and death certificates.

With 58.3% of the fiscal year completed the total expenditures were \$11,364,875 which is 52.3% of budget and up \$57,931 over last fiscal year. ODHO spent \$326,483 and is up 12.9% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$587,564 or 57.7% of budget and is 12.3% down over last year due to a prior year employee retirement payout of accrued benefits. AQM spent \$1,510,380 of the division budget and has increased \$49,415 or 3.4% over last fiscal year. CCHS has spent \$3,972,005 year to date and is down \$140,164 over last year. EHS spent \$3,561,995 and has increased \$79,051 or 2.3% over last year. EPHP expenditures were \$1,406,447 and were \$114,504 or 8.9% over FY15.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through January Year to Date Fiscal Year 2015/2016 (FY16)									
	Actual Fiscal Year			Fiscal Year 2014/2015		Fiscal Year 2015/2016			
	2011/2012	2012/2013	2013/2014	Actual Year End (unaudited)	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY16 Increase over FY15
Revenues (all sources of funds)									
ODHO	-	-	-	-	-	15,000	-	0.0%	-
AHS	8	33,453	87,930	151	41	-	111	-	170.3%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	1,342,759	2,255,504	1,299,092	57.6%	-3.3%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	1,686,746	3,610,928	1,765,327	48.9%	4.7%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	1,066,851	1,975,149	1,187,883	60.1%	11.3%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	716,367	2,154,845	857,661	39.8%	19.7%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	4,271,746	10,076,856	5,878,166	58.3%	37.6%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$ 9,084,510	\$20,088,282	\$10,988,241	54.7%	21.0%
Expenditures									
ODHO	-	-	-	481,886	289,198	703,642	326,483	46.4%	12.9%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	669,725	1,018,458	587,564	57.7%	-12.3%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	1,460,965	3,222,502	1,510,380	46.9%	3.4%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	4,112,169	7,316,459	3,972,005	54.3%	-3.4%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	3,482,944	6,535,814	3,561,995	54.5%	2.3%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	1,291,943	2,939,917	1,406,447	47.8%	8.9%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$11,306,944	\$21,736,792	\$11,364,875	52.3%	0.5%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(289,198)	(688,642)	(326,483)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(669,683)	(1,018,458)	(587,453)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(118,206)	(966,998)	(211,287)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(2,425,424)	(3,705,531)	(2,206,678)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(2,416,093)	(4,560,665)	(2,374,112)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(575,576)	(785,071)	(548,786)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	4,271,746	10,076,856	5,878,166		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (2,222,434)	\$ (1,648,509)	\$ (376,634)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506		\$ 619,996			
FB as a % of Expenditures	24.2%	14.9%	11.4%	11.7%		2.9%			

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

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for January, Fiscal Year 2016.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for January, Fiscal Year 2016.

Period: 1 thru 7 2016 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
422503 Environmental Permits	46,317-	32,226-	14,091-	70	46,317-	25,697-	20,620-	55
422504 Pool Permits	97,000-	24,073-	72,927-	25	97,000-	22,486-	74,514-	23
422505 RV Permits	11,000-	6,821-	4,180-	62	11,000-	7,533-	3,467-	68
422507 Food Service Permits	509,823-	265,979-	243,844-	52	420,000-	253,460-	166,540-	60
422508 Wat Well Const Perm	30,000-	28,570-	1,430-	95	30,000-	20,156-	9,844-	67
422509 Water Company Permits	5,000-	8,420-	3,420	168	5,000-	7,286-	2,286	146
422510 Air Pollution Permits	477,443-	295,230-	182,214-	62	474,103-	300,767-	173,336-	63
422511 ISDS Permits	75,000-	61,671-	13,330-	82	75,000-	46,466-	28,534-	62
422513 Special Event Permits	90,000-	52,880-	37,120-	59	105,000-	45,846-	59,154-	44
422514 Initial Applic Fee	31,000-	17,347-	13,653-	56	31,000-	18,426-	12,574-	59
* Licenses and Permits	1,372,583-	793,216-	579,367-	58	1,294,420-	748,123-	546,297-	58
431100 Federal Grants	5,654,068-	2,351,844-	3,302,224-	42	5,271,536-	2,318,763-	2,952,773-	44
431105 Federal Grants - Indirect	291,791-	169,807-	121,984-	58	235,667-	126,342-	109,325-	54
432100 State Grants	209,951-	36,460-	173,491-	17	311,068-	157,827-	153,241-	51
432105 State Grants-Indirect	15,457-	2,905-	12,552-	19	16,026-	3,734-	12,292-	23
432310 Tire Fee NRS 444A.090	468,548-	355,879-	112,669-	76	468,548-	342,523-	126,025-	73
432311 Pol Ctrl 445B.830	550,000-	435,499-	114,502-	79	318,667-	376,573-	57,906	118
* Intergovernmental	7,189,816-	3,352,395-	3,837,420-	47	6,621,513-	3,325,763-	3,295,750-	50
460162 Services to Other Agencies	28,421-		28,421-					
460500 Other Immunizations	89,000-	21,075-	67,925-	24	89,000-	21,533-	67,468-	24
460501 Medicaid Clinical Services	8,200-	37,783-	29,583	461	8,200-	1,162-	7,038-	14
460503 Childhood Immunizations	20,000-	8,683-	11,317-	43	20,000-	6,996-	13,004-	35
460504 Maternal Child Health								
460508 Tuberculosis	4,100-	4,185-	85	102	4,100-	3,252-	848-	79
460509 Water Quality		354-	354					
460510 IT Overlay	35,344-	18,776-	16,568-	53	35,344-	18,487-	16,857-	52
460511 Birth and Death Certificates	470,000-	293,928-	176,072-	63	480,000-	261,326-	218,674-	54
460512 Duplication Service Fees		111-	111			301-	301	
460513 Other Healt Service Charges	10,167-	18,642-	8,475	183		359-	359	
460514 Food Service Certification	18,000-	98-	17,902-	1	18,000-	10,950-	7,050-	61
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	10,229-	8,779	705	1,750-	18,522-	16,772	1,058
460517 Influenza Immunization	7,000-		7,000-		7,000-	53-	6,948-	1
460518 STD Fees	21,000-	9,986-	11,014-	48	21,000-	7,020-	13,980-	33
460519 Outpatient Services		1,505-	1,505					
460520 Eng Serv Health	50,000-	40,963-	9,037-	82	50,000-	27,541-	22,459-	55
460521 Plan Review - Pools & Spas	1,500-	6,387-	4,887	426	3,600-	3,033-	567-	84
460523 Plan Review - Food Services	20,000-	13,216-	6,784-	66	20,000-	11,166-	8,834-	56
460524 Family Planning	32,000-	23,945-	8,055-	75	32,000-	17,957-	14,043-	56
460525 Plan Review - Vector	42,000-	37,858-	4,142-	90	42,000-	27,280-	14,720-	65
460526 Plan Review-Air Quality	60,804-	27,421-	33,383-	45	57,889-	30,981-	26,908-	54
460527 NOE-AQM	116,984-	73,343-	43,641-	63	116,984-	70,063-	46,921-	60
460528 NESHAP-AQM	99,333-	69,980-	29,353-	70	99,333-	58,037-	41,296-	58

Period: 1 thru 7 2016
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
460529 Assessments-AQM	51,336-	34,386-	16,950-	67	51,336-	27,342-	23,994-	53
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	855-	1,307-	40
460531 Dust Plan-Air Quality	142,403-	160,706-	18,303	113	142,403-	74,348-	68,055-	52
460532 Plan Rvw Hotel/Motel	2,530-	462-	2,068-	18		3,010-	3,010	
460533 Quick Start								
460534 Child Care Inspection	8,514-	5,280-	3,234-	62	8,514-	5,251-	3,263-	62
460535 Pub Accomod Inspectn	19,000-	11,767-	7,233-	62	19,000-	10,732-	8,268-	56
460570 Education Revenue		413-	413					
* Charges for Services	1,361,248-	931,580-	429,668-	68	1,329,615-	717,556-	612,059-	54
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income						41-	41	
484000 Donations,Contributions		3,700-	3,700					
484050 Donations Federal Pgm Income	37,550-	15,640-	21,910-	42	37,550-	15,247-	22,303-	41
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-	2,459-	9,172-	21	5,125-		5,125-	
485100 Reimbursements	38,599-	9,210-	29,389-	24		4,446-	4,446	
485121 Jury Reimbursements						90-	90	
485300 Other Misc Govt Rev						1,497-	1,497	
* Miscellaneous	87,780-	31,009-	56,772-	35	98,663-	21,322-	77,341-	22
** Revenue	10,011,427-	5,108,700-	4,902,727-	51	9,344,211-	4,812,764-	4,531,447-	52
701110 Base Salaries	9,739,652	5,264,615	4,475,037	54	9,204,374	5,286,296	3,918,078	57
701120 Part Time	398,206	209,172	189,034	53	408,927	240,312	168,614	59
701130 Pooled Positions	373,376	224,698	148,678	60	510,064	221,974	288,090	44
701140 Holiday Work	4,319	2,299	2,020	53	4,319	2,690	1,629	62
701150 xcContractual Wages								
701200 Incentive Longevity	166,775	81,149	85,626	49	155,100	81,672	73,428	53
701300 Overtime	64,263	41,129	23,134	64	62,798	32,918	29,880	52
701403 Shift Differential	300	130	170	43		45	45-	
701406 Standby Pay								
701408 Call Back	1,000	594	406	59	1,000		1,000	
701412 Salary Adjustment	43,993-		43,993-		131,434		131,434	
701413 Vac Payoff/Sick Pay-Term	49,515	58,470	8,955-	118		123,195	123,195-	
701414 Vacation Denied-Payoff		416	416-					
701417 Comp Time	7,603	7,218	385	95		11,950	11,950-	
701419 Comp Time - Transfer		2,785	2,785-					
701500 Merit Awards								
* Salaries and Wages	10,761,015	5,892,674	4,868,341	55	10,478,015	6,001,053	4,476,962	57
705110 Group Insurance	1,602,223	884,553	717,670	55	1,452,108	834,347	617,761	57
705210 Retirement	2,873,028	1,538,714	1,334,314	54	2,508,521	1,413,958	1,094,562	56
705215 Retirement Calculation								
705230 Medicare April 1986	143,292	80,590	62,702	56	134,798	82,007	52,791	61
705320 Workmens Comp	69,143	40,334	28,809	58	68,214	39,543	28,671	58


Period: 1 thru 7 2016
 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	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
705330 Unempty Comp	15,483	9,032	6,451	58	15,179	8,855	6,325	58
705360 Benefit Adjustment					21,855		21,855	
* Employee Benefits	4,703,169	2,553,213	2,149,956	54	4,200,674	2,378,710	1,821,964	57
710100 Professional Services	869,816	131,813	738,003	15	687,734	181,539	506,195	26
710105 Medical Services	9,621	2,387	7,234	25	9,323	2,547	6,777	27
710108 MD Consultants	137,971	27,264	110,707	20	83,908	21,931	61,977	26
710110 Contracted/Temp Services	7,279	2,565	4,714	35	31,581	20,066	11,515	64
710119 Subrecipient Payments								
710200 Service Contract	171,856	42,609	129,247	25	120,720	40,257	80,463	33
710205 Repairs and Maintenance	24,189	4,801	19,388	20	5,538	6,710	1,172	121
710210 Software Maintenance	16,607	12,770	3,837	77	18,083	15,210	2,873	84
710300 Operating Supplies	287,790	55,793	231,997	19	118,636	44,930	73,706	38
710302 Small Tools & Allow	23,685	794	22,891	3	22,685	443	22,242	2
710308 Animal Supplies	1,600	564	1,036	35	1,600	92	1,508	6
710312 Special Dept Expense						300	300	
710319 Chemical Supplies	231,900	243,309	11,409	105	231,900	231,827	73	100
710325 Signs and Markers								
710334 Copy Machine Expense	30,061	16,442	13,619	55	25,625	15,458	10,167	60
710350 Office Supplies	36,777	21,304	15,472	58	59,144	17,332	41,812	29
710355 Books and Subscriptions	6,015	6,952	937	116	8,059	2,208	5,851	27
710360 Postage	26,055	9,355	16,700	36	23,150	10,337	12,813	45
710361 Express and Courier	850	16	834	2	510	134	376	26
710391 Fuel & Lube	100	184	84	184	100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	41,641	13,731	27,910	33	28,429	16,819	11,611	59
710502 Printing	28,365	11,466	16,899	40	22,171	5,908	16,263	27
710503 Licenses & Permits	6,470	4,030	2,440	62	6,331	4,945	1,386	78
710505 Rental Equipment	1,800	1,800		100	1,800		1,800	
710506 Dept Insurance Deductible		300	300			150	150	
710507 Network and Data Lines	9,755	4,721	5,034	48	11,295	5,488	5,807	49
710508 Telephone Land Lines	36,040	19,958	16,082	55	42,650	20,211	22,439	47
710509 Seminars and Meetings	52,967	13,990	38,977	26	50,633	12,099	38,535	24
710512 Auto Expense	11,633	4,099	7,534	35	14,665	3,424	11,242	23
710514 Regulatory Assessments	18,500	12,998	5,502	70	11,920	13,979	2,059	117
710519 Cellular Phone	13,709	6,183	7,525	45	15,117	7,780	7,337	51
710529 Dues	8,375	5,160	3,215	62	11,867	4,161	7,706	35
710535 Credit Card Fees	12,107	9,346	2,761	77	12,665	8,857	3,808	70
710546 Advertising	187,922	83,808	104,114	45	346,208	121,743	224,465	35
710551 Cash Discounts Lost		496	496			240	240	
710563 Recruitment						301	301	
710577 Uniforms & Special Clothing	9,900	1,149	8,751	12	12,350	1,472	10,878	12
710585 Undesignated Budget					90,642		90,642	

Period: 1 thru 7 2016
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
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Accounts	2016 Plan	2016 Actuals	Balance	Act%	2015 Plan	2015 Actual	Balance	Act%
710594 Insurance Premium		5,605	5,605-					
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	50,248	29,455	63	109,115	53,128	55,987	49
710620 LT Lease-Equipment								
710703 Biologicals	242,868	124,356	118,512	51	203,743	127,166	76,577	62
710714 Referral Services						1,356	1,356-	
710721 Outpatient	93,462	48,353	45,109	52	96,370	35,657	60,713	37
710872 Food Purchases	2,255	542	1,713	24	4,889	1,368	3,520	28
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	35,908	30,644	54	66,526	37,825	28,701	57
711113 Equip Srv Replace	38,039	14,703	23,335	39	27,586	15,763	11,823	57
711114 Equip Srv O & M	62,441	41,485	20,956	66	41,538	25,924	15,614	62
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	21,625	25,757	46	48,591	29,041	19,550	60
711119 Prop & Liab Billings	75,992	44,329	31,663	58	74,502	43,460	31,042	58
711210 Travel	145,143	37,325	107,818	26	222,874	46,069	176,805	21
711300 Cash Over Short						20-	20	
711399 ProCard in Process		58	58-			690	690-	
711400 Overhead - General Fund	2,795,882	1,630,931	1,164,951	58	2,741,061	1,598,952	1,142,109	58
711504 Equipment nonCapital	137,573	23,289	114,284	17	100,055	46,454	53,601	46
* Services and Supplies	6,108,646	2,850,911	3,257,735	47	5,868,891	2,901,729	2,967,162	49
781004 Equipment Capital	105,880	9,995	95,885	9	381,454	25,452	356,002	7
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880	9,995	95,885	9	406,454	25,452	381,002	6
** Expenses	21,678,710	11,306,793	10,371,917	52	20,954,034	11,306,944	9,647,090	54
485192 Surplus Equipment Sales		1,375-	1,375					
* Other Fin. Sources		1,375-	1,375					
621001 Transfer From General	10,076,856-	5,878,166-	4,198,690-	58	10,000,192-	4,271,747-	5,728,445-	43
* Transfers In	10,076,856-	5,878,166-	4,198,690-	58	10,000,192-	4,271,747-	5,728,445-	43
812230 To Reg Permits-230	58,081	58,081		100				
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100				
** Other Financing Src/Use	10,018,775-	5,821,460-	4,197,315-	58	10,000,192-	4,271,747-	5,728,445-	43
*** Total	1,648,509	376,634	1,271,875	23	1,609,632	2,222,434	612,802-	138

DD	CA	___
DHO		
DA	LA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: February 25, 2016

TO: District Board of Health

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

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

SUBJECT: Discussion and possible adoption of a Resolution Supporting the Implementation of the Air Quality Management Division's Ozone Advance Program and possible direction to staff to implement the approved measures as part of the Action Plan.

SUMMARY

Discussion and possible adoption of the attached resolution acknowledging the health benefits of voluntary emission reductions, committing to support the AQMD's Ozone Advance Program, and directing staff to implement the Action Plan.

District Health Strategic Objective supported: Achieve targeted improvements in health outcomes and health equality.

PREVIOUS ACTION

January 29, 2016 AQMD submitted a request to EPA Region IX to participate in the Ozone Advance Program in order to preserve and improve the air quality in Washoe County. (Attached)

BACKGROUND

The U.S. Environmental Protection Agency (EPA) strengthened the National Ambient Air Quality Standard for ozone to 70 parts per billion (ppb) from the previous standard of 75 ppb. The most recent three years of monitoring data (2013 – 2015) indicates the design value for Washoe County is 71 ppb which is considered non-attainment under the new standard. In order to achieve attainment with the ozone standard, the AQMD has committed to participate in the EPA Ozone Advance Program.

The Ozone Advance Program is a collaborative effort between EPA and local air agencies to promote voluntary emission reductions of ozone precursors. In order to meet the challenges involved with implementing voluntary control measures, the program encourages the adoption of resolutions by elected and appointed governing bodies. Once adopted, the resolutions become a tool to demonstrate to the community stakeholders the commitment to reduce emissions and influence behavior changes through the implementation of the Action Plan. The attached resolution acknowledges the health benefits of voluntary emission reductions and provides direction to staff to implement the Ozone Advance Action Plan.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



FISCAL IMPACT

As these are voluntary emission reduction measures, there are no fiscal impacts associated with the adoption of the resolution.

RECOMMENDATION

Staff recommends that the District Board of Health adopt the Resolution Supporting the Implementation of the Air Quality Management Division's Ozone Advance Program and direct staff to implement the approved measures as part of the Action Plan.

POSSIBLE MOTION

Move to adopt the Resolution Supporting the Implementation of the Air Quality Management Division's Ozone Advance Program and direct staff to implement the approved measures as part of the Action Plan.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

WHEREAS, the Ozone Advance Program is a voluntary local approach to ozone attainment whose purpose is to encourage early emission reductions keeping Washoe County in attainment of the health-based National Ambient Air Quality Standard (NAAQS) for ozone; and

WHEREAS, an action plan under the Ozone Advance Program would achieve emission reductions by implementing voluntary measures tailored to Washoe County; and

WHEREAS, the Air Quality Management Division (AQMD) of the Washoe County Health District is responsible for ensuring the air we breathe meets the health-based NAAQS for all pollutants including ozone; and

WHEREAS, breathing harmful levels of ozone can trigger a variety of health problems including chest pain, coughing, throat irritation, and congestion; and

WHEREAS, children, the elderly, and those with existing respiratory illnesses are at greatest risk from exposure to ozone; and

WHEREAS, motor vehicles are the largest category of ozone precursor emissions; and

WHEREAS, measures to improve air quality benefit public health, the environment, and economic development; and

WHEREAS, clean air is essential to a healthy community; and

WHEREAS, a successful Ozone Advance Program will require a collaborative effort by all of the Health District's partners.

NOW, THEREFORE, BE IT RESOLVED,

The Washoe County District Board of Health commits to support the following measures as part of the AQMD's Ozone Advance Program:

Measure 1: Support Health District and Regional plans that reduce ozone levels including:

- Air Quality State Implementation Plans
- Community Health Improvement Plans
- Regional Transportation Plans

Measure 2: Encourage sustainable plans, policies, and codes throughout Washoe County that:

- Minimize motor vehicle trips and vehicle miles traveled
- Support active transportation such as walking and biking
- Support public transportation
- Minimize vehicle idling
- Reduce per capita energy usage
- Reduce per capita waste material taken to landfills
- Minimize water consumption and street runoff
- Increase the community's tree canopy

Measure 3: Implement sustainable practices in Health District operations including:

- Employee Trip Reduction programs
- Energy conservation and efficiency projects
- Limiting Health District vehicle idling to less than 3 minutes
- Keeping Health District vehicles maintained including properly inflated tires
- Increasing zero emissions and alternative fuel vehicles in the Health District fleet

This Resolution shall become effective upon adoption by the Washoe County District Board of Health.

ADOPTED this 25th day of February, 2016.

Kitty Jung, Chair
Washoe County District Board of Health

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

January 29, 2016

Ozone Advance
c/o Laura Bunte
U.S. Environmental Protection Agency
Office of Air Quality Planning and Standards, C304-01
Research Triangle Park, NC 27711

Subject: Participation in Ozone Advance

Dear Ms. Bunte:

The Washoe County Health District, Air Quality Management Division (AQMD) is requesting to participate in Ozone Advance program. We wish to join this partnership with EPA to preserve and improve the air quality in Washoe County, Nevada. We meet the following program eligibility criteria:

1. Washoe County is not currently a nonattainment area for either the 1997 8-hour nor the 2008 8-hour National Ambient Air Quality Standard (NAAQS) for ozone;
2. The following air monitors reflect the air quality in Washoe County:

<u>AQS ID</u>	<u>Site Name</u>
32-031-0016	Reno
32-031-0020	South Reno
32-031-0025	Toll Road
32-031-1005	Sparks
32-031-2002	Incline Village
32-031-2009	Lemmon Valley

3. Existing emissions inventory reporting requirements have been met.

We understand that our efforts under Ozone Advance may benefit Washoe County by potentially:

- Reducing air pollution in terms of ozone as well as other air pollutants,
- Ensuring continued healthy ozone levels,
- Maintaining the ozone NAAQS,
- Helping avoid exceedances and violations of the ozone NAAQS that could lead to a future nonattainment designation,
- Increasing public awareness about ground-level ozone as an air pollutant, and
- Targeting limited resources toward actions to address ozone problems quickly.

Our goal is to implement measures and programs to reduce ozone in Washoe County in the near term. We agree that it is in our best interest to work together and in coordination with stakeholders and the public to proactively pursue this goal.

Subject: Ozone Advance Participation
Date: January 29, 2016
Page 2 of 2

Feel free to contact Ms. Charlene Albee (calbee@washoecounty.us; (775) 784-7211) or Mr. Daniel Inouye (dinouye@washoecounty.us; (775) 784-7214) of my staff if you need additional information.

Sincerely,



Kevin Dick
District Health Officer
Washoe County Health District

cc: John Kelly, EPA Region IX
Karina O'Connor, EPA Region IX



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RESEARCH TRIANGLE PARK, NC 27711

February 3, 2016

OFFICE OF
AIR QUALITY PLANNING
AND STANDARDS

Kevin Dick
District Health Officer
Washoe County Health District, Air Quality Management Division
1001 East Ninth Street, P.O. Box 11130
Reno, NV 89520

Dear Mr. Dick,

Thank you for your letter indicating interest on the part of the Washoe County Health District, Air Quality Management Division in joining the Ozone Advance program with respect to Washoe County, Nevada. We have confirmed your eligibility to participate, and we welcome your involvement in this innovative program.

We appreciate your interest in improving air quality in Washoe County, and we look forward to assisting you as you identify, evaluate, select, and implement measures and programs tailored to your area that may reduce ozone levels and increase public awareness.

Your primary EPA point of contact will be Karina O'Connor, EPA Region 9; Karina can be reached at (775) 434-8176 or oconnor.karina@epa.gov. General questions about the program may be referred to Laura Bunte of my staff at (919) 541-0889 or advance@epa.gov. For resources to help you with your work to improve air quality, please refer to www.epa.gov/advance.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory A. Green".

Gregory A. Green
Director, Outreach and Information Division
Office of Air Quality Planning and Standards
U.S. Environmental Protection Agency

cc: Karina O'Connor, EPA Region 9
Laura Bunte, EPA OAQPS



Regional Emergency Medical Services Authority

REMSA
OPERATIONS REPORTS
FOR
JANUARY 2016

Fiscal 2016

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2015	6 mins. 0 secs.	92%	99%
Aug.	6 mins. 10 secs.	92%	95%
Sept.	6 mins. 22 secs.	91%	96%
Oct.	6 mins. 18 secs.	91%	94%
Nov.	6 mins. 19 secs.	92%	96%
Dec.	6 mins. 30 secs.	92%	97%
Jan. 2016	6 mins. 21 secs	92%	96%
Feb.			
Mar.			
Apr.			
May			
June 2016			

Year to Date: July 2015 through January 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	96%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2015	P-1	5:29	6:02	8:39
	P-2	5:50	6:55	8:31
Aug. 2015	P-1	5:14	5:57	9:08
	P-2	5:55	6:59	8:50
Sept. 2015	P-1	5:21	6:18	9:42
	P-2	6:06	7:01	9:03
Oct. 2015	P-1	5:33	6:04	9:33
	P-2	6:00	6:37	9:33
Nov. 2015	P-1	5:28	6:09	9:16
	P-2	5:51	6:59	9:25
Dec. 2015	P-1	5:39	6:06	9:51
	P-2	6:15	7:03	10:20
Jan. 2016	P-1	5:34	6:09	9:08
	P-2	6:14	6:55	10:20
Feb. 2016	P-1			
	P-2			
Mar. 2016	P-1			
	P-2			
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through January 2016

Priority	Reno	Sparks	Washoe County
P-1	5:28	6:07	9:20
P-2	6:00	6:57	9:26

REMSA

Fiscal 2016

Month	#Patients*	Gross Sales	Avg. Bill	YTD Avg.
July	3813	\$4,171,875	\$1,094	\$1,094
August	3849	\$4,133,146	\$1,074	\$1,084
September	3827	\$4,220,950	\$1,103	\$1,090
October	3879	\$4,265,879	\$1,100	\$1,093
November	3667	\$4,033,496	\$1,100	\$1,094
December	3756	\$4,147,194	\$1,104	\$1,096
January	3929	\$4,334,278	\$1,103	\$1,097
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
Totals	26720	\$29,306,818	\$1,097	
Allowed ground avg bill -				\$1,098.00
*Ground Ambulance transports commencing & terminating within the franchise area of Washoe County				



REMSA OCU Incident Detail Report

Period: 1/01/2016 thru 1/31/2016

CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time
A-08-IC Washoe Co N-NW	Zone A	6:24:58 AM	6:28:08 AM	341	00:08:59	00:03:10
A-08-IC Washoe Co N-NW	Zone A	3:01:40 PM	3:07:37 PM	307	00:08:59	00:05:57
	Zone A	2:56:28 PM	3:03:44 PM	906R	00:08:59	00:07:16
A-08-IC Reno	Zone A	9:53:26 AM	10:00:09 AM	329	00:08:59	00:06:43
	Zone A	7:13:13 PM	7:16:12 PM	432	00:08:59	00:02:59
B-15-TA Arrowcrk-Wedae Pkw	Zone B	9:32:50 PM	9:42:49 PM	422	00:15:59	00:09:59
A-08-IC Reno	Zone A	7:40:54 AM	7:49:15 AM	332	00:08:59	00:08:21
	Zone B	9:58:24 AM	10:02:36 AM	311	00:15:59	00:04:12
A-08-IC Reno	Zone A	7:48:12 AM	7:55:48 AM	331	0:08:59	00:07:36
A-08-IC Reno	Zone A	5:54:35 PM	6:04:58 PM	312	00:13:42	00:10:23
A-08-IC Reno	Zone A	6:46:36 PM	6:52:36 PM	433	00:08:59	00:06:00
A-08-IC Sparks	Zone A	10:04:50 PM	10:10:51 PM	408	00:08:59	00:06:01
A-08-IC Sparks	Zone A	3:00:44 PM	3:00:44 PM	330	00:08:59	00:00:00
A-08-IC Reno	Zone A	7:04:14 AM	7:12:58 AM	934	00:08:59	00:08:44
	Zone A	4:25:50 PM	4:32:58 PM	302	00:08:59	00:07:08

Call Priority Reclassification

Incident Number	City	Zone	Incident Date	Reason
004223-16	Reno	A	01/04/2016	Upgrade



GROUND AMBULANCE OPERATIONS REPORT

January 2016

1. OVERALL STATISTICS:

Total Number of System Responses	5786
Total Number of Responses in Which No Transport Resulted	1757
Total Number of System Transports	4029

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	48%
OB	1%
Psychiatric/Behavioral	8%
Transfers	10%
Trauma – MVA	8%
Trauma – Non MVA	20%
Unknown/Other	3%

Total Number of System Responses 100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 4029

Total number of above calls receiving QA reviews: 655

Percentage of charts reviewed from the above ALS transports: 16.25%



Regional Emergency Medical Services Authority

REMSA
EDUCATION AND TRAINING REPORT
JANUARY 2016



REMSA Education
 Monthly Course and Student Report
 Month: January 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	22	1	12	3	10
ACLS EP	1	1	1	1	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	4	1	4	0	0
ACLS R	16	71	3	24	13	47
ACLS S	8	19	4	4	4	15
AEMT	1	28	1	28		
AEMT T	0	0	0	0		
BLS	54	313	5	45	49	268
BLS I	0	0	0	0	0	0
BLS R	45	170	14	53	31	117
BLS S	41	154	12	15	29	139
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	74	3	74		
EMT T	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	5	0	0	1	5
HS CPR	39	199	1	7	38	192
HS CPR FA	49	383	4	37	45	346
HS CPR FA S	2	3	0	0	2	3
HS CPR PFA	4	22	1	8	3	14
HS PFA S	0	0	0	0	0	0
HS CPR S	2	2	1	1	1	1
HS FA	16	112	0	0	16	112
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	6	1	6	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	2	6	2	6	0	0
ITLS S	1	2	1	2	0	0
PALS	4	14	2	9	2	5
PALS I	0	0	0	0	0	0
PALS R	9	113	2	10	7	103
PALS S	2	10	0	0	2	10
PEARS	1	2	1	2	0	0
PM	2	28	2	28		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
						Classes w/ CPR
ACLS	Advanced Cardiac Life Support					236
ACLS EP	Advanced Cardiac Life Support for Experience Providers					
ACLS P	Advanced Cardiac Life Support Prep					
ACLS R	Advanced Cardiac Life Support Recert					CPR Students
ACLS S	Advanced Cardiac Life Support Skills					
ACLS I	Advanced Cardiac Life Support Instructor					
AEMT	Advanced Emergency Medical Technician					1246
AEMT T	Advanced Emergency Medical Technician Transition					
BLS	Basic Life Support					REMSA CPR Classes
BLS I	Basic Life Support Instructor					
BLS R	Basic Life Support Recert					
BLS S	Basic Life Support Skills					38
CE	Continuing Education:					
EMAPCT	Emergency Medical Patients Assessment, Care, & Transport					REMSA CPR Students
EMAPCT I	Emergency Medical Patients Assessment, Care, & Transport Instructor					
EMR	Emergency Medical Responder					166
EMR R	Emergency Medical Responder Recert					
EMS I	Emergency Medical Services Instructor					
EMT	Emergency Medical Technician					
EMT T	Emergency Medical Technician Transition					
FF CPR	Family and Friends CPR					
FF CPR FA	Family and Friends CPR and First Aid					
FF FA	Family and Friends First Aid					
HS BBP	Heartsaver Bloodborne Pathogens					
HS CPR	Heartsaver CPR and AED					
HS CPR FA	Heartsaver CPR, AED, and First Aid					
HS CPR FA S	Heartsaver CPR, AED, and First Aid Skills					
HS CPR PFA	Heartsaver Pediatric CPR, AED, and First Aid					
HS CPR S	Heartsaver CPR and AED Skills					
HS FA	Heartsaver First Aid					
HS FA S	Heartsaver First Aid Skills					
HS PFA	Heartsaver Pediatric First Aid					
HS PFA S	Heartsaver Pediatric First Aid Skills					
ITLS	International Trauma Life Support					
ITLS A	International Trauma Life Support Access					
ITLS I	International Trauma Life Support Instructor					
ITLS P	International Trauma Life Support - Pediatric					
ITLS R	International Trauma Life Support Recert					
ITLS S	International Trauma Life Support Skills					
PALS	Pediatric Advanced Life Support					
PALS I	Pediatric Advanced Life Support Instructor					
PALS R	Pediatric Advanced Life Support Recert					
PALS S	Pediatric Advanced Life Support Skills					
PEARS	Pediatric Emergency Assessment, Recognition, and Stabilization					
PM	Paramedic					
PM T	Paramedic Transition					



COMMUNITY RELATIONS JANUARY 2016

Community Outreach:

Point of Impact

1/11/2016	Safe Kids Washoe County Coalition Meeting	1 staff
1/21/2016	Nevada Child Passenger Safety Advisory Board meeting	
1/25/2016	Office Installation Appointment	

Cribs for Kids

1/7/2016	C4K attend monthly Immunize Nevada Coalition meeting.	1 staff
1/11/2016	C4K hosts monthly Northern Nevada Maternal Child Health Coalition meeting.	1 staff
1/15/2016	C4K attends monthly meeting with Washoe County Social Services Increasing Impact on Safe Sleep	1 staff
1/20/2016	C4K attends monthly Fetal Infant Mortality Review team meeting	1 staff
1/21/2016	C4K hosts press interviews channels 2,4,8, and Univision on recent infants deaths in Washoe County	1 staff

Meetings

1/14/16	Employee Resource Team	1 staff



Regional Emergency Medical Services Authority

**INQUIRIES
FOR
JANUARY 2016**

No inquiries for January 2016



Regional Emergency Medical Services Authority

**PENALTY FUNDS DISTRIBUTION
FOR JANUARY 2016**

**THERE WERE NO PENALTY
FUNDS IN JANUARY 2016**



Regional Emergency Medical Services Authority

**CUSTOMER SERVICE
FOR
JANUARY 2016**

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

January 1, 2016 to January 31, 2016

Division: Ground

Your Score

93.66

Number of Your Patients in this Report

22

Number of Patients in this Report

5,725

Number of Transport Services in All EMS DB

108

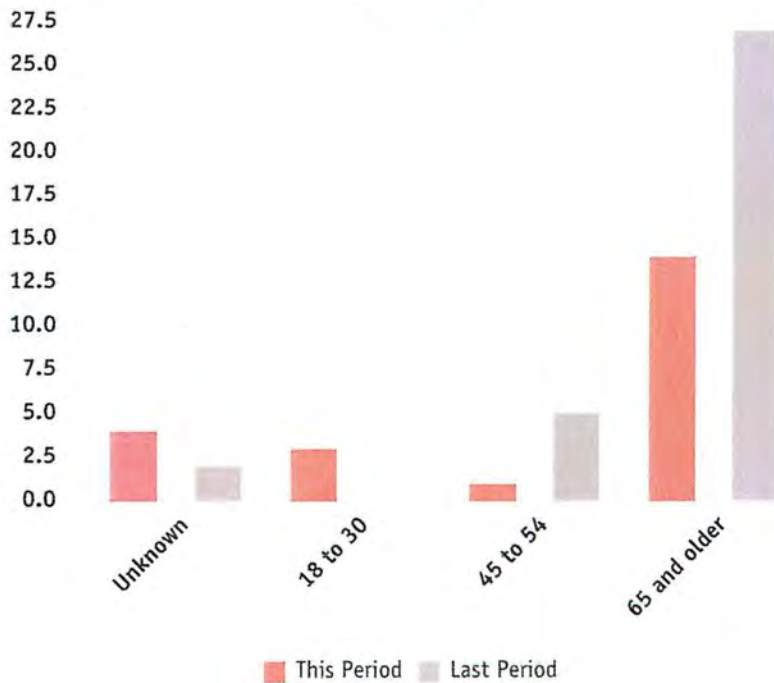




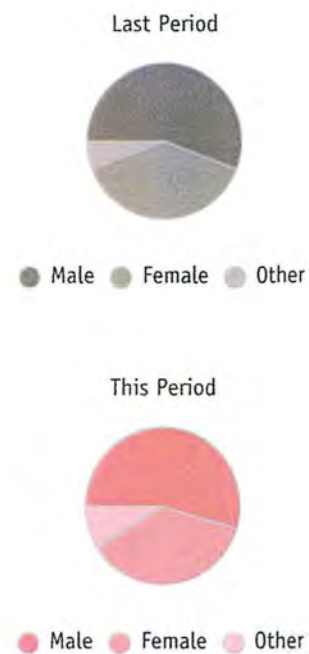
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	2	0	1	1	4	1	1	2
18 to 30		0	0	0	3	1	2	0
45 to 54	5	4	1	0	1	0	1	0
65 and older	27	15	11	1	14	10	4	0
Total	34	19	13	2	22	12	8	2

Age Ranges



Gender





Monthly Breakdown

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

	Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Helpfulness of the person you called for ambulance service	92.05	96.55	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.27	90.05	87.91	95.00
Concern shown by the person you called for ambulance service	90.00	97.41	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28	87.15	95.00
Extent to which you were told what to do until the ambulance	89.47	95.54	96.00	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13	85.19	91.07
Extent to which the ambulance arrived in a timely manner	93.00	92.50	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56	93.59	94.74
Cleanliness of the ambulance	96.88	96.34	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51	95.59	95.83
Comfort of the ride	87.50	92.68	91.67	91.96	88.21	100.00		94.20	92.67	97.30	94.26	95.71	94.12
Skill of the person driving the ambulance	93.00	94.51	95.00	94.20	92.45	94.15	94.39						
Care shown by the medics who arrived with the ambulance	96.88	92.33	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56	91.22	95.00
Degree to which the medics took your problem seriously	97.83	93.62	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25	91.67	93.75
Degree to which the medics listened to you and/or your family	97.62	93.45	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88	89.86	93.75
Skill of the medics	95.83	96.05	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88	93.06	93.75
Extent to which the medics kept you informed about your	95.45	91.47	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59	87.50	93.42
Extent to which medics included you in the treatment decisions	95.83	90.03	91.67	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78	84.20	93.06
Degree to which the medics relieved your pain or discomfort	92.50	91.94	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43	83.16	90.79
Medics' concern for your privacy	94.05	95.00	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39	85.74	95.00
Extent to which medics cared for you as a person	95.65	94.11	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63	90.28	95.00
Professionalism of the staff in our ambulance service billing	94.12	90.48	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75	86.11	87.50
Willingness of the staff in our billing office to address your	91.18	92.50	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47	87.50	87.50
How well did our staff work together to care for you	92.71	94.08	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34	87.50	96.25
Extent to which our staff eased your entry into the medical	92.71	94.87	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37	90.03	93.75
Appropriateness of Emergency Medical Transportation treatment	93.18	91.67	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39	89.71	96.25
Extent to which the services received were worth the fees	88.75	86.03	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74	80.10	91.67
Overall rating of the care provided by our Emergency Medical	93.75	93.62	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51	88.24	96.25
Likelihood of recommending this ambulance service to others	95.83	92.59	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74	91.67	91.67
Your Master Score	93.64	93.35	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24	89.07	93.66
Your Total Responses	26	41	33	71	58	50	55	61	56	41	47	40	22

GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	11/20/2015		N/A it was excellent	
2	11/17/2015		We just want to thank you	
3	10/07/2015	True professionals at all times		True professionals at all times
4	10/05/2015		Overall I was well taken care of	
5	10/05/2015		Everything was great	
6	10/03/2015		Nothing	
7	10/04/2015	EMS personnel demonstrate concerns & compassion	"Nurses in ER need to be more in ""touch sensitive"" & compassion & communciate with pts & family"	
8	10/08/2015			"Very fast, efficient"
9	08/19/2015	"Chris (woman) very kind, helpful, understanding. Just over-all excellent! A great representative for your company"		
10	08/19/2015			
11	10/05/2015	Made me very comfortable on way to hospital	Everything was completed with care!	
12	10/03/2015	Did not use the ambulance		



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
JANUARY 2016**

PUBLIC RELATIONS

January 2016

ACTIVITY	RESULTS
Wrote outline for planning and strategy purposes for the filming and production of the Nevada Business Chronicles project.	Filming will take place in February.
Pitched and obtained a Q&A feature in the RGJ for Dean Dow.	The Q&A will be done and published in February or March, depending on most appropriate timing given leadership changes at REMSA.
Continued writing and distributing weekly health and safety tips to local media including on ski safety, hypothermia prevention and backcountry safety.	The weekly tip calendar will continue to be updated and used to gain local media coverage.
Nominated Diane Rolfs for Immunize Nevada's Silver Syringe awards.	Award winners will be announced in February.
Began the design of a 30 th anniversary logo for REMSA.	Logos will be finalized in February.
Negotiated a "Foul Ball Awareness" sponsorship with the Reno Aces.	Contract was negotiated to include value added items above the original contract presented.
Developed strategic ideas to help celebrate the a 30 th anniversary for REMSA.	Plans will be finalized in February and March.
Wrote and distributed press release regarding REMSA's Cribs for Kids program.	The press release earned stories on Channels 2, 4 and 8, as well as KOH. The story also appeared on the front page of the RGJ.

Staff Report
Board Meeting Date: February 25, 2016

TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us

SUBJECT: Discussion and possible approval for the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016 and possible decision from the Board on compliance calculations.

SUMMARY

The purpose of this agenda item is to present for possible approval an implementation plan for the approved response zones within the Washoe County REMSA ambulance franchise service area. It is being requested that an implementation date of July 1, 2016 be approved and that compliance is adjusted through August 31, 2016.

PREVIOUS ACTION

During the EMSAB meeting on January 7, 2016, the Board heard an update on the progress and reviewed a draft map for the franchise service area. The Board approved the presentation and recommended the EMS Program Manager present the draft map for approval to the District Board of Health.

The District Board of Health approved the draft REMSA response zones map within the Washoe County REMSA ambulance franchise service area at the January 28, 2016 meeting.

BACKGROUND

Since April 2014, the EMS Oversight Program has facilitated the regional project of revising the response zones within the REMSA ambulance franchise service area. A workgroup comprised of regional fire partners and REMSA was established to work on the project. A data driven methodology was established and utilized throughout the process. A new map was approved by the EMS Advisory Board on January 7, 2016 and the District Board of Health on January 26, 2016.

The implementation of the approved map is an involved and lengthy process, as there are significant changes to the response zones. The initial steps to take are the technological components of taking the work of the committee and creating files for use. Washoe County GIS and REMSA technology department will be creating the “new map” boundaries by using the latitude and longitude for all zones and creating shape file boundaries. Washoe County GIS will

remain the lead agency with the map development; therefore, REMSA will not begin their CAD modification internally or with Tritech until they receive the information from Washoe County. Another large component to the map implementation is the addition of unit hours from REMSA and the establishment of a static post in South Reno. The additional hours and post will service the Zone A extension in the Southern part of Reno. The new shift bid for Spring/Summer begins April 17, 2016. However, the post facility changes will require more time for completion.

REMSA is agreement with an implementation date of July 1, 2016, which will allow four months to ensure all the technological aspects, as well as physical components, are completed. A mirror image of the CAD will be utilized to build the new zones; ensuring compliance for the current year is not impacted.

Maintaining compliance with the old map until July 1, 2016 does not allow the verification of the map for the region or the verification of the REMSA posting locations. **It is REMSA's responsibility to post ambulances appropriately to meet the response requirements set forth in new response map. Furthermore, the locations of ambulance postings will be solely at REMSA's discretion.**

Compliance calculations are the driving force for any franchise agreement and the exclusivity of ambulance transport. However, all changes to the response zones should include a period of time for the franchise holder to make adjustments to be able to meet compliance and the needs of the community from the beginning. With the short time period between approval and map implementation, this does not exist for REMSA. There is not a significant period of time to model the response map and prepare for system changes.

For a region of our volume, twenty weeks of data is seen as a best practice for pulling data points to conduct system analysis. This time period is utilized for the development of staffing models and identification of system trends. With the new shift bid beginning April 17, 2016, twenty weeks for a meaningful data review with the new map will be September 3, 2016.

With that, the EMS Oversight Program offers three options for calculating compliance during the months of July-August 2016 to offset the lack of preparation and review time:

- Rolling Compliance: Compliance calculations will be set at 75% for July, 85% for August and resume 90% in September.
- 60 Days, 90%: The months of July and August will be evaluated as if they were a single month and the compliance for the two months would need to total 90% or above.
- Exemption Utilization: Compliance will be set at 90% immediately, but exemptions would be utilized for those calls "late after review" that were geographically located within the new upgraded areas of the response map.

While it is the intent to be fully compliant on July 1, 2016, REMSA met with the EMS Oversight Program several times to discuss the implementation process and the request for compliance adjustment. Based on these meetings, and a recommendation from Inspironix, the EMS Oversight Program recommends the compliance calculations include exemptions for calls that are late in the newly upgraded response zones. This would be applicable for July and August

only and maintains the franchise requirement for 90% compliance for Priority 1 responses in Zone A and Zones B, C and D combined. However, this option recognizes that REMSA will possibly be reorganizing the posting locations during the first months of the new map.

If approved, the EMS Oversight Program recommends that REMSA provide an update to the District Board of Health (DBOH) in both July and August on the implementation and progress with compliance. This would be separate from the monthly operations reports as it would be “real time” and not a look backwards. This would provide the DBOH with the ability to question the process and ensure the citizens are continuing to receive the expected level of service delivery based on the newly implemented map.

FISCAL IMPACT

There is no fiscal impact to the FY 15/16 budget should the Board approve the implementation plan for the map response zones within the Washoe County REMSA ambulance franchise service area.

However, there is an anticipated financial impact to REMSA with the approval of the new franchise map. The implementation plan utilizes the implementation matrix conducted by REMSA and the potential implementation barriers identified to the EMS Oversight Program to support the recommendation of a four month implementation period, which takes into account the financial impact to REMSA.

RECOMMENDATION

Staff recommends the Board approve the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016 and possible decision from the Board on compliance calculations.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the implementation plan of the approved REMSA response zones map within the Washoe County REMSA ambulance franchise service area with an implementation date of July 1, 2016 {and possible decision from the Board on compliance calculations}.”

Staff Report

Board Meeting Date: February 25, 2016

TO: District Board of Health

FROM: Randall Todd, DrPH, EPHP Director
328-2443, rtodd@washoecounty.us

THROUGH: Kevin Dick, District Health Officer

SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2014 through 6/30/2015.

SUMMARY

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year (FY). This report is an assessment of REMSA's adherence to the various requirements outlined in the Franchise agreement.

The attached FY 14/15 Compliance Report is based on the Amended and Restated Franchise Agreement for Ambulance Service, which was approved by the DBOH in May 2014 and became effective July 1, 2014.

PREVIOUS ACTION

Since the establishment of the REMSA Franchise, the DBOH has been presented with a REMSA Franchise Compliance Report annually. Since 1986 the DBOH has approved the report in terms of REMSA being either compliant, or substantially compliant.

On January 22, 2015 the DBOH was presented with the REMSA Franchise Compliance Report for FY 13/14 and found REMSA in compliance with the terms of the Franchise agreement. The FY 13/14 was the final REMSA Franchise Compliance Report based on the 2005 Franchise.

BACKGROUND

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA staff, the District Health Officer, the Director of Epidemiology and Public Health Preparedness (EPHP), and EMS Program staff. All documentation is available to the DBOH upon request.

All articles of the Franchise were reviewed as part of the annual REMSA compliance report; however, some are not auditable in terms of compliance. EMS Program staff used the Amended and Restated Franchise, and the Compliance Checklist approved by the DBOH on June 25, 2015 to determine compliance.

EMS Program staff met with REMSA personnel on January 15, 2016 to review the finding of the annual compliance report and discuss possible methods to provide corrective action for those items that REMSA partially or substantially met.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board approve the FY 14/15 REMSA Franchise Compliance Report.

RECOMMENDATION

The Washoe County Health District's EMS Program staff recommends the DBOH find REMSA in substantial compliance with the terms of the Franchise agreement for FY 14/15.

Since the January meeting, REMSA has been working with EMS Program staff to address the substantially and partially met items and developed corrective action for those items.

POSSIBLE MOTION

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

“Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in substantial compliance with the Franchise agreement for the period of 7/1/2014 through 6/30/2015.”

**Regional Emergency Medical Services Authority
Franchise Compliance Report
July 1, 2014 – June 30, 2015**

ARTICLE 1 - DEFINITIONS

1.1. Definitions

→ *Definitions are stated in the Franchise, but are not part of compliance determination.*

ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE

2.1. Exclusive Market Rights

→ **REMSA met the requirement.**

2.1 a) As demonstration of exclusive market rights, the signed Franchise agreement is included as part of the compliance report.

2.1 b) In addition to the Franchise agreement Regional Emergency Medical Services Authority (REMSA) provided six (6) mutual aid agreements with regional partners. These agreements are used if REMSA needs to request additional resources during day-to-day operations, or during a time of disaster.

2.2. Franchise Service Area

→ **REMSA met the requirement.**

2.2 a) The Franchise agreement specifies that REMSA's service area includes all of Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA response map indicates the Franchise service area and associated response time requirements.

2.3. Level of Care

→ **REMSA met the requirement.**

2.3 a) According to the Franchise agreement, all ambulances responding to ALS emergency 911 calls and ILS transfers and transports must be staffed according to NAC 450B. REMSA supplied a copy of their Nevada state permit for ALS service.

2.3 b) REMSA provided sections of NAC 450B to demonstrate the state requirements for ALS and ILS responses and definitions. Additionally, REMSA provided staffing graphs that depict the number of ambulances responding to 911 calls per day and per hour of the day.

2.4. Term

→ *The Franchise term is stated in the Franchise, but is not part of compliance determination until 2024.*

2.5. Periodic Review

→ *Requirement of periodic review is stated in the Franchise, but is not part of compliance determination until 2024.*

2.6. Oversight Fee

→ **REMSA met the requirement.**

2.6 a) The Franchise agreement stipulates REMSA pays an oversight fee of 12.5% of the total costs per year for the Health District’s Regional EMS Oversight Program. The FY 14/15 Compliance Report includes the Washoe County Health District (WCHD) letters, invoices and expenditures issued to REMSA on a quarterly basis. Table 1 below demonstrates the quarterly amounts paid by REMSA.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2014 – September 2014	\$3,370.58
October 2014 – December 2014	\$5,565.19
January 2015 – March 2015	\$9,119.16
April 2015 – June 2015	\$10,497.57

2.7. Supply Exchange and Reimbursement

→ **REMSA met the requirement.**

2.7 a/b) REMSA developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. Reno Fire Department and Sparks Fire Department signed the agreement in March 2014 and Truckee Meadows Fire Protection District revised and signed their agreement in October 2015. REMSA provided the signed agreements with each agency.

2.7 c) The EMS coordinator requested written confirmation from the three fire agencies that REMSA reimbursed based on their supply/exchange reimbursement agreements. All jurisdictions confirmed reimbursement for FY 14/15.

2.8. No Obligation for Subsidy

→ **REMSA met the requirement.** However REMSA leadership has changed, therefore EMS Program staff recommends REMSA submit an additional certificate of amendment to the state that incorporates appropriate updates for FY 15/16.

2.8 a) In the audited REMSA Consolidated Financial Statements prepared by auditor Mel Williams of Cupit, Milligan, Ogden & Williams the major payer sources are detailed in Note 1. The major payer sources included private insurance, Medicare/Medicaid, private pay patients, VA hospital and facility contracts.

2.8 b) REMSA originally filed the Articles of Incorporation with the Office of the Secretary of State of the State of Nevada in 1981. Since then, REMSA submitted subsequent certificates of amendment in 1986, 1987, 1994, 1996 and 2008. A copy of the 2008 Articles of Incorporation are on file at the WCHD.

2.8 c) REMSA disclosed grant funding under a Health Care Innovations Award. This grant was reported in the REMSA Consolidated Financial Statements in Note 7. REMSA received \$84,475 from the grant’s supplemental fund as reimbursement for transporting eligible patients to lower acuity destinations.

ARTICLE 3 - GOVERNING BODY

3.1. REMSA Board of Directors

→ **REMSA met the requirement.**

3.1 a) REMSA supplied the following list of Board Members for FY 14/15:

James Begbie, Chairman
Timothy Nelson
Greg Boyer
Tiffany Coury
Helen Lidholm
Louis Test
Kevin Dick, Ex Officio

3.1 b) REMSA's legal counsel, Drinkwater Law Offices, verified in a letter to the Washoe County District Health Officer (DHO) dated December 28, 2015 that "All contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members of the REMSA Board."

3.2. Board Member Separation

→ **REMSA met the requirement.**

3.2 a) To demonstrate Board separation, REMSA provided signed copies of the "Affirmation of Compliance to REMSA's Conflict of Interest Policy" form. All members of the Board mentioned in section 3.1a signed the form acknowledging that they have received a copy of the policy, read and understand the policy and will comply with the policy. In addition, members confirmed that they are not an employee of either REMSA or its contractor.

3.3. Meetings

→ **REMSA met the requirement.**

3.3 a) REMSA provided a list of board meetings held in fiscal year. The Board meetings are typically scheduled on the third Friday of each month, excluding holidays.

3.3 b) As confirmation of the information above, the DHO also submitted a letter that included the REMSA board meetings for the fiscal year. The DHO attested that the Board met on eight (8) occasions throughout the fiscal year.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding

→ *A market survey or competitive bid is stated in the Franchise, but is not part of compliance determination until 2021.*

ARTICLE 5 – COMMUNICATIONS

5.1. Radios

→ **REMSA met the requirement.**

5.1 a) REMSA provided a copy of the letter of agreement signed on January 23, 2015 between Washoe County and REMSA. This letter provided REMSA with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

5.1 b) REMSA provided a narrative about the progress made concerning full interoperability with WCRCS. REMSA had the Nevada Dispatch Interoperable Project (NDIP) switch installed in their radio room and programmed in early 2015. To date, the system is not fully implemented for connectivity with Public Safety Answering Points (PSAPs). However, in spring 2015 the REMSA dispatch center began transmitting call information on REMSA1 on the 800 MHz system to communicate with fire.

5.2. Dispatch

→ **REMSA substantially met the requirement.**

5.2 a) As required in the Franchise agreement, REMSA must maintain a secondary emergency communication system and conduct a drill on the backup system annually. During FY 14/15, REMSA conducted three (3) tests to ensure the back-up dispatch system equipment is maintained in good working order.

5.2 b) An operational drill was conducted on October 24, 2014 with both REMSA dispatch and IT personnel.

5.2 c) During the October 24, 2015 drill the Emergency Back-Up Communications Center (EBUCC) Switch and firewall were replaced. Additionally, personnel found that the stations were functional and able to handle center transition without complication. After the drill, staff were assigned to review and update the EBUCC red binder to confirm policies and practice were consistent with actual procedure. It was also recommended that all dispatch staff be sent the binder for review to ensure competency.

5.2 d/e) According to REMSA documentation, an agreement has been finalized with their CAD vendor, TriTech, to create the CAD-to-CAD interface with the other dispatch entities. TriTech acquired Tiburon (CAD vendor for Washoe County, Reno and Sparks) which should make the interface implementation more streamlined, using a single vendor. There has not been any formal timeline established for the CAD-to-CAD interface. Washoe County and Reno made the upgrade to their CAD system in April 2015 and at the end of this review period Sparks had not completed the transition to Tiburon.

The EMS Oversight Program has received documentation that the process for developing and establishing a CAD-to-CAD link would take between 2 and 4 months, once work is ready to begin.

5.3. Change of Priority

→REMSA met the requirement.

5.3 a) During the FY 14/15 REMSA upgraded 13 calls, most of which were requests by on-scene first responders. Additionally, REMSA began including change of priority information in their monthly Operations Reports to the District Board of Health (DBOH) in January 2015.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1. Data and Records

→ REMSA met the requirement.

6.1 a/b) Same as 5.2 d/e.

6.1 c) In accordance with article 6.1, REMSA provided additional response data and records to support the WCHD’s oversight role. During the FY 14/15, the EMS Oversight Program conducted seven (7) investigations.

6.1 d) On a monthly basis REMSA submitted the response time compliance reports for the study zones of their response area. These reports included 481 priority 1 calls for FY 14/15.

6.1 e) Throughout FY 14/15, the DHO and/or DBOH made twelve (12) requests for data and/or records from REMSA. Most requests have reached a resolution, however there are some requests that EMS Program staff are still working to resolve with REMSA.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1. Response Zones

→ REMSA met the requirement.

7.1 a) The Franchise service area is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response time requires for priority 1 calls in each of the Zones (A-E).

Table 2: Priority 1 Response Time Requirements, by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59	15:59	20:59	30:59	Wilderness Frontier

7.1 b) REMSA and WCHD staff met on February 23, 2015 and regional partners began meeting on April 15, 2015 to review the response map. No changes were made to the response map during FY 14/15.

7.1 c/d) EMS Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine compliance for the fiscal year. The Franchise states that REMSA shall ensure that 90% of life-threatening calls (priority 1) have a response time as indicated by the respective zone.

Table 3 below indicates REMSA’s percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (P1) calls in Zones B, C, and D.

Table 3: Percentage of Compliant P1 Response, by Month

Month	Zone A	Zones B, C, and D
July 2014	93.1%	93.4%
August 2014	91.9%	97.8%
September 2014	91.5%	96.6%
October 2014	92.3%	98.4%
November 2014	93.2%	100%
December 2014	92.5%	96.6%
January 2015	93.1%	98.6%
February 2015	91.8%	97.6%
March 2015	91.3%	99.9%
April 2015	90.8%	97.0%
May 2015	91.5%	98.0%
June 2015	90.9%	96.0%
Fiscal Year	92.0%	97.5%

7.1 e) Zone E, the wilderness/frontier regions of REMSA’s franchise service area, is the only zone that does not have a specified response time requirement. For the FY 14/15, REMSA responded to 744 calls in Zone E, of which 326 were priority 1 calls. There were a total of 234 priority 1 calls that were not cancelled enroute. Of those calls, REMSA had a median response time of 23:03.

7.2. Response Determinants

→ **REMSA partially met the requirement.**

7.2 a/b) The Franchise stipulates that the “REMSA Medical Director and the Fire Departments’ Medical Director(s) *shall jointly review* Emergency Medical Dispatch determinants and *set priorities for the system on an annual basis.*”

According to an email chain submitted by REMSA, Dr. Brad Lee, REMSA’s Medical Director, met with the Medical Directors representing the fire agencies within the Franchise service area *separately*. The Medical Directors had no questions, changes or any concerns with the priorities/determinants as they are currently assigned. However, the EMS Program did not receive any meeting notes or the priorities set for the fiscal year.

7.3. Zone Map

→ **REMSA met the requirement.**

7.3 a/b) Same as 7.1b.

7.3 c) The REMSA service area map is located in the offices of the EMS Program Manager and EMS Coordinator. An online version of the map and response zones is located on Washoe County’s GIS online quick map tool.

7.4. Response Time Reporting
→REMSA met the requirement.

7.4 a) REMSA provided EMS Program staff with log-ins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Program staff independently pulls the monthly call/response data from the FirstWatch database.

7.4 b) During the fiscal year, REMSA reported a total (priorities 1-3) of 59,490 calls for service in their Franchise service area. Table 4 below shows the number of life-threatening calls (P1) per zone.

Table 4: Total Number of Priority 1 Calls, by Zone

Zone	Priority	Calls For Service
Zone A	1	21,323
Zone B	1	982
Zone C	1	660
Zone D	1	34
Zone E	1	326
Total		23,325

7.4 c) In an effort to review compliance on a monthly basis, the EMS Coordinator calculated the percentage of compliant responses and the 90th percentile response times per month. This information was reported monthly in the EPHP staff report provided to the DBOH.

7.5. Penalties
→ REMSA met the requirement.

7.5 a) On December 7, 2015 REMSA submitted a letter to the DHO indicating that the initial penalty amount approved was based on an estimate of \$52,000. The actual penalty dollars for the FY 14/15 totaled \$63,892.04 and REMSA spent the entire balance of the fund as outlined in 7.7.

7.5 b) The WCHD issued a letter on May 1, 2014 notifying REMSA that the annual review of the Consumer Price Index (CPI) had been completed. For fiscal year 2014-2015, REMSA's maximum average ground bill was \$1,076.00, an increase of .84% from the previous year.

The CPI letter also set the penalty amount for late responses to life-threatening calls (priority 1) at \$17.83 per minute, a \$0.15 increase from the previous year.

7.5 c) According to the Franchise agreement, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts the number of priority 1 calls that incurred penalties, as well as the total amount added to the penalty fund each month.

Table 5: Penalty Fund, by Month

Month	Number of Calls	Penalty Amount
July	127	\$4,215.24
August	145	\$5,060.61
September	154	\$5,949.00
October	131	\$5,492.78
November	107	\$4,272.98
December	132	\$5,043.92
January	126	\$4,375.71
February	133	\$5,104.77
March	160	\$5,570.32
April	159	\$5,281.93
May	154	\$7,158.33
June	169	\$6,366.45

7.5 d/e) Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. The report concluded that there is no carry-over to 2014-2015 for the penalty fund account.

7.6. Exemptions

→ **REMSA met the requirement.**

7.6 a) The WCHD received 10 exemption reports during FY 14/15. There were no exemption requests in October and November 2014. During FY 14/15 REMSA had 52 approved exemptions.

Additionally, beginning February 2015, EMS Program staff established a regular monthly meeting with REMSA to review and discuss all calls that received an exempt status through REMSA’s internal process.

Table 6 indicates the types of exemptions and number of calls approved for each category.

Table 6: Exemptions, by Type

Exemption Type	Number of Calls
Incorrect Address	5
MCI	3
Off Road	3
System Overload	15
Weather	11
Other As Approved (upgrades, inaccessible road, etc.)	15

7.6 b) REMSA submitted a document that explains their internal process for late run exemptions. Below is the description:

Response Performance is measured through First Watch and their Online Compliance Utility (OCU). Late responses are identified by the Communications Supervisor using the OCU. The Communications Supervisor will investigate the response and identify a reason for the delay. Calls that are not identified as a correction or exemption are marked "Late After Review" and calculated as a late response to be calculated into the fractal compliance.

Corrections and exemptions identified by the Communications Supervisor will be marked as "Manager Review" with details explaining the delayed reason. The call is then processed in the OCU by the Communication Manager or Senior Systems Analyst for validity of the correction or exemption reason with additional information as needed. The Communication Manager or Senior Systems Analyst will update a status correction and exemptions as Correction Requested or Exemption Requested.

Correction and exemption requests are processed by the Authority through the OCU. Each response is reviewed and either approved for exemption, denied for exemption or request for further information. Approved and denied exemptions are identified in the OCU and calculated into the fractal compliance.

7.6 c) There were no disputes this fiscal year.

7.6 d) On June 27, 2014 the DHO issued a letter that detailed the exemption guidelines for REMSA and what is considered an allowable exemption. The letter identifies twelve (12) types of possible exemptions. According to the letter, REMSA can internally review six (6) types of exemptions, while all others exemptions require REMSA to submit documentation to the WCHD for review and possible approval.

7.6 e) As stated in item 7.6a, REMSA received 52 exemptions during FY 14/15. Of those exemptions there was one (1) system overload exemption to the WCHD, which was approved. The system overload request included 15 calls.

7.7. Penalty Fund

→ **REMSA met the requirement.**

7.7 a) The CFO of REMSA wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

7.7 b) As indicated in 7.5c and Table 5, REMSA incurred \$63,892.04 in penalties for the fiscal year.

7.7 c) REMSA supplied the FY 14/15 penalty fund reconciliation along with copies of invoices, purchase orders and checks used for purchases with the penalty fund.

7.7 d) In the Agreed-Upon Procedures Related to the Penalty Fund issued by the external auditor, the report reconciled total penalties of \$63,892.04 and confirmed the ending balance of the fund on June 30, 2015 was zero dollars.

7.8. Health Officer Approval

→**REMSA met the requirement.**

7.8 a) On a letter dated January 8, 2015 REMSA estimated that the penalty fund would reach approximately \$52,000 for the year. REMSA's president requested using the penalty fund dollars for safety and injury prevention programs. This included the following:

- Providing first aid kits to children's league sports
- Purchasing child safety seats
- Helping the Save a Heart Program
- Providing CPR certification and re-certification to Medical Reserve Corps (MRC) volunteers
- Helping with an AED tracking program for the community

7.8 b) The DHO responded to the penalty fund expenditure request in a letter dated February 3, 2015 and approved all requests.

ARTICLE 8 - PATIENT BILLING

8.1. Average Patient Bill

→ **REMSA met the requirement.**

8.1 a) As stated in Article 7.5, the WCHD issued a letter on May 1, 2014 that notified REMSA the annual review of the Consumer Price Index (CPI) had been completed. For FY 14/15, REMSA's maximum average ground bill was \$1,076.00, an increase of .84% from the previous year.

8.1 b) On June 30, 2014 the WCHD received a letter for REMSA concerning a change to their schedule of rates. REMSA increased their mileage rate by one dollar to \$22 with an effective date of July 1, 2014. Then on January 29, 2015 the WCHD received another letter regarding base rate changes to ground ambulance services. REMSA increased their emergency base rate to \$1,014 and their routine base rate to \$673.

8.1 c) Table 7 depicts a summary of the average bill calculations that were reported to the DBOH on a monthly basis.

Table 7: Average Bill Calculations, by Month

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,070
Aug.	3965	\$4,234,791	\$1,068	\$1,070
Sept.	3674	\$3,942,547	\$1,073	\$1,071
Oct.	3806	\$4,059,917	\$1,067	\$1,070
Nov.	3535	\$3,791,791	\$1,073	\$1,073
Dec.	3843	\$4,119,979	\$1,072	\$1,072
Jan. 2015	3870	\$4,142,489	\$1,070	\$1,072
Feb.	3372	\$3,614,031	\$1,072	\$1,072
Mar.	3872	\$4,151,828	\$1,072	\$1,072
Apr.	3710	\$4,006,356	\$1,080	\$1,073
May	3984	\$4,300,782	\$1,080	\$1,074
June 2015	3875	\$4,161,687	\$1,074	\$1,074
Totals	45,273	\$48,554,687		
Allowed ground avg bill - \$1,076.00				

8.2. Increase beyond CPI

→ *Only applicable if REMSA requested an increase beyond the annual CPI adjustment. REMSA did not request such an adjustment during FY 14/15.*

8.3. Overage in Bill Amount

→ *Only applicable if REMSA exceeded the maximum average patient bill. REMSA did not exceed the average patient bill during FY 14/15.*

8.4. Third Party Reimbursement

→ **REMSA met the requirement.**

8.4 a) According to the Franchise agreement, REMSA shall utilize its best efforts to maximize third party reimbursements and minimize patients' out-of-pocket expenses. This is accomplished through billing insurance and governmental reimbursement and maintaining a voluntary prepaid ambulance membership program.

8.5. Prepaid Subscription Program

→ **REMSA met the requirement.**

8.5 a/b) The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$69 and there were 2,162 members enrolled as of June 30, 2015.

8.6. Billing

→ **REMSA met the requirement.**

8.6 a) The Franchise agreement stated REMSA is responsible for all billing services, or may allow a contractor to do so. REMSA elects to conduct its own billing of patients and third-party billers. The billing department is structured with a VP of Billing Services, a Billing Services Supervisor and Billers and Coders.

8.7. Accounting Practices

→ **REMSA met the requirement.**

8.7 a) The external auditor used for REMSA's annual audit, Mel Williams of Cupit, Milligan, Ogden & Williams does adhere to the GAAP and GAAS standards. According to the Nevada State Board of Accountancy the agency license is current and in good standing until 12/31/2016.

8.8. Audit

→ **REMSA met the requirement.**

8.8 a) The Consolidated Financial Statements prepared by the external auditor were submitted on December 15, 2015. The thirteen (13) page document includes the independent auditor's report and the financial statements for FY 14/15.

8.8 b) The Form 990 is an annual reporting return that REMSA must file with the IRS. It provides information on the filing organization's mission, programs, and finances. REMSA's Form 990 for FY 13/14 was submitted on June 23, 2015.

8.8 c) The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor were submitted on December 16, 2015. The 4 page document includes the independent auditor's report and Schedule A, B and C for FY 14/15.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1. Dispatch Personnel Training

→ **REMSA met the requirement.**

9.1 a) REMSA submitted a list of personnel that work in the communications center. A total of nineteen (19) employees were included and had current EMD certifications for FY 14/15. Additionally, five (5) REMSA communications personnel have EMD-Q certifications.

9.2. Dispatch Accreditation

→ **REMSA met the requirement.**

9.2 a) A letter written to Jim Gubbels, President/CEO of REMSA from the International Academies of Emergency Dispatch (IAED) dated June 21, 2013 stated that the IAED Board of Accreditation unanimously approved REMSA as an ACE accredited center. REMSA also provided a copy of the accreditation certification, which is issued for years 2013 through 2016.

9.2 b) EMS Program staff obtained the standards of accreditation and the ACE application from the IAED website. EM Program Staff also located a list of ACE accredited dispatch centers, which listed REMSA as one of 143 centers that have received this recognition.

9.3. Personnel Licensing and Certification

→ **REMSA met the requirement.**

9.3 a) REMSA submitted lists of their certified personnel to include RNs, Paramedics, Attendants, EMTs and AEMTs. Table 8 demonstrates the number of staff per each certified position.

Table 8: REMSA Certified Personnel

Certified Position	Number of Staff
RNs	19
Paramedics	150
Attendants	229
EMTs	40
AEMTs	89

9.3 b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter dated December 24, 2015 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 14/15.

9.4. ICS Training:

→ **REMSA met the requirement.**

9.4 a) REMSA submitted documentation that 276 personnel have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP) as of December 8, 2015.

9.4 b) REMSA submitted documentation that 306 personnel have been trained in ICS 100 as of September 8, 2015.

9.4 c) REMSA submitted documentation that 300 personnel have been trained in ICS 200 as of September 8, 2015.

9.4 d) REMSA submitted documentation that 22 personnel have been trained in ICS 300 as of September 8, 2015.

9.4 e) REMSA submitted documentation that 10 personnel have been trained in ICS 400 as of September 8, 2015.

9.4 f) REMSA submitted documentation that 296 personnel have been trained in ICS 700 as of September 8, 2015.

9.4 g) REMSA provided a list of field management personnel that included an EMS director, 3 managers, 7 full-time supervisors and 7 part-time supervisors.

9.4 h) REMSA provided a list of 10 REOC qualified personnel based on their REMSA position and ICS courses completed.

9.5. Ambulance Markings

→ **REMSA met the requirement.**

9.5 a) The Franchise agreement states that all ambulance units shall be marked with REMSA emblems rather than the individual identity of any ambulance service contractor. EMS Program staff completed quarterly spot checks to ensure that units had the REMSA logo. The spot checks found REMSA in compliance with this requirement and occurred on the following dates:

- August 19, 2014
- November 14, 2014

- February 4, 2015
- April 2, 2015

9.6. Ambulance Permits and Equipment

→ **REMSA met the requirement.**

9.6 a/b) REMSA provided the EMS Program a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA also submitted a list of vehicles to include model type, VIN numbers and license plate numbers.

9.6 c) As stated in 9.3, the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter dated December 24, 2015 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 14/15.

9.7. Field Supervisor Staffing

→ **REMSA met the requirement.**

9.7 a) REMSA submitted a week of supervisor shift schedules as a sample to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are 2-5 supervisors on shift per 24-hours, depending on day and time of the week.

9.7 b) REMSA also provided the job description for EMS supervisory personnel that was last revised in April 2013.

9.8. Medical Director

→ **REMSA met the requirement.**

9.8 a/b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Emergency Medical Systems Program confirmed in a letter dated December 24, 2015 that REMSA was in compliance in regards to their Medical Director appointment. According to State EMS, Dr. Bradford Lee, meets the requirements as a Medical Director for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. Additionally, Dr. Lee is in good standing with the State of Nevada Board of Medical Examiners. The WCHD also has a copy of Dr. Lee's CV on file.

ARTICLE 10 - QUALITY ASSURANCE

10.1. Personnel

→ **REMSA met the requirement.**

10.1 a) REMSA provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement program for ground ALS services. The member of the CQI department includes the Medical Director, Director of Education and CQI/CNO, and two (2) Clinical Development and CQI Coordinators.

10.2. Review

→ **REMSA substantially met the requirement.**

10.2 a) The Franchise states that “each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least five percent (5%) of the previous month’s ALS calls.”

In the monthly Operation Reports presented to the DBOH, REMSA provided a ground operations report that includes the monthly Medical Director’s Report. This includes a breakdown of the charts reviewed during the previous month. During FY 14/15, there were three (3) months that did not meet the 5% review requirement.

EMS Program staff found that the Medical Director’s Report chart review percentages were based on the total number of ALS calls resulting in a transport, not all ALS calls that occurred during the month.

10.2 b) With the following types of calls, REMSA CQI department personnel conducts manual reviews of all PCRs for accurate and complete documentation as well as appropriate use of protocols:

- Adult and pediatric cardiopulmonary arrests
- Advanced airways
- Delivers and neonatal resuscitation
- Pediatric patients given Verse, Epinephrine or Narcan
- Pediatric patients with GCS that are less than 14 years old
- STEMI alert and STEMI rhythms patients
- TAP charts

Additionally, to maintain ACE dispatch certification, the CQI team also conducts monthly AQUA reviews of 125 randomly chosen calls to ensure compliance with EMD protocols.

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1. CPR Courses

→ **REMSA met the requirement.**

11.1 a) In the monthly Operation Report presented to the DBOH, REMSA provided a list of the CPR courses that were offered throughout the previous month. In January 2015 REMSA reformatted the style of this report to differentiate between the courses that are REMSA classes and site classes.

11.2. Community Health Education

→ **REMSA met the requirement.**

11.2 a) In the monthly Operation Report presented to the DBOH, REMSA included the public relations report that outlines the multimedia activities completed during previous month.

11.3. Clinical Skills

→ **REMSA met the requirement.**

11.3 a) According to the Director of Education and CQI/CNO, REMSA did not have the need to utilize their partner hospitals for remediation of employees in clinical skills. However, REMSA maintains a valuable relationship with the clinical area of all participating hospitals and utilize the facilities for continuing education for REMSA employees.

11.4. Fire EMS Training

→ **REMSA met the requirement.**

11.4 a) REMSA provided CEU opportunities that are available to all first responders. In each quarter of the fiscal year REMSA also provided specialty training on diverse topics. Below are the quarterly trainings held in FY 14/15:

- Management of T1 Burst Fractures – 9/11/14
- Management of Acute Injuries in the Wilderness – 11/12/14
- National Traffic Incident Management (TIM) – 2/13/15 and 2/27/15
- Active Assailant Response for Law, Fire and EMS – 4/28/15

Through the Franchise agreement the EMS Advisory Board has the ability to make recommendations for Fire EMS trainings to the DBOH. The EMS Advisory Board recommended quarterly simulation training for REMSA and fire crews for future trainings.

11.4 b) EMS Program staff presented the item of Fire EMS training to the EMS Advisory Board on March 5, 2015 and June 4, 2015. After the June 5 presentation, the EMS Advisory Board motioned to have staff present the Fire EMS framework to the DBOH. EMS Program presented the item to the DBOH on June 25, 2015. The DBOH motioned to accept the framework. The first Fire EMS training was held in the first quarter of FY 15/16.

11.4 c) The minutes associates with the above recommendations concerning the Fire EMS training are included as documentation of the compliance report.

ARTICLE 12 – REPORTING

12.1. Monthly Reports

→ **REMSA substantially met the requirement.**

12.1 a) On a monthly basis REMSA presented an Operational Report to the DBOH. During the fiscal year, REMSA submitted twelve (12) Operational Reports. These reports typically include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

The Operations Reports included the Franchise required elements. However, to date, REMSA has not included the use of penalty fund money, as requested by the DBOH.

12.2. Annual Reports

→ **REMSA met the requirement.**

12.1 a) The WCHD received all compliance documentation from REMSA on or before December 29, 2015.

12.2 b) During the fiscal year, EMS Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU, developed the compliance checklist and addressed issues concerning compliance reporting for false/alarm/good intent calls.

ARTICLE 13 - FAILURE TO COMPLY/REMEDIES

13.1. Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.2. Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.3. Failure to Correct/ Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.4. Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1. Financial Assurance/Continuity of Operations

→ **REMSA met the requirement.**

15.1 a) According to a letter written by the REMSA CFO, REMSA has a reserve amount of \$3 million in the equity statements. Documentation of this is included in the REMSA Consolidated Financial statements of the external audit.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1. Insurance

→ **REMSA met the requirement.**

16.1 a/b) REMSA provided a copy of their certificate of liability insurance that included general

liability, automobile, workers compensation and employer's insurance policies. Additionally, the "Washoe County District Health Department" is listed as the certificate holder.

16.2. Indemnification

→**REMSA met the requirement.**

16.2 a) The Franchise agreement includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

16.3. Limitation of Liability

→**REMSA met the requirement.**

16.3 a/b) The Franchise agreement states the WCHD will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore the compliance report includes a copy of NRS Chapter 41 and the signed Franchise.

ARTICLE 17 – MISCELLANEOUS

17.1. REMSA Contracts with Other Entities

→ **REMSA met the requirement.**

17.1 a) REMSA submitted six (6) mutual aid agreements and one (1) memorandum of understanding. The MAAs and MOU are REMSA's current agreements with other political entities.

17.2. Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3. Assignment

→ *Assignment is stated in the Franchise, but is not part of compliance determination.*

17.4. Severability

→ *Severability is stated in the Franchise, but is not part of compliance determination.*

17.5. Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise, but is not part of compliance determination.*

17.6. Benefits

→ *Benefits are stated in the Franchise, but are not part of compliance determination.*

17.7. Notice

→ *Notice is stated in the Franchise, but is not part of compliance determination.*



Washoe County District Attorney

CHRISTOPHER J. HICKS
DISTRICT ATTORNEY

STAFF REPORT

BOARD MEETING DATE: February 25, 2016

TO: District Board of Health
FROM: Leslie H. Admirand, Deputy District Attorney
775-337-5714, Ladmirand@da.washoecounty.us

SUBJECT: Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

District Health Strategic Objective supported by this item: Strengthen WCHD as an innovative, high- performing organization.

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

This item will be calendared for review annually.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."

AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

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1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

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C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

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charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

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D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

B2409P0442

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

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G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

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SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

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F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

B2409P0446

D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date.

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

B2409P0447

IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature] Chairman

Date August 26, 1986



ATTEST

[Signature]
County Clerk

B2409FU448

CITY OF RENO, by and through its City Council

By [Signature] Mayor

Date 8/25/86



ATTEST

[Signature]
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature] Mayor

Date 8/25/86



1101865

ATTEST

[Signature]
City Clerk

RECORDS
CLERK
WASHOE COUNTY DA
86 SEP 19 P 1: 12

8/10/93

AMENDMENT TO THE
INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

//

//
CITY OF SPARKS
CITY CLERK

AUG 13 1993

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James Cornwall*
Chairman

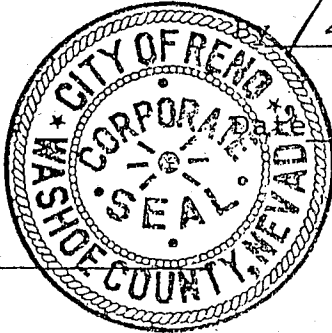
Date *July 20, 1993*

ATTEST:
Judi Paul
County Clerk

CITY OF RENO, by and through its City Council

Pete Spangola
Mayor

Date *8/24/93*



ATTEST:
James Cook
City Clerk

CITY OF SPARKS, by and through its City Council

By *[Signature]*
Mayor

Date *August 9, 1993*

ATTEST:
[Signature]
City Clerk

APPROVED AS TO FORM:

Steven P. Elliott
STEVEN P. ELLIOTT, City Attorney

CITY OF SPARKS
OFFICE OF THE CITY CLERK

AUG 13 1993

STAFF REPORT
BOARD MEETING DATE: February 25, 2016

DHO_ KD _____

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
328-2416, kdick@washoecounty.us
SUBJECT: Approval of the Fiscal Year 2016-2017 Budget

SUMMARY

Presented in this staff report is the Recommended Budget for Fiscal Year 2016-2017. The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 151.41 full-time equivalents (FTEs) authorized to provide the services. The total revenues are projected to be \$20,787,873 for an increase over fiscal year 2016 (FY16) adopted budget of 7.2%. Total expenditures projected for FY17 are \$21,731,331 which is an 8.2% increase over FY16. It is anticipated that FY16 will have an ending fund balance of \$1,989,185 which \$943,458 will be used for FY17 to cover the gap between revenues and expenditures and leaving a fund balance for FY17 of \$1,045,727 which is 4.8% of total expenditures.

Included in the FY17 Recommended budget requests (details found on pages 4-6):

- Add a Program Coordinator to assist with the implementation of the Community Health Improvement Plan.
- Eliminate positions due to loss of grant funding.
- Increase two part-time positions to full-time through the elimination of a vacant position.
- Reclassify positions to better align work assignments with job classifications.
- Increase standby pay, overtime and call back to allow for emergency responses in the Environmental Health Division.
- A 6% increase in employee group health insurance is budgeted and retirement remains at the current 28%.
- Funding for security, additional travel and training for employees, additional operating supplies and an increase in credit card fees due to the new regional permitting system.
- Additional funding for the update on the Community Health Needs Assessment.
- County General Fund transfer of \$9,796,856 decreased \$280,000 from FY16 due to a partial reduction of the shared services subsidy due to the fee increases approved in FY16.

Not included in the budget, but will be added prior to the budget being delivered to the Department of Taxation, is the adjustment for the Workers Compensation and the Property and Liability billings from the County. If increases take place in these billings it is anticipated that the additional funding will be absorbed in the existing recommended budget.

BACKGROUND

Health District Mission

The Washoe County Health District protects and enhances the physical well-being and quality of life for all citizens of Washoe County by providing health information, disease prevention, public health emergency preparedness and environmental services.

Health District Accomplishments directly impacting the budget

- 2015 fiscal year ended with \$19.4 million in expenditures, and for the first time in several years, experienced a positive net change in the fund balance of \$112,707.
- Completed cost analyses for 19 programs determining the true cost of its services and appropriate fees and charges for the Health District's revenue-generating programs.
- Reduced the fleet size and implemented a Global Positioning Systems (GPS) in the fleet so as to reduce fleet operating expenditures and improve fleet communications.
- Procedures were developed to reduce costs and increase efficiencies with: the annual inventory tracking system for assets; streamlining the billing process for the use of copy machines; and, increased the use of the Health District's credit cards instead of purchase orders for office supply orders, pharmaceuticals and other items.
- Progress continues on the Regional Permitting System.
- To meet the needs of our clients, implementing a new Electronic Health Record (EHR) system.
- To better serve the public, the Vital Records Office added a third staff member in 2015.
- The Public Health Preparedness Program applied for and received over \$750,000 in funding to increase preparedness for Ebola and emerging infectious pathogens.

Interlocal Agreement establishing the Washoe County Health District

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

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

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be held in March, 2016. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March, 2016.

The Division Directors and Program staff met with Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2016 and to identify budget requests for Fiscal Year 2017. The proposed budget reflects the discussion of the Program Manager's, Division Director's, and direction by the District Health Officer.

Fiscal Year 2016-2017 (FY17) Recommended Budget

The FY17 recommended budget includes anticipated revenues and expenditures for 22 programs as outlined below.

Washoe County Health District Programs

Office of the District Health Officer
Office of the District Health Officer Program

Tuberculosis Program
Women, Infants and Children Program

Administrative Health Services Division
Administrative Health Services Program

Environmental Health Services Division

Environmental Health Services/Land
Development Program
Food Protection Program
Safe Drinking Water Program
Solid Waste Management Program
Underground Storage Tanks Program
Vector Borne Diseases Program

Air Quality Management Division
Air Quality Management Program

Community and Clinical Health Services Division
Chronic Disease Prevention Program
Community & Clinical Health Services Program
Family Planning Program
Immunizations Program
Maternal, Child & Adolescent Health Program
Sexual Health – HIV Program
Sexual Health – STD Program

Epidemiology and Public Health Preparedness Division
Emergency Medical Services
Epidemiology Surveillance
Public Health Preparedness
Vital Statistics

The five Divisions and the Office of the District Health Officer budgets are summarized below. The details of the twenty-two program budgets within the Divisions are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is found in Appendix D.

Office of the District Health Officer

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

Total program full-time equivalents:	5.33 (includes request for new position)
Total FY 2017 Program Revenues:	\$35,000
Total FY 2017 Program Expenditures:	\$979,998

Above base request for FY17:

- Add a full-time Program Coordinator position to help implement the Community Health Improvement Plan and other special projects as recommended by the Fundamental Review, estimated at \$88,088 for salaries and benefits.
- Increase intermittent/on-call positions \$7,200 for public service interns.
- Additional \$8,500 in travel and training for employees.
- Additional services and supply budget of \$264 due to an increase in copy machine, and other miscellaneous expenditures required to run the operations.
- \$70,000 additional professional services for a Community Health Needs Assessment to be offset with \$35,000 in revenue from the community partners.
- \$55,000 for safety and security improvements for the Health District.

Administrative Health Services Division

Administrative Health Services Division provides administrative guidance and oversight for financial activities, risk management, purchasing, human resources, facilities management, and information technology for the District.

Total program full-time equivalents:	10.0
Total FY 2017 Program Revenues:	\$0
Total FY 2017 Program Expenditures:	\$1,168,142

No above base request for FY17

Air Quality Management Division

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

Total program full-time equivalents:	18.50
Total FY 2017 Division Revenues:	\$2,683,185
Total FY 2017 Division Expenditures:	\$3,270,820

Note: \$508,747 of the unspent restricted funding from FY16 for the Pollution Control Program has been budgeted in FY17

Above base request for FY17:

- Additional \$7,796 required to cover the increase in credit card fees due to the regional permitting system.

Community & Clinical Health Services Division

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

Total program full-time equivalents:	56.14
Total FY 2017 Division Revenues:	\$3,557,273
Total FY 2017 Division Expenditures:	\$7,371,920

Above base requests for FY17:

- Eliminate a part-time vacant Office Assistant (OA) II (position 7x2134) so as to increase from part-time to full-time OAI position 7x2188 and OAI position 7x2136 for a total cost of \$7,076.
- Reallocate \$94,981 for an Administrative Assistant I position by reclassifying a vacant Environmental Health Specialist position in the Environmental Health Services (EHS) Division. Savings of \$6,973 from the reclassification will go to the EHS Division to be used for standby pay, overtime and callback pay.
- Additional funding in intermittent positions with an offset in overtime for a net impact of \$800.
- Shift a Public Health Nurse from Tuberculosis and Immunization to Sexual Health. No savings anticipated but will address the critical need for additional staff in the Sexual Health program. It was determined in the Cost Analysis report that there was capacity in Tuberculosis and Immunization to shift into other areas.
- Increase services and supplies by \$13,500 for a contract billing specialist.
- Increase employee training and development funds by \$10,500 for additional training associated with the new electronic health record system.

Environmental Health Services Division

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

Total program full-time equivalents:	42.91
Total FY 2017 Division Revenues:	\$2,902,711
Total FY 2017 Division Expenditures:	\$6,394,404

Note: \$179,590 of the unspent restricted funding from FY16 for the Solid Waste Management Program has been budgeted in FY17

FY17 Above base request:

- Shift \$94,981 from an Environmental Health Specialist position to Community and Clinical Health Services Division (CCHS) to be reclassified to an Administrative

Assistant I (also identified in the CCHS above base list). Balance of the position costs of \$6,973 will be used for standby, callback and overtime pay. Excess staffing capacity within EHS was identified in the Cost Analysis review as was the need for additional administrative support in CCHS.

- Reclassify an existing Environmental Health Specialist to a Senior Environmental Health Specialist and reclassify the three Plans, Permits, Application Aides to Office Support Specialists so as to expand the knowledge, skills and abilities required from the positions. The total cost is estimated at \$16,707.
- Increase standby pay, call back, overtime and additional intermittent hourly pay of \$59,500 required for program activities in EHS.
- Additional \$62,605 in accrued vacation and sick leave payouts are anticipated for retirements.
- Increase of \$21,365 in credit card fees and an increase of \$34,981 technology requirements due to the new regional permitting system going live.
- Additional \$6,500 in travel and training funds are required for the Food and Drug Administration training in the Food Protection program that was previously offered locally but will require travel in FY17.
- Additional \$26,000 for professional and contract services to assist with the programing requirements for the new regional permitting system and GPS units.
- Additional services and supplies of \$16,082 for operations due to the economic growth in the community and requirements to support a more efficient delivery of services.

Epidemiology and Public Health Preparedness

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

Total program full-time equivalents:	18.53
Total FY 2017 Division Revenues:	\$1,812,848
Total FY 2017 Division Expenditures:	\$2,546,046

Above base requests for FY17:

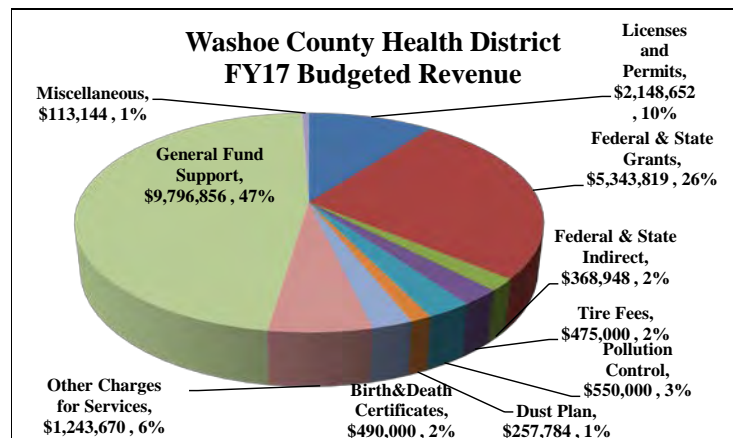
- Increase of \$2,606 for credit card fees.

Total Health Fund revenues are projected to be \$20,787,873 and the expenditures are budgeted at \$21,731,331 which is a \$943,458 structural deficit that will be funded with savings from this fiscal year and have been anticipated in the estimated year-end financials. The total full-time equivalents (FTEs) for the Health District are budgeted at 151.41, which is the existing authorized staffing level, one additional position in the ODHO for FY17 and the increase in FTEs due to an increase in intermittent/on-call funding from grants.

The \$20.8 million in revenues is a 7.2% increase over FY16 adopted budget and includes:

- **Licenses and Permits - \$2,148,652 which is up 56.5% over FY16**
 - Includes the anticipated increases in fees approved by the board in FY16.
 - Anticipates an increase in volume due to the economic growth in the community.
- **Grant funding - \$5,712,767 which is up 4.3% over FY16**
 - Increase is due to additional Ebola funding not included in FY16 adopted budget.
- **Restricted intergovernmental funding - \$1,025,000 which is up 0.6%, over FY16**
 - \$550,000 restricted for the Air Quality Management program (Pollution control NRS445B).
 - \$475,000 restricted for the Solid Waste Management program (Tire fees-NRS444A).
- **Charges for services - \$1,991,454, up 46.3% over FY16**
 - Includes the anticipated increases in fees approved by the board in FY16.
- **Miscellaneous Revenue - \$113,144, up 28.9% over FY16**
 - Includes an increase of \$35,000 from community support for the update on the Community Health Needs Assessment.
- **County General Fund Support - \$9,796,856, down \$280,000 from FY16**
 - Reduction is due to the portion of new fees associated with the County overhead charges.

FY17 Budgeted Revenue		
		% of Total Revenue
Birth&Death Certificates	\$ 490,000	2.4%
Dust Plan	257,784	1.2%
Federal & State Grants	5,343,819	25.7%
Federal & State Indirect	368,948	1.8%
General Fund Support	9,796,856	47.1%
Licenses and Permits	2,148,652	10.3%
Miscellaneous	113,144	0.5%
Other Charges for Services	1,243,670	6.0%
Pollution Control	550,000	2.6%
Tire Fees	475,000	2.3%
Total Revenue	\$ 20,787,873	100.0%



Total budgeted expenditures are \$21,731,331 which is an 8.2% increase over FY16 adopted budget and includes:

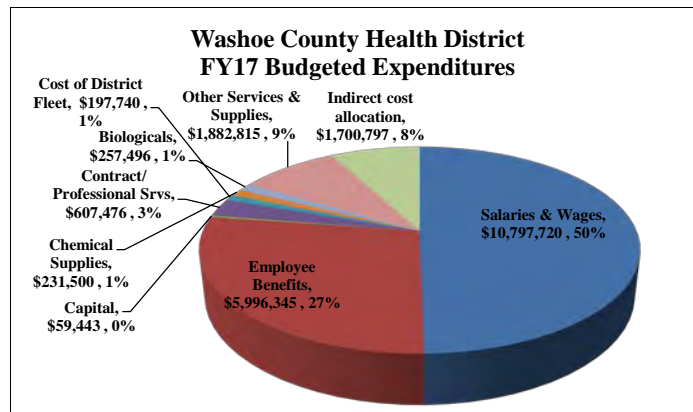
- **Salaries and Wages - \$10,797,720 up 3.0% over FY16**
 - 151.41 FTEs up from 150.01 budgeted in FY16 due to adjustments in the intermittent hourly & seasonal staff funding, elimination of positions due to loss of grant funding and an additional Program Coordinator position to support the Community Health Improvement plans.
 - Additional \$124,000 in intermittent hourly with \$117,000 of that in grant funding.
 - Includes employee merit increases for those not at the top of the pay range.

- **Employee Benefits - \$5,996,345 up 29.5%** (excluding the reallocation of the Other Post-Employment Benefits the increase is 4.0%)
 - Assumes an increase of 6.0% in group insurance.
 - \$1,181,460 in Other Post-Employment Benefit (OPEB) costs that was previously included in service and supplies overhead charge.
 - Retirement held constant compared to FY16 at 28.00%.

- **Services and Supplies are budgeted at \$4,877,823 down 0.1% over FY16** (excluding OPEB from FY16 and the restricted funds not included in base budgets prior to FY17 the increase is 8.2%)
 - Includes the additional \$270,344 requests for funding offset by the anticipated increase in revenue.
 - Not previously included in the adopted budget is the balance of funding anticipated on the Tire and Pollution Control dedicated funds which are budgeted at \$688,337.

- **Capital - \$59,443 is down \$21,437 over FY16**
 - \$29,738 is budgeted for the FY17 cost of the Clinics electronic records system.
 - \$29,705 is budgeted for equipment related to air monitoring systems.

FY17 Budgeted Expenditures		
		% of Total Exp.
Salaries & Wages	\$ 10,797,720	49.7%
Employee Benefits	5,996,345	27.6%
Indirect cost allocation	1,700,797	7.8%
Biologicals	257,496	1.2%
Chemical Supplies	231,500	1.1%
Contract/ Professional Svcs	607,476	2.8%
Cost of District Fleet	197,740	0.9%
Other Services & Supplies	1,882,815	8.7%
Capital	59,443	0.3%
Total Expenditures	\$ 21,731,331	100.0%



With calculating in the anticipated opening fund balance from FY15 of \$2,268,506 and combining the anticipated resources and uses for both fiscal year 2016 and 2017 the ending fund balance for FY16 is projected to be \$1,989,185 which will be available for the budget in FY17 and includes the \$688,337 of dedicated funding re-budgeted for the solid waste management program and the air pollution program. The total resources and uses for FY17 are generating a fund balance of \$1,045,727 which is 4.8% of annual expenditures.

The detail of the sources and uses are as follows:

	Actual				ETC	Proposed
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 3,745,034	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185
Revenues:						
Licenses and Permits	984,267	1,179,756	1,406,086	1,410,276	1,413,708	2,148,652
Federal & State Grants	5,861,928	5,630,117	5,438,048	5,369,889	5,749,295	5,343,819
Federal & State Indirect Rev.	106,217	142,069	357,864	288,770	410,716	368,948
Tire Fees (NRS 444A.090)	513,800	432,642	314,136	446,463	468,548	475,000
Pollution Control (NRS445B.830)	313,965	314,903	634,731	541,626	558,086	550,000
Dust Plan	141,672	123,364	147,678	187,763	240,000	257,784
Birth & Death Certificates	439,910	476,829	457,596	465,052	500,000	490,000
Other Charges for Services	684,167	714,058	734,285	744,250	812,299	1,243,670
Miscellaneous	52,432	73,204	172,819	58,286	78,714	113,144
Total Revenues	9,098,358	9,086,942	9,663,243	9,512,374	10,231,365	10,991,017
General Fund (GF) transfer-Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772	2,053,772
Total General Fund transfer	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856
Total Sources of Funds	20,094,242	21,626,875	21,078,599	21,668,365	22,576,727	22,777,057
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,525,698	9,458,939	9,169,680	9,826,174	9,953,764	10,367,158
Intermittent Hourly Positions	335,390	344,928	421,427	360,460	435,263	430,562
Group Insurance	1,334,706	1,336,381	1,307,483	1,430,834	1,566,651	1,741,217
OPEB Contribution (1)	-	-	-	-	-	1,181,460
Retirement	2,205,442	2,189,491	2,310,772	2,435,635	2,690,883	2,847,521
Other Employee Benefits	205,137	268,263	211,142	222,327	208,418	226,146
Contract/Professional Svcs	557,610	713,360	809,059	608,663	791,528	607,476
Chemical Supplies (Vector only)	265,304	231,490	231,398	231,437	249,309	231,500
Biologicals	180,620	226,789	247,975	211,580	259,529	257,496
Fleet Management billings	176,468	136,051	161,263	180,112	223,026	197,740
Outpatient	90,911	85,670	79,036	77,527	98,155	103,385
Property & Liability billings	77,036	80,283	74,502	74,503	75,992	76,093
Other Services and Supplies	907,948	977,769	854,241	974,021	1,208,878	1,703,337
Indirect cost allocation	-	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797
Capital	315,930	212,624	146,788	25,527	30,265	59,443
Total Uses of Funds	16,178,200	18,815,411	18,922,800	19,399,859	20,587,542	21,731,331
Net Change in Fund Balance	171,008	(1,104,577)	(655,666)	112,707	(279,321)	(943,458)
Ending Fund Balance (FB)	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727
FB as a percent of Uses of Funds	24.2%	14.9%	11.4%	11.7%	9.7%	4.8%
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17						

Three year projection

The revenues are projected to be greater than the expenditures by \$317,599 starting in FY18 which is the first year of the full implementation of the fee increases and the additional reduction in County General Fund overhead subsidy of \$280,000. The positive net change in fund balance is projected into FY19 but declines in FY20 with a small net change in fund balance of negative \$18,885 given that expenditures are anticipated to increase faster than the revenue sources in FY20. The details are as follows:

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%

(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17



Next Steps

- **February, 2016**
 - Recommended FY17 Budget due to the County

- **March, 2016**
 - District Health Officer delivers FY17 budget to County and City Managers
 - DBOH update on the Managers meeting for FY17 Budget

- **April, 2016**
 - If required, budget presentation to the Board of County Commissioners (BCC)

- **May, 2016**
 - May 10, BCC meeting, County Manager’s recommendations for FY17 budget, General Fund support should be finalized
 - May 16, BCC Public Hearing and possible adoption of the FY17 Budget

- **June, 2016**
 - June 1, Final Budget due to the Department of Taxation

FISCAL IMPACT

Approval of the proposed FY17 recommended budget will provide an expenditure budget of \$21,731,331. Resources include \$10,991,017 in Health District revenues, \$9,796,856 in a transfer from the County General Fund, and \$1,989,185 from unspent funding in FY16. With total resources at \$22,777,057 and the expenditures at \$21,731,331 the fund balance anticipated for FY17 is \$1,045,727 which is 4.8% of the total expenditures.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Fiscal Year 2016-2017 Budget.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2017 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2017 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY17 Recommended Budget & Projections to FY20
 - Appendix B FY17 Recommended Budget
 - Appendix C History of Budgeted Full-time equivalents (FTEs)
 - Appendix D Health District Organization Chart

**Washoe County Health District Fund
History, Current Estimates, FY17 Recommended Budget and Projections to FY20**

Table of Contents

Division	Program	Appendix A Page Number
	Health District Fund Summary	1
ADMINISTRATION		
	Office of the District Health Officer	2
	Administrative Health Services Division	2
AIR QUALITY MANAGEMENT DIVISION		
	Air Quality Division	3
COMMUNITY & CLINICAL HEALTH SERVICES DIVISION		
	Chronic Disease Prevention	4
	Community & Clinical Health	4
	Family Planning	5
	Immunizations	5
	Maternal, Child, & Adolescent Health	6
	Sexual Health - HIV	6
	Sexual Health - STD	7
	Tuberculosis	7
	Women, Infants and Children	8
ENVIRONMENTAL HEALTH SERVICES DIVISION		
	Environmental Health Services	9
	Food Protection	9
	Safe Drinking Water	10
	Solid Waste Management	10
	Underground Storage Tanks	11
	Vector Borne Diseases	11
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS DIVISION		
	Emergency Medical Services	13
	Epidemiology Surveillance	13
	Public Health Preparedness	14
	Vital Statistics	15

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:									
SOURCES OF FUNDS:									
Opening Fund Balance	\$ 3,745,034	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:									
Licenses and Permits	984,267	1,179,756	1,406,086	1,410,276	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,861,928	5,630,117	5,438,048	5,369,889	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	106,217	142,069	357,864	288,770	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	513,800	432,642	314,136	446,463	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	313,965	314,903	634,731	541,626	558,086	550,000	561,000	572,220	583,664
Dust Plan	141,672	123,364	147,678	187,763	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	439,910	476,829	457,596	465,052	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	684,167	714,058	734,285	744,250	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	52,432	73,204	172,819	58,286	78,714	113,144	79,309	80,499	81,724
Total Revenues	9,098,358	9,086,942	9,663,243	9,512,374	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	20,094,242	21,626,875	21,078,599	21,668,365	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:									
Expenditures:									
Salaries & Wages	9,525,698	9,458,939	9,169,680	9,826,174	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	335,390	344,928	421,427	360,460	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,334,706	1,336,381	1,307,483	1,430,834	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	-	-	-	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,205,442	2,189,491	2,310,772	2,435,635	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	205,137	268,263	211,142	222,327	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	557,610	713,360	809,059	608,663	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	265,304	231,490	231,398	231,437	249,309	231,500	231,500	231,500	231,500
Biologicals	180,620	226,789	247,975	211,580	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	176,468	136,051	161,263	180,112	223,026	197,740	213,361	230,217	248,404
Outpatient	90,911	85,670	79,036	77,527	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	77,036	80,283	74,502	74,503	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	907,948	977,769	854,241	974,021	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	-	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	315,930	212,624	146,788	25,527	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	16,178,200	18,815,411	18,922,800	19,399,859	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	171,008	(1,104,577)	(655,666)	112,707	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	24.2%	14.9%	11.4%	11.7%	9.7%	4.8%	6.3%	6.9%	6.7%
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
Revenue and Expenditures by Program:									
<i>Office of the District Health Officer (Opened July 1, 2014)</i>									
Revenues:									
Miscellaneous	-	-	-	-	-	35,000	-	-	-
Sub-total Revenues	-	-	-	-	-	35,000	-	-	-
Expenditures:									
Salaries & Wages	-	-	-	281,710	326,868	471,083	480,034	489,154	498,448
Intermittent Hourly Positions	-	-	-	-	7,200	7,200	-	-	-
Group Insurance	-	-	-	29,921	40,570	64,027	67,869	71,941	76,257
OPEB Contribution (1)	-	-	-	-	-	43,491	44,361	45,249	46,153
Retirement	-	-	-	72,212	90,990	148,599	151,422	154,299	157,231
Other Employee Benefits	-	-	-	3,994	6,656	8,019	8,179	8,343	8,510
Contract/Professional Svcs	-	-	-	15,189	109,779	103,196	13,196	13,196	13,196
Property & Liability billings	-	-	-	-	1,682	1,682	1,716	1,750	1,785
Other Services and Supplies	-	-	-	9,998	27,859	86,319	82,911	84,569	86,260
Indirect cost allocation	-	-	-	68,863	76,246	46,382	47,310	48,256	49,221
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	\$ -	\$ -	\$ -	\$ 481,886	\$ 687,849	\$ 979,998	\$ 896,997	\$ 916,756	\$ 937,062
Revenues Less Expenditures	\$ -	\$ -	\$ -	\$ (481,886)	\$ (687,849)	\$ (944,998)	\$ (896,997)	\$ (916,756)	\$ (937,062)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
(2) Contract/Professional Services for FY16 & FY 17 includes the special funding available due to Ebola/Public Health Preparedness grants. Funding eliminated in FY18.									
<i>Administrative Health Services Division</i>									
Revenues:									
Other Charges for Services	8	5	-	-	-	-	-	-	-
Miscellaneous	-	33,448	87,930	151	111	-	-	-	-
Sub-total Revenues	8	33,453	87,930	151	111	-	-	-	-
Expenditures:									
Salaries & Wages	816,336	827,959	792,486	707,651	649,880	661,497	674,066	686,873	699,924
Group Insurance	92,965	91,261	87,983	84,388	95,743	99,054	104,998	111,297	117,975
OPEB Contribution (1)	-	-	-	-	-	81,163	82,787	84,442	86,131
Retirement	192,029	187,127	200,852	161,834	180,743	184,659	188,738	192,324	195,979
Other Employee Benefits	18,765	74,403	17,590	17,080	10,449	14,351	14,638	14,931	15,229
Contract/Professional Svcs	30,575	80,786	115,940	13,426	3,362	3,000	3,000	3,000	3,000
Fleet Management billings	1,684	-	-	-	-	-	-	-	-
Property & Liability billings	7,005	6,383	5,772	5,772	4,205	4,205	4,289	4,375	4,463
Other Services and Supplies	42,971	37,487	27,301	48,035	18,872	87,135	87,179	87,222	87,266
Indirect cost allocation	-	61,135	88,816	58,383	54,375	33,078	33,739	34,414	35,102
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,202,329	1,366,542	1,336,740	1,096,568	1,017,629	1,168,144	1,193,434	1,218,880	1,245,069
Revenues Less Expenditures	\$ (1,202,321)	\$ (1,333,089)	\$ (1,248,810)	\$ (1,096,417)	\$ (1,017,518)	\$ (1,168,144)	\$ (1,193,434)	\$ (1,218,880)	\$ (1,245,069)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<i>Air Quality Management Program</i>									
Revenues:									
Licenses and Permits	336,462	456,430	532,135	526,224	536,708	608,864	663,123	679,701	696,693
Federal & State Grants	914,623	891,875	832,542	794,723	713,330	698,351	712,762	729,020	745,817
Federal & State Indirect Rev.	22,844	27,309	63,334	32,189	31,542	31,542	32,193	32,927	33,686
Pollution Control (NRS445B.830)	313,965	314,903	634,731	541,626	558,086	550,000	561,000	572,220	583,664
Dust Plan	141,672	123,364	147,678	187,763	240,000	257,784	333,330	339,997	346,797
Other Charges for Services	236,353	254,802	280,536	344,790	346,902	536,644	766,518	785,681	805,323
Miscellaneous	573	15	80	156	-	-	-	-	-
Sub-total Revenues	1,966,492	2,068,697	2,491,036	2,427,471	2,426,568	2,683,185	3,068,925	3,139,546	3,211,980
Expenditures:									
Salaries & Wages	1,171,561	1,248,223	1,239,932	1,334,790	1,380,271	1,397,639	1,424,194	1,451,254	1,478,828
Intermittent Hourly Positions	10,358	9,421	6,449	9,044	8,978	11,000	11,000	11,000	11,000
Group Insurance	145,207	162,975	174,644	200,574	216,290	227,368	241,010	255,470	270,799
OPEB Contribution (1)	-	-	-	-	-	171,961	175,400	178,908	182,486
Retirement	260,239	294,714	306,953	339,148	374,031	390,943	398,774	406,351	414,072
Other Employee Benefits	25,541	26,948	27,355	29,144	19,811	30,267	30,873	31,490	32,120
Contract/Professional Srvs	36,137	156,119	133,892	175,510	104,479	77,000	77,000	77,000	77,000
Fleet Management billings	38,365	31,240	37,917	33,902	40,536	41,970	45,286	48,863	52,723
Property & Liability billings	9,247	9,525	9,322	9,322	9,508	9,508	9,698	9,892	10,090
Other Services and Supplies	106,556	146,638	114,476	101,275	201,338	669,225	160,558	160,638	160,719
Indirect cost allocation	-	332,303	353,791	336,921	352,173	214,235	218,519	222,890	227,347
Capital	152,587	211,274	119,972	17,566	-	29,705	30,299	30,905	31,523
Sub-total Expenditures	1,955,798	2,629,381	2,524,703	2,587,196	2,707,415	3,270,820	2,822,612	2,884,662	2,948,707
Revenues Less Expenditures	\$ 10,694	\$ (560,684)	\$ (33,667)	\$ (159,725)	\$ (280,847)	\$ (587,635)	\$ 246,314	\$ 254,883	\$ 263,273
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
(2) FY16 & F17 the "other services and supplies" includes the prior year unspent restricted funding for pollution control.									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<u>Chronic Disease Prevention</u>									
Revenues:									
Federal & State Grants	182,111	113,678	254,348	301,412	294,535	294,639	300,719	307,579	314,665
Federal & State Indirect Rev.	-	-	12,834	14,152	16,823	17,338	17,696	18,099	18,516
Sub-total Revenues	182,111	113,678	267,182	315,564	311,359	311,977	318,415	325,678	333,182
Expenditures:									
Salaries & Wages	147,499	152,507	120,985	170,552	179,954	187,672	191,238	194,871	198,574
Intermittent Hourly Positions	-	-	27,184	27,331	55,479	55,479	55,479	55,479	55,479
Group Insurance	27,136	27,751	16,758	24,111	27,836	37,970	40,248	42,663	45,223
OPEB Contribution (1)	-	-	-	-	-	23,139	23,602	24,074	24,555
Retirement	33,921	36,218	27,571	43,147	50,003	52,548	53,547	54,564	55,601
Other Employee Benefits	3,408	3,248	3,053	3,645	4,055	3,505	3,576	3,647	3,720
Contract/Professional Svcs	86,450	40,431	185,753	68,696	144,913	141,720	141,720	141,720	141,720
Property & Liability billings	2,396	1,473	1,178	1,178	1,202	1,202	1,226	1,251	1,276
Other Services and Supplies	24,860	8,028	10,805	117,841	24,023	24,722	24,734	24,746	24,759
Indirect cost allocation	-	-	-	58,114	60,345	36,709	37,443	38,192	38,956
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	325,669	269,657	393,287	514,616	547,810	564,665	572,811	581,206	589,861
Revenues Less Expenditures	\$ (143,558)	\$ (155,980)	\$ (126,105)	\$ (199,052)	\$ (236,451)	\$ (252,688)	\$ (254,396)	\$ (255,528)	\$ (256,679)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Community & Clinical Health</u>									
Revenues:									
Other Charges for Services	3,959	1,387	540	-	-	-	-	-	-
Miscellaneous	4,581	1,305	15	-	-	-	-	-	-
Sub-total Revenues	8,540	2,692	555	-	-	-	-	-	-
Expenditures:									
Salaries & Wages	195,303	169,560	179,916	118,376	126,985	197,939	201,700	205,532	209,437
Group Insurance	16,029	20,477	20,297	11,591	13,500	23,755	25,180	26,691	28,293
OPEB Contribution (1)	-	-	-	-	-	16,738	17,073	17,414	17,762
Retirement	43,852	39,990	46,068	30,109	35,317	57,140	56,476	57,549	58,642
Other Employee Benefits	3,550	3,545	3,456	2,622	2,732	2,934	2,993	3,053	3,114
Contract/Professional Svcs	10,585	1,555	836	28,420	10,237	33,875	33,875	33,875	33,875
Fleet Management billings	-	1,724	2,217	3,237	3,905	5,721	6,173	6,661	7,187
Property & Liability billings	817	1,350	842	842	859	859	876	893	911
Other Services and Supplies	8,841	5,104	22,707	8,009	10,359	13,025	13,031	13,038	13,044
Indirect cost allocation	-	796,170	1,170,065	30,212	32,461	19,747	20,142	20,545	20,956
Capital	-	-	23,948	-	30,265	29,738	29,738	29,738	29,738
Sub-total Expenditures	278,978	1,039,476	1,470,351	233,417	266,621	401,471	407,257	414,989	422,960
Revenues Less Expenditures	\$ (270,439)	\$ (1,036,784)	\$ (1,469,796)	\$ (233,417)	\$ (266,621)	\$ (401,471)	\$ (407,257)	\$ (414,989)	\$ (422,960)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<u>Family Planning</u>									
Revenues:									
Federal & State Grants	904,151	859,328	785,268	783,065	779,988	780,688	796,798	814,973	833,750
Federal & State Indirect Rev.	-	-	18,637	20,388	23,312	23,312	23,793	24,336	24,896
Other Charges for Services	34,414	27,454	34,370	34,024	55,767	58,700	61,400	64,040	66,794
Miscellaneous	26,318	22,601	24,230	19,122	18,000	15,000	15,000	15,000	15,000
Sub-total Revenues	964,883	909,383	862,505	856,599	877,067	877,700	896,991	918,349	940,441
Expenditures:									
Salaries & Wages	524,453	456,050	417,338	472,963	450,364	459,865	468,603	477,506	486,579
Intermittent Hourly Positions	55,667	80,619	101,970	49,087	58,262	58,961	58,961	58,961	58,961
Group Insurance	82,689	80,850	73,609	87,517	98,823	102,230	108,364	114,866	121,758
OPEB Contribution (1)	-	-	-	-	-	36,734	37,469	38,218	38,982
Retirement	123,709	108,016	106,676	113,797	125,272	127,232	131,209	133,702	136,242
Other Employee Benefits	10,817	11,415	11,607	11,909	11,927	13,030	13,290	13,556	13,827
Contract/Professional Svcs	31,689	23,098	24,967	18,387	22,884	22,432	22,432	22,432	22,432
Biologicals	102,412	159,047	129,887	110,025	105,796	97,435	97,435	97,435	97,435
Outpatient	23,961	15,043	15,424	19,006	20,000	20,000	20,000	20,000	20,000
Property & Liability billings	3,993	4,910	4,661	4,661	4,754	4,754	4,849	4,946	5,045
Other Services and Supplies	61,273	50,417	53,703	45,952	39,744	39,891	39,911	39,931	39,951
Indirect cost allocation	-	-	-	162,586	158,843	96,628	98,560	100,531	102,542
Capital	17,467	1,350	2,869	-	-	-	-	-	-
Sub-total Expenditures	1,038,129	990,814	942,710	1,095,889	1,096,668	1,079,193	1,101,083	1,122,085	1,143,755
Revenues Less Expenditures	\$ (73,246)	\$ (81,431)	\$ (80,205)	\$ (239,290)	\$ (219,601)	\$ (201,493)	\$ (204,092)	\$ (203,736)	\$ (203,314)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Immunizations</u>									
Revenues:									
Federal & State Grants	337,135	273,950	279,687	305,244	297,462	301,405	307,625	314,642	321,891
Federal & State Indirect Rev.	11,778	14,069	25,601	39,707	38,753	39,182	39,991	40,903	41,845
Other Charges for Services	143,428	97,428	160,125	120,674	126,374	137,423	143,744	149,925	156,372
Miscellaneous	14,105	12,878	8,490	4,394	7,619	6,294	6,294	6,294	6,294
Sub-total Revenues	506,446	398,325	473,903	470,019	470,208	484,304	497,654	511,764	526,402
Expenditures:									
Salaries & Wages	619,365	596,496	600,842	655,438	644,374	649,304	661,641	674,212	687,022
Intermittent Hourly Positions	68,365	64,940	77,773	67,491	72,011	74,041	74,041	74,041	74,041
Group Insurance	91,921	94,011	93,382	110,036	115,287	134,701	142,783	151,350	160,431
OPEB Contribution (1)	-	-	-	-	-	75,357	76,864	78,401	79,969
Retirement	145,996	139,986	149,346	166,604	176,864	168,719	185,259	188,779	192,366
Other Employee Benefits	10,430	14,498	14,210	15,620	15,203	15,021	15,322	15,628	15,941
Contract/Professional Svcs	13,103	21,149	25,476	18,129	10,907	19,262	19,262	19,262	19,262
Biologicals	64,542	59,228	113,315	100,332	140,746	149,549	149,549	149,549	149,549
Property & Liability billings	3,736	5,696	5,243	5,243	5,348	5,348	5,455	5,564	5,675
Other Services and Supplies	72,033	38,299	48,530	41,501	59,272	54,158	54,185	54,212	54,239
Indirect cost allocation	-	-	-	222,721	214,972	130,772	133,387	136,055	138,776
Sub-total Expenditures	1,089,491	1,034,302	1,128,117	1,403,113	1,454,984	1,476,233	1,517,749	1,547,055	1,577,273
Revenues Less Expenditures	\$ (583,046)	\$ (635,977)	\$ (654,215)	\$ (933,094)	\$ (984,776)	\$ (991,929)	\$ (1,020,095)	\$ (1,035,291)	\$ (1,050,870)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<u>Maternal, Child & Adolescent Health</u>									
Revenues:									
Federal & State Grants	58,117	63,622	52,856	52,894	53,401	53,401	54,503	55,746	57,030
Federal & State Indirect Rev.	-	-	5,141	5,106	5,181	5,181	5,288	5,409	5,533
Sub-total Revenues	58,117	63,622	57,997	58,000	58,582	58,582	59,791	61,154	62,563
Expenditures:									
Salaries & Wages	305,367	288,642	244,488	105,474	96,857	98,552	100,424	102,332	104,277
Intermittent Hourly Positions	-	102	274	-	-	-	-	-	-
Group Insurance	33,835	40,316	29,566	18,965	16,879	16,967	17,985	19,064	20,207
OPEB Contribution (1)	-	-	-	-	-	10,283	10,489	10,698	10,912
Retirement	72,632	68,539	62,606	26,203	26,969	27,595	28,119	28,653	29,197
Other Employee Benefits	5,786	5,943	5,806	4,679	4,644	4,403	4,491	4,581	4,673
Contract/Professional Svcs	312	1,759	3,114	468	468	468	468	468	468
Biologicals	219	389	222	224	100	100	100	100	100
Property & Liability billings	2,148	2,259	2,285	2,285	2,330	2,330	2,377	2,425	2,473
Other Services and Supplies	11,918	11,892	10,871	4,483	5,455	9,831	9,836	9,841	9,846
Indirect cost allocation	-	-	-	30,032	29,711	18,074	18,435	18,804	19,180
Sub-total Expenditures	432,216	419,840	359,233	192,813	183,413	188,603	192,724	196,966	201,334
Revenues Less Expenditures	\$ (374,099)	\$ (356,218)	\$ (301,236)	\$ (134,813)	\$ (124,831)	\$ (130,021)	\$ (132,933)	\$ (135,812)	\$ (138,770)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Sexual Health - HIV</u>									
Revenues:									
Federal & State Grants	609,084	509,749	425,231	418,438	444,247	416,954	425,558	435,265	445,294
Federal & State Indirect Rev.	-	14,013	26,706	31,651	46,606	46,809	47,775	48,865	49,991
Sub-total Revenues	609,084	523,762	451,937	450,088	490,854	463,763	473,333	484,130	495,284
Expenditures:									
Salaries & Wages	307,779	247,038	229,660	206,446	202,669	196,102	199,827	203,624	207,493
Intermittent Hourly Positions	15,743	21,082	23,097	22,403	27,487	27,758	27,758	27,758	27,758
Group Insurance	37,156	30,258	30,678	25,865	32,341	37,810	40,078	42,483	45,032
OPEB Contribution (1)	-	-	-	-	-	24,326	24,812	25,308	25,814
Retirement	72,681	49,751	58,982	52,209	55,953	54,908	55,952	57,015	58,098
Other Employee Benefits	6,378	5,716	5,854	4,573	4,406	4,070	4,151	4,234	4,319
Contract/Professional Svcs	102,459	26,416	29,400	1,000	114	29,572	29,572	29,572	29,572
Outpatient	24,443	31,215	14,649	9,699	26,219	26,052	26,052	26,052	26,052
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	42,445	98,274	33,150	96,259	95,059	40,682	45,018	46,651	48,360
Indirect cost allocation	-	-	-	69,992	73,516	44,722	45,616	46,528	47,459
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	609,083	509,750	425,470	488,448	517,764	486,002	498,837	509,227	519,958
Revenues Less Expenditures	\$ 0	\$ 14,013	\$ 26,467	\$ (38,360)	\$ (26,910)	\$ (22,238)	\$ (25,504)	\$ (25,097)	\$ (24,673)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<u>Sexual Health - STD</u>									
Revenues:									
Federal & State Grants	119,391	116,925	94,019	123,868	118,190	118,383	120,826	123,582	126,429
Federal & State Indirect Rev.	-	4,086	7,525	11,691	11,266	11,246	11,478	11,740	12,010
Other Charges for Services	22,310	20,880	17,015	16,335	26,700	26,700	27,928	29,129	30,382
Miscellaneous	4,003	2,376	3,067	3,433	2,857	2,857	2,857	2,857	2,857
Sub-total Revenues	145,704	144,267	121,626	155,327	159,013	159,186	163,089	167,308	171,678
Expenditures:									
Salaries & Wages	352,951	332,324	267,808	414,082	474,801	547,615	558,020	568,622	579,426
Intermittent Hourly Positions	12,344	15,196	25,123	21,433	22,000	22,000	22,000	22,000	22,000
Group Insurance	40,862	48,950	40,020	61,414	71,787	82,717	87,680	92,941	98,517
OPEB Contribution (1)	-	-	-	-	-	55,392	56,500	57,630	58,782
Retirement	82,899	77,832	68,919	105,300	127,686	162,642	156,246	159,214	162,239
Other Employee Benefits	9,521	7,612	7,127	8,550	9,203	9,656	9,850	10,047	10,248
Contract/Professional Svcs	19,659	18,913	14,911	17,441	18,750	18,250	18,250	18,250	18,250
Biologicals	3,387	2,197	614	3,512	3,000	3,000	3,000	3,000	3,000
Outpatient	30,656	29,050	37,079	38,711	36,801	42,198	42,198	42,198	42,198
Property & Liability billings	6,445	4,812	4,930	4,930	5,029	5,129	5,232	5,337	5,443
Other Services and Supplies	20,228	13,116	24,220	19,607	18,926	17,407	17,416	17,424	17,433
Indirect cost allocation	-	-	-	131,548	142,778	86,855	88,592	90,364	92,171
Sub-total Expenditures	578,952	550,002	490,752	826,529	930,761	1,052,862	1,064,983	1,087,027	1,109,709
Revenues Less Expenditures	\$ (433,248)	\$ (405,736)	\$ (369,126)	\$ (671,202)	\$ (771,748)	\$ (893,676)	\$ (901,894)	\$ (919,719)	\$ (938,030)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Tuberculosis</u>									
Revenues:									
Federal & State Grants	71,244	73,477	85,939	103,793	97,970	97,970	99,992	102,273	104,629
Federal & State Indirect Rev.	-	3,478	6,186	10,275	12,736	12,736	12,999	13,295	13,602
Other Charges for Services	4,878	4,624	4,298	4,844	8,580	8,580	8,975	9,361	9,763
Miscellaneous	33	11	57	60	21	50	50	50	50
Sub-total Revenues	76,155	81,590	96,479	118,972	119,307	119,336	122,015	124,978	128,044
Expenditures:									
Salaries & Wages	270,314	293,597	331,668	388,800	356,103	327,119	333,335	339,668	346,122
Intermittent Hourly Positions	44,494	16,771	17,721	12,021	15,123	15,123	15,123	15,123	15,123
Group Insurance	34,635	45,666	49,354	51,330	58,698	63,050	66,833	70,843	75,093
OPEB Contribution (1)	-	-	-	-	-	35,484	36,194	36,918	37,656
Retirement	63,932	69,692	84,409	89,828	99,117	86,199	93,334	95,107	96,914
Other Employee Benefits	5,761	6,600	7,117	8,205	7,643	7,630	7,782	7,938	8,097
Contract/Professional Svcs	21,196	21,317	18,072	19,609	22,294	21,294	21,294	21,294	21,294
Biologicals	9,777	5,928	2,547	(3,335)	9,650	7,150	7,150	7,150	7,150
Outpatient	10,652	7,928	10,306	8,886	12,835	12,835	12,835	12,835	12,835
Fleet Management billings	58	-	-	-	-	-	-	-	-
Property & Liability billings	2,242	2,651	2,165	2,165	2,208	2,208	2,252	2,297	2,343
Other Services and Supplies	14,658	16,861	18,061	28,423	25,738	29,825	29,840	29,855	29,870
Indirect cost allocation	-	-	-	115,204	113,624	69,120	70,502	71,912	73,351
Capital	-	-	-	7,961	-	-	-	-	-
Sub-total Expenditures	477,717	487,011	541,420	729,096	723,034	677,037	696,474	710,940	725,847
Revenues Less Expenditures	\$ (401,563)	\$ (405,421)	\$ (444,940)	\$ (610,125)	\$ (603,727)	\$ (557,701)	\$ (574,458)	\$ (585,961)	\$ (597,804)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<i>Women, Infants and Children</i>									
Revenues:									
Federal & State Grants	1,127,335	1,085,348	1,040,614	1,077,421	1,059,604	1,061,599	1,083,506	1,108,221	1,133,754
Federal & State Indirect Rev.	28,103	-	15,303	18,956	25,596	20,826	21,256	21,741	22,242
Miscellaneous	-	-	-	-	700	-	-	-	-
Sub-total Revenues	1,155,439	1,085,348	1,055,916	1,096,377	1,085,900	1,082,425	1,104,761	1,129,961	1,155,996
Expenditures:									
Salaries & Wages	756,028	783,722	740,804	756,501	689,562	725,702	739,491	753,541	767,858
Intermittent Hourly Positions	12,925	13,420	13,350	11,293	22,740	13,000	13,000	13,000	13,000
Group Insurance	159,243	158,086	158,855	159,713	155,028	183,761	194,786	206,474	218,862
OPEB Contribution (1)	-	-	-	-	-	88,241	90,006	91,806	93,642
Retirement	178,616	184,801	190,005	190,959	189,496	203,198	207,057	210,991	215,000
Other Employee Benefits	17,844	18,571	17,998	18,652	17,771	17,502	17,852	18,209	18,573
Contract/Professional Svcs	1,240	732	26	1,567	48	280	280	280	280
Biologicals	-	-	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-	-	-
Fleet Management billings	260	-	-	-	-	-	-	-	-
Property & Liability billings	7,495	7,856	7,398	7,398	7,546	7,546	7,697	7,851	8,008
Other Services and Supplies	122,977	85,435	69,293	84,217	69,868	55,372	55,400	55,427	55,455
Indirect cost allocation	-	211,726	-	253,280	248,639	151,252	154,277	157,363	160,510
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,256,628	1,464,349	1,197,728	1,483,580	1,400,696	1,445,854	1,479,846	1,514,942	1,551,188
Revenues Less Expenditures	\$ (101,190)	\$ (379,001)	\$ (141,812)	\$ (387,204)	\$ (314,796)	\$ (363,429)	\$ (375,084)	\$ (384,980)	\$ (395,192)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<i>Environmental Health Services/Land Development</i>									
Revenues:									
Licenses and Permits	232,759	222,791	250,579	259,555	267,000	440,151	619,144	634,623	650,488
Other Charges for Services	166,777	208,704	129,987	128,327	169,101	309,861	378,783	388,252	397,959
Miscellaneous	-	525	28,386	1,341	-	-	-	-	-
Sub-total Revenues	399,536	432,020	408,953	389,223	436,101	750,012	997,927	1,022,875	1,048,447
Expenditures:									
Salaries & Wages	1,036,672	1,038,469	1,075,321	1,420,457	1,274,847	1,246,009	1,269,683	1,293,807	1,318,389
Intermittent Hourly Positions	8,974	7,205	19,740	26,708	33,000	35,000	35,000	35,000	35,000
Group Insurance	147,519	133,065	155,552	198,203	171,839	178,595	189,311	200,669	212,710
OPEB Contribution (1)	-	-	-	-	-	131,922	134,560	137,252	139,997
Retirement	234,661	226,432	277,875	352,189	338,880	305,386	355,511	362,266	369,149
Other Employee Benefits	20,744	22,105	22,840	28,208	25,890	26,990	27,530	28,081	28,642
Contract/Professional Svcs	5,262	2,278	8,874	19,971	17,268	26,048	26,048	26,048	26,048
Fleet Management billings	38,642	30,461	26,823	28,678	43,256	34,366	37,081	40,010	43,171
Property & Liability billings	8,406	8,543	7,965	8,783	8,959	8,959	9,138	9,321	9,507
Other Services and Supplies	51,110	62,884	55,832	60,143	105,080	158,838	158,918	158,997	159,077
Indirect cost allocation	-	841,746	896,927	364,793	289,291	175,982	179,502	183,092	186,754
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,551,990	2,373,186	2,547,749	2,508,133	2,308,310	2,328,095	2,422,282	2,474,543	2,528,444
Revenues Less Expenditures	\$ (1,152,454)	\$ (1,941,166)	\$ (2,138,796)	\$ (2,118,910)	\$ (1,872,209)	\$ (1,578,083)	\$ (1,424,355)	\$ (1,451,668)	\$ (1,479,997)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<i>Food Program</i>									
Revenues:									
Licenses and Permits	372,425	451,114	565,818	570,704	561,000	1,029,540	1,530,859	1,569,130	1,608,358
Federal & State Grants	-	11,332	41,852	130,713	65,273	63,000	64,300	65,767	67,282
Federal & State Indirect Rev.	-	1,133	4,185	13,071	6,300	6,300	6,430	6,577	6,728
Other Charges for Services	40,264	49,334	44,433	41,150	25,000	56,150	82,433	84,494	86,606
Miscellaneous	2,620	-	2,500	-	-	-	-	-	-
Sub-total Revenues	415,309	512,913	658,788	755,638	657,573	1,154,990	1,684,022	1,725,968	1,768,975
Expenditures:									
Salaries & Wages	1,055,700	1,111,450	1,002,042	833,879	903,507	1,038,011	1,057,733	1,077,830	1,098,309
Intermittent Hourly Positions	49,056	49,741	36,664	24,788	34,784	41,800	41,800	41,800	41,800
Group Insurance	167,182	159,026	135,822	112,864	141,374	159,044	168,586	178,702	189,424
OPEB Contribution (1)	-	-	-	-	-	124,297	126,783	129,319	131,905
Retirement	247,956	261,423	247,974	200,491	232,907	278,605	296,165	301,792	307,527
Other Employee Benefits	23,654	24,281	22,240	20,200	20,711	21,796	22,232	22,677	23,130
Contract/Professional Svcs	-	-	33,788	80,664	17,000	17,000	17,000	17,000	17,000
Fleet Management billings	35,595	29,860	39,953	45,784	55,365	41,518	44,798	48,337	52,155
Property & Liability billings	8,593	8,543	7,335	7,335	7,482	7,482	7,632	7,784	7,940
Other Services and Supplies	15,287	12,052	17,738	48,199	46,708	72,067	72,103	72,139	72,175
Indirect cost allocation	-	-	-	277,930	347,192	211,204	215,429	219,737	224,132
Sub-total Expenditures	1,603,022	1,656,376	1,543,555	1,652,135	1,807,030	2,012,824	2,070,260	2,117,116	2,165,496
Revenues Less Expenditures	\$ (1,187,713)	\$ (1,143,463)	\$ (884,766)	\$ (896,497)	\$ (1,149,457)	\$ (857,834)	\$ (386,238)	\$ (391,149)	\$ (396,521)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC FY 2015- 2016	Proposed FY 2016- 2017	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015			FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<u>Safe Drinking Water</u>									
Revenues:									
Licenses and Permits	4,122	5,336	10,051	14,364	14,000	21,850	22,462	23,023	23,599
Federal & State Grants	79,098	90,000	81,230	81,230	114,305	114,305	116,664	119,325	122,074
Federal & State Indirect Rev.	10,902	-	8,770	8,770	10,695	10,695	10,916	11,165	11,422
Other Charges for Services	-	-	-	377	500	500	514	527	540
Sub-total Revenues	94,122	95,336	100,051	104,741	139,500	147,350	150,555	154,040	157,635
Expenditures:									
Salaries & Wages	95,090	95,997	60,441	70,022	97,981	68,488	69,789	71,115	72,466
Intermittent Hourly Positions	6,250	-	-	-	-	-	-	-	-
Group Insurance	8,432	12,774	8,639	10,562	10,962	10,292	10,910	11,564	12,258
OPEB Contribution (1)	-	-	-	-	-	5,809	5,925	6,044	6,165
Retirement	19,655	23,195	13,656	16,033	17,973	18,617	19,541	19,912	20,291
Other Employee Benefits	3,218	2,330	1,862	965	1,056	1,052	1,073	1,094	1,116
Contract/Professional Svcs	12	-	-	-	124	124	124	124	124
Fleet Management billings	3,107	2,893	5,411	5,248	-	-	-	-	-
Property & Liability billings	1,868	982	818	-	-	-	-	-	-
Other Services and Supplies	362	1,688	2,487	2,777	4,409	16,257	16,265	16,274	16,282
Indirect cost allocation	-	-	-	20,027	25,784	15,685	15,998	16,318	16,645
Sub-total Expenditures	137,996	139,859	93,313	125,635	158,288	136,324	139,626	142,445	145,346
Revenues Less Expenditures	\$ (43,874)	\$ (44,523)	\$ 6,738	\$ (20,894)	\$ (18,788)	\$ 11,026	\$ 10,930	\$ 11,594	\$ 12,289
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Solid Waste Management</u>									
Revenues:									
Licenses and Permits	38,499	44,085	47,503	39,429	35,000	48,247	66,203	67,859	69,555
Tire Fees (NRS 444A.090)	513,800	432,642	314,136	446,463	468,548	475,000	469,618	479,431	489,575
Other Charges for Services	33	344	357	29	-	-	-	-	-
Miscellaneous	-	45	18,064	1,076	500	-	-	-	-
Sub-total Revenues	552,331	477,116	380,060	486,997	504,048	523,247	535,822	547,289	559,130
Expenditures:									
Salaries & Wages	282,555	268,091	277,111	249,081	297,631	362,193	267,175	272,251	277,424
Intermittent Hourly Positions	-	-	-	12,605	20,000	11,000	11,000	11,000	11,000
Group Insurance	43,596	38,611	40,334	38,833	48,690	58,820	62,349	66,090	70,056
OPEB Contribution (1)	-	-	-	-	-	42,353	43,200	44,064	44,945
Retirement	67,215	61,258	70,034	61,316	80,924	98,614	74,809	76,230	77,679
Other Employee Benefits	4,774	6,432	6,969	6,466	6,955	7,813	7,970	8,129	8,292
Contract/Professional Svcs	8,084	981	13,908	62,500	125,000	25,000	5,395	5,821	6,281
Fleet Management billings	12,774	12,261	13,144	13,165	17,237	7,711	8,320	8,977	9,687
Property & Liability billings	1,868	3,437	3,367	3,367	3,434	3,434	3,503	3,573	3,644
Other Services and Supplies	37,814	77,277	69,751	25,197	121,777	85,290	57,698	57,727	57,756
Indirect cost allocation	-	-	36,349	43,982	97,953	59,587	60,779	61,994	63,234
Sub-total Expenditures	458,680	468,347	530,966	516,512	819,601	761,816	602,197	615,857	629,997
Revenues Less Expenditures	\$ 93,651	\$ 8,769	\$ (150,907)	\$ (29,516)	\$ (315,553)	\$ (238,569)	\$ (66,376)	\$ (68,568)	\$ (70,867)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
(2) FY16 & F17 the "other services and supplies" includes the prior year unspent restricted funding for the solid waste management program.									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<u>Underground Storage Tanks</u>									
Revenues:									
Licenses and Permits	-	-	-	-	-	-	-	-	-
Federal & State Grants	187,000	187,000	226,007	208,236	208,236	208,236	212,533	217,381	222,390
Federal & State Indirect Rev.	-	-	15,993	9,764	9,764	9,764	9,965	10,192	10,427
Other Charges for Services	-	-	-	-	10,000	26,270	37,561	38,500	39,462
Sub-total Revenues	187,000	187,000	242,000	218,000	228,000	244,270	260,059	266,073	272,279
Expenditures:									
Salaries & Wages	131,652	133,120	138,290	143,565	148,915	136,744	139,342	140,266	142,931
Group Insurance	18,018	17,815	18,192	20,703	19,678	20,677	21,918	23,233	24,627
OPEB Contribution (1)	-	-	-	-	-	16,106	16,428	16,757	17,092
Retirement	31,082	31,655	34,884	37,046	37,562	36,790	39,016	39,275	40,021
Other Employee Benefits	2,263	2,303	2,439	2,507	2,424	2,477	2,526	2,577	2,628
Fleet Management billings	-	-	-	1,365	3,748	3,674	3,964	4,277	4,615
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	3,985	2,106	32,202	3,051	5,886	8,529	8,533	8,538	8,542
Indirect cost allocation	-	-	-	75,842	37,509	22,817	23,274	23,739	24,214
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	187,000	187,000	226,007	284,078	255,722	247,814	255,001	258,661	264,670
Revenues Less Expenditures	\$ -	\$ -	\$ 15,993	\$ (66,078)	\$ (27,722)	\$ (3,544)	\$ 5,058	\$ 7,412	\$ 7,609
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17</small>									
<u>Vector Borne Diseases</u>									
Revenues:									
Other Charges for Services	31,743	49,096	62,590	53,700	43,375	82,842	107,398	110,083	112,835
Sub-total Revenues	31,743	49,096	62,590	53,700	43,375	82,842	107,398	110,083	112,835
Expenditures:									
Salaries & Wages	250,535	210,479	225,935	241,078	246,908	249,049	253,781	258,603	263,516
Intermittent Hourly Positions	47,237	42,678	55,699	63,513	58,200	58,200	58,200	58,200	58,200
Group Insurance	30,307	25,392	26,100	30,312	31,270	34,988	37,087	39,313	41,671
OPEB Contribution (1)	-	-	-	-	-	30,482	31,092	31,713	32,348
Retirement	55,111	49,715	57,508	61,056	68,593	69,006	71,059	72,409	73,785
Other Employee Benefits	6,800	5,738	6,302	6,714	6,384	5,680	5,794	5,910	6,028
Contract/Professional Svcs	16,317	17,630	13,640	5,020	5,673	7,825	7,825	7,825	7,825
Chemical Supplies (Vector only)	265,304	231,490	231,398	231,437	249,309	231,500	231,500	231,500	231,500
Fleet Management billings	42,467	22,646	23,889	33,526	40,419	45,142	48,708	52,556	56,708
Property & Liability billings	2,512	2,151	2,107	2,107	2,149	2,149	2,192	2,236	2,280
Other Services and Supplies	118,099	106,999	115,954	96,212	92,270	114,960	115,018	115,075	115,133
Indirect cost allocation	-	-	-	97,099	96,248	58,550	59,721	60,915	62,133
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	834,689	714,918	758,533	868,073	897,423	907,530	921,975	936,254	951,127
Revenues Less Expenditures	\$ (802,946)	\$ (665,822)	\$ (695,943)	\$ (814,373)	\$ (854,048)	\$ (824,688)	\$ (814,577)	\$ (826,171)	\$ (838,292)
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17</small>									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<u>Emergency Medical Services</u>									
Revenues:									
Miscellaneous	200	-	-	28,553	48,905	53,943	55,108	56,298	57,523
Sub-total Revenues	200	-	-	28,553	48,905	53,943	55,108	56,298	57,523
Expenditures:									
Salaries & Wages	92,869	95,775	42,463	122,931	201,662	199,007	202,788	206,641	210,568
Intermittent Hourly Positions	-	-	16,383	-	-	-	-	-	-
Group Insurance	10,361	10,333	1,765	14,889	30,484	33,508	35,519	37,650	39,909
OPEB Contribution (1)	-	-	-	-	-	19,658	20,051	20,452	20,861
Retirement	16,670	17,340	7,186	31,601	53,320	55,655	56,781	57,860	58,959
Other Employee Benefits	1,916	1,980	1,353	2,485	3,411	3,633	3,706	3,780	3,855
Contract/Professional Svcs	8,000	-	28	189	15,000	16,044	16,044	16,044	16,044
Fleet Management billings	-	-	-	119	-	-	-	-	-
Property & Liability billings	654	687	673	673	687	687	701	715	729
Other Services and Supplies	5,794	1,605	1,488	7,396	10,187	12,420	12,426	12,432	12,439
Indirect cost allocation	-	-	-	35,413	46,578	28,334	28,901	29,479	30,068
Sub-total Expenditures	136,264	127,721	71,338	215,696	361,328	368,946	376,916	385,053	393,432
Revenues Less Expenditures	\$ (136,064)	\$ (127,721)	\$ (71,338)	\$ (187,144)	\$ (312,422)	\$ (315,003)	\$ (321,808)	\$ (328,755)	\$ (335,909)
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17</small>									
<u>Epidemiology Surveillance</u>									
Revenues:									
Federal & State Grants	288,775	128,554	128,331	130,307	291,898	264,468	269,925	276,083	282,444
Federal & State Indirect Rev.	6,393	11,226	17,617	20,171	58,251	51,525	52,588	53,788	55,027
Other Charges for Services	-	-	35	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-
Sub-total Revenues	295,168	139,780	145,983	150,478	350,149	315,993	322,514	329,870	337,471
Expenditures:									
Salaries & Wages	466,770	464,034	475,920	489,027	412,271	417,902	425,842	433,933	442,177
Intermittent Hourly Positions	-	454	-	2,734	-	-	-	-	-
Group Insurance	64,069	63,718	60,708	65,056	60,526	63,795	67,623	71,680	75,981
OPEB Contribution (1)	-	-	-	-	-	53,381	54,448	55,537	56,648
Retirement	109,831	108,900	121,456	121,631	113,800	116,732	146,371	147,605	147,605
Other Employee Benefits	10,101	10,048	10,265	10,610	9,591	9,437	9,625	9,818	10,014
Contract/Professional Svcs	39,992	525	13,429	12,689	13,081	13,600	13,600	13,600	13,600
Biologicals	-	-	554	60	75	100	100	100	100
Outpatient	1,199	2,434	1,579	1,225	2,300	2,300	2,300	2,300	2,300
Fleet Management billings	1,817	1,065	1,182	-	1,802	1,497	1,615	1,743	1,880
Property & Liability billings	6,678	8,043	7,480	7,480	7,629	7,629	7,782	7,937	8,096
Other Services and Supplies	42,567	31,005	13,027	13,341	17,046	27,416	27,429	27,443	27,457
Indirect cost allocation	-	310,292	352,086	118,828	108,477	65,989	67,309	68,655	70,028
Capital	145,876	-	-	-	-	-	-	-	-
Sub-total Expenditures	888,901	1,000,518	1,057,686	842,681	746,598	779,777	824,044	840,351	855,887
Revenues Less Expenditures	\$ (593,733)	\$ (860,738)	\$ (911,703)	\$ (692,203)	\$ (396,449)	\$ (463,784)	\$ (501,530)	\$ (510,480)	\$ (518,416)
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17</small>									

Washoe County Health District Fund
History, Current Estimates for FY16, FY17 Proposed Budget and Projections to FY20

	Actual				ETC	Proposed	Projected		
	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
<u>Public Health Preparedness</u>									
Revenues:									
Federal & State Grants	908,864	1,150,279	1,072,374	858,545	1,210,854	870,420	888,382	908,646	929,581
Federal & State Indirect Rev.	26,196	66,755	130,033	52,880	113,890	82,492	84,194	86,115	88,099
Sub-total Revenues	935,060	1,217,034	1,202,407	911,425	1,324,744	952,912	972,576	994,761	1,017,680
Expenditures:									
Salaries & Wages	498,706	491,703	581,273	508,998	619,475	542,157	552,458	562,955	573,651
Intermittent Hourly Positions	3,976	23,300	-	10,009	-	-	-	-	-
Group Insurance	60,939	52,523	67,281	54,938	76,061	72,589	76,944	81,561	86,454
OPEB Contribution (1)	-	-	-	-	-	72,285	73,731	75,205	76,709
Retirement	117,536	116,366	145,666	128,948	166,670	151,259	154,688	157,627	160,622
Other Employee Benefits	10,331	11,374	12,843	12,008	13,480	12,573	12,825	13,081	13,343
Contract/Professional Svcs	121,189	297,009	167,081	47,781	141,193	24,885	24,885	24,885	24,885
Biologicals	284	-	835	762	162	162	162	162	162
Fleet Management billings	1,698	3,901	10,727	15,087	16,757	16,141	17,416	18,792	20,277
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	85,767	152,955	88,651	90,176	186,075	56,468	56,496	56,525	56,553
Indirect cost allocation	-	-	-	128,190	139,019	84,568	86,260	87,985	89,745
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	900,426	1,149,131	1,074,358	996,896	1,358,892	1,033,088	1,055,866	1,078,779	1,102,402
Revenues Less Expenditures	\$ 34,634	\$ 67,904	\$ 128,049	\$ (85,471)	\$ (34,148)	\$ (80,176)	\$ (83,290)	\$ (84,018)	\$ (84,722)
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									
<u>Vital Statistics</u>									
Revenues:									
Birth & Death Certificates	439,910	476,829	457,596	465,052	500,000	490,000	494,900	499,849	504,847
Sub-total Revenues	439,910	476,829	457,596	465,052	500,000	490,000	494,900	499,849	504,847
Expenditures:									
Salaries & Wages	94,851	99,889	102,261	134,354	171,880	187,508	191,071	194,701	198,400
Group Insurance	14,971	14,931	14,931	19,048	32,985	35,499	37,629	39,887	42,280
OPEB Contribution (1)	-	-	-	-	-	22,858	23,315	23,781	24,257
Retirement	22,412	23,699	26,230	33,974	47,813	52,474	53,500	54,516	55,552
Other Employee Benefits	2,317	2,420	2,533	3,491	4,015	4,307	4,393	4,481	4,570
Contract/Professional Svcs	5,352	2,664	5,924	2,010	8,954	6,600	6,600	6,600	6,600
Property & Liability billings	934	982	962	962	981	981	1,001	1,021	1,041
Other Services and Supplies	18,402	17,647	18,196	21,929	22,926	23,500	23,512	23,524	23,535
Indirect cost allocation	-	-	-	41,100	50,151	30,508	31,118	31,741	32,376
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	159,240	162,232	171,036	256,868	339,706	364,235	372,138	380,251	388,612
Revenues Less Expenditures	\$ 280,670	\$ 314,597	\$ 286,560	\$ 208,184	\$ 160,294	\$ 125,765	\$ 122,762	\$ 119,598	\$ 116,236
(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17									

Washoe County Health District FY17 Recommended Budget

	Expenditure (Exp.) Total (includes County Overhead allocation)	% of Total Exp.	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY17
ADMINISTRATION:							
Office of the District Health Officer	979,998	4.5%	-	-	35,000	944,998	979,998
Administrative Health Services	1,168,144	5.4%	-	-	-	1,168,144	1,168,144
TOTAL ADMINISTRATION	2,148,142	9.9%	-	-	35,000	2,113,142	2,148,142
AIR QUALITY MANAGEMENT:							
Air Quality Division	3,270,820	15.1%	698,351	31,542	1,953,292	587,635	3,270,820
COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):							
Chronic Disease Prevention	564,665	2.6%	294,639	17,338	-	252,688	564,665
Community & Clinical Health	401,471	1.8%	-	-	-	401,471	401,471
Family Planning	1,079,193	5.0%	780,688	23,312	73,700	201,493	1,079,193
Immunizations	1,476,233	6.8%	301,405	39,182	143,717	991,929	1,476,233
Maternal, Child & Adolescent Health	188,603	0.9%	53,401	5,181	-	130,021	188,603
Sexual Health - HIV	486,002	2.2%	416,954	46,809	-	22,238	486,002
Sexual Health - STD	1,052,862	4.8%	118,383	11,246	29,557	893,676	1,052,862
Tuberculosis	677,037	3.1%	97,970	12,736	8,630	557,701	677,037
Women, Infants and Children	1,445,854	6.7%	1,061,599	20,826	-	363,429	1,445,854
TOTAL CCHS	7,371,919	33.9%	3,125,039	176,630	255,604	3,814,646	7,371,919
ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):							
Environmental Health Services	2,328,095	10.7%	-	-	750,012	1,578,083	2,328,095
Food Protection	2,012,824	9.3%	63,000	6,300	1,085,690	857,834	2,012,824
Safe Drinking Water	136,324	0.6%	114,305	10,695	22,350	(11,026)	136,324
Solid Waste Management	761,816	3.5%	-	-	523,247	238,569	761,816
Underground Storage Tanks	247,814	1.1%	208,236	9,764	26,270	3,544	247,814
Vector Borne Diseases	907,530	4.2%	-	-	82,842	824,688	907,530
TOTAL EHS	6,394,403	29.4%	385,541	26,759	2,490,411	3,491,692	6,394,403
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):							
Emergency Medical Services	368,946	1.7%	-	-	53,943	315,003	368,946
Epidemiology Surveillance	779,777	3.6%	264,468	51,525	-	463,784	779,777
Public Health Preparedness	1,033,088	4.8%	870,420	82,492	-	80,176	1,033,088
Vital Statistics	364,235	1.7%	-	-	490,000	(125,765)	364,235
TOTAL EPHP	2,546,047	11.7%	1,134,888	134,017	543,943	733,199	2,546,047
TOTAL HEALTH DISTRICT	\$ 21,731,331	100.0%	\$5,343,819	\$ 368,948	\$ 5,278,250	\$ 10,740,314	\$ 21,731,331

Note: The base general fund transfer as of February 2016 is \$9,796,856

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

Title of FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs	FY2016/17 Budgeted Positions <small>(on-call/seasonal is counted one per classification regardless of the number of people in the classification)</small>				Full-Time Position Equivalent FY2016/17 <small>(base 2080 hours)</small>
						Full Time	Part Time	On-call/ Seasonal	Total Positions	
Account Clerk	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Administrative Assistant I	2.00	2.00	2.00	2.00	2.00	3	0	0	3	3.00
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
Advanced Practitioner of Nursing	2.40	2.40	2.40	2.38	2.17	0	2	1	3	1.72
Air Quality Specialist II	8.00	8.00	8.00	8.00	8.00	8	0	0	8	8.00
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Community Health Aide	7.45	7.45	6.60	6.38	6.40	6	0	1	7	6.81
Community Health Nutritionist	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Department Systems Specialist	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Disease Intervention Specialist	4.00	4.00	4.00	0.00	0.00	0	0	0	0	-
Director of Programs and Projects	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00
District Health Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Emergency Medical Services Program Manager	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00
Environmental Engineer II	3.00	3.00	2.00	2.00	2.00	2	0	0	2	2.00
Environmental Health Aide	0.00	0.00	0.00	0.44	0.00	0	0	0	0	-
Environmental Health Specialist	21.40	21.80	20.75	20.80	20.66	19	0	1	20	19.67
Environmental Health Specialist Supervisor	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
EPI Center Director	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Epidemiologist	2.40	2.20	2.05	2.40	2.01	2	0	0	2	2.00
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Hazardous Materials Specialist	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-
Health Educator Coordinator	0.00	0.00	0.00	2.00	2.00	2	0	0	2	2.00
Health Educator II	3.18	3.10	2.72	2.88	2.91	1	0	1	2	2.03
Human Services Support Specialist II	4.00	4.00	4.00	3.00	3.00	3	0	0	3	3.00
Licensed Engineer	2.00	1.30	0.00	1.00	1.00	1	0	0	1	1.00
Licensed Practical Nurse	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-
Office Assistant I	0.00	0.00	0.00	0.50	0.50	0	0	1	1	0.51
Office Assistant II	18.60	17.61	17.15	18.00	18.00	17	0	0	17	17.00
Office Assistant III	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Office Support Specialist	4.00	4.00	4.00	6.00	6.00	6	0	0	6	6.00
Plans/Permits/Applications Aide	4.00	4.00	4.00	3.00	3.00	3	0	0	3	3.00

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

Title of FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY16 FTEs	FY2016/17 Budgeted Positions <small>(on-call/seasonal is counted one per classification regardless of the number of people in the classification)</small>				Full-Time Position Equivalent FY2016/17 <small>(base 2080 hours)</small>
						Full Time	Part Time	On-call/ Seasonal	Total Positions	
Program Coordinator	3.00	3.00	3.00	1.00	1.00	2	0	0	2	2.00
Public Health Communications Program Manager	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00
Public Health Emergency Response Coord	2.00	2.00	3.00	2.00	2.00	2	0	0	2	2.00
Public Health Investigator II	2.40	2.20	2.05	2.05	1.01	1	0	0	1	1.00
Public Health Nurse II	13.25	13.69	13.15	14.40	15.40	14	2	0	16	15.40
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
Public Health Preparedness Manager	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Public Health Program Manager	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
Public Information Officer	1.00	1.00	1.00	0.00	0.00	0	0	0	0	-
Public Service Intern	3.51	2.76	2.26	2.17	2.54	0	0	1	1	4.04
Registered Nurse I	6.89	1.21	1.30	0.90	1.88	0	0	1	1	2.70
SR. Air Quality Specialist	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
SR. Environmental Health Specialist	6.00	6.00	6.00	6.00	6.00	6	0	0	6	6.00
SR. Epidemiologist	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Senior Licensed Engineer	1.00	1.00	1.00	0.00	0.00	0	0	0	0	-
Statistician	1.00	1.00	1.00	1.53	1.53	1	1	0	2	1.53
Storekeeper	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Vector Borne Disease Specialist	3.00	3.00	2.00	2.00	2.00	2	0	0	2	2.00
Vector Control Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
WIC Program Manager	1.00	1.00	1.00	1.00	0.00	0	0	0	0	-
Total Health District FTE's	165.48	156.72	149.43	149.83	150.01	138	5	7	150	151.41
Year over year increase (decrease)	(1.20)	(8.76)	(7.29)	0.40	0.18					1.40
Reconciliation of FY16 versus FY17 FTEs										
Additional Program Coordinator position										1.00
Elimination of AP Nurse - (loss of grant funding, DBOH approved elimination in FY16)										(0.55)
Elimination of Health Educator II - position #7x3551 (loss of grant funding)										(1.00)
Elimination of Epidemiologist - position #7x7950 (loss of grant funding)										(0.01)
Elimination of PH Investigator II - position #7x7951 (loss of funding)										(0.01)
Elimination of OAI - position #7x2134 (PT-moving hours to two part-times to make full-time)										(0.60)
Increase hours of OAI - position #7x2188 (received hours from OAI elimination-7x2134)										0.40
Increase hours of OAI - position #7x2136 (received hours from OAI elimination-7x2134)										0.20
Elimination of an OAI in WIC (loss of grant funding, DBOH approved elimination in FY16)										(1.00)
Additional Funding to increase intermittent/On-call seasonal positions (excl. 7x7951 noted above)										2.97
Total Adjustments for FY17										1.40

**WASHOE COUNTY DISTRICT BOARD OF HEALTH
FY17 Proposed Budget**

**DISTRICT HEALTH OFFICER
KEVIN DICK**

**ADMINISTRATIVE HEALTH SERVICES
ANNA HEENAN
10 FTE's**

Fiscal
Human Resources
Technology

**OFFICE OF THE DISTRICT HEALTH OFFICER
KEVIN DICK
5.33 FTE's**

District Board of Health Support
Public Information
Quality Improvement

**AIR QUALITY MANAGEMENT
CHARLENE ALBEE
18.5 FTE's**

Monitoring
Planning
Permitting
Enforcement

**COMMUNITY & CLINICAL HEALTH
SERVICES
STEVE KUTZ
56.14 FTE's**

Chronic Disease Prevention
Community & Clinical Health Services
Family Planning
Immunizations
Maternal, Child & Adolescent Health
Sexual Health - HIV & STD
Tuberculosis
Women, Infant and Children

**ENVIRONMENTAL HEALTH SERVICES
ROBERT SACK
42.91 FTE's**

General Environmental/Land
Development
Food Protection
Safe Drinking Water
Solid Waste Management
Underground Storage Tanks
Vector Borne Disease

**EPIDEMIOLOGY & PUBLIC HEALTH
PREAPREDNESS
DR. RANDALL TODD
18.53 FTE's**

Emergency Medical
Services
Epidemiology Surveillance
Public Health
Preparedness
Vital Statistics

Total FTE's 151.41

District Health Officer's Recommended Fiscal Year 2016-2017 Budget

**District Board of Health
February 25, 2016**



**Fiscal Year
2016-2017
Recommended
Budget**

- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY17 Sources and Uses**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



Health
District
provides
twenty-two
different
programs
to the
Community

Office of the District Health Officer
Program

Administrative Health Services
Program

Air Quality Management Program

**Programs in the Community and
Clinical Health Services Division**

Chronic Disease Prevention

Community & Clinical Health

Family Planning

Immunizations

Maternal, Child & Adolescent Health

Sexual Health – HIV

Sexual Health – STD

Tuberculosis

Women, Infants and Children

**Programs in the Environmental
Health Services Division**

Environmental Health Services/Land
Development

Food Protection

Safe Drinking Water

Solid Waste Management

Underground Storage Tanks

Vector Borne Diseases

**Programs in the Epidemiology and
Public Health Preparedness Division**

Emergency Medical Services

Epidemiology Surveillance

Public Health Preparedness

Vital Statistics



FY17
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division

Office of the District Health Officer

- **Total program FTEs:** **5.33** (includes the new positions)
- **Total FY 2016 Revenues** **\$35,000**
- **Total FY 2016 Expenditures:** **\$979,998**

Administrative Health Services

- **Total program FTEs:** **10.0**
- **Total FY 2016 Revenues** **\$0**
- **Total FY 2016 Expenditures:** **\$1,168,142**

Air Quality Management

- **Total program FTEs:** **18.50**
- **Total FY 2016 Revenues** **\$2,683,185**
- **Total FY 2016 Expenditures:** **\$3,270,820**



FY17
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division

Community & Clinical Health Services

- **Total program FTEs:** 56.14
- **Total FY 2016 Revenues** \$3,557,273
- **Total FY 2016 Expenditures:** \$7,371,920

Environmental Health Services

- **Total program FTEs:** 42.91
- **Total FY 2016 Revenues** \$2,902,711
- **Total FY 2016 Expenditures:** \$6,394,404

Epidemiology and Public Health Preparedness

- **Total program FTEs:** 18.53
- **Total FY 2016 Revenues** \$1,812,848
- **Total FY 2016 Expenditures:** \$2,546,046



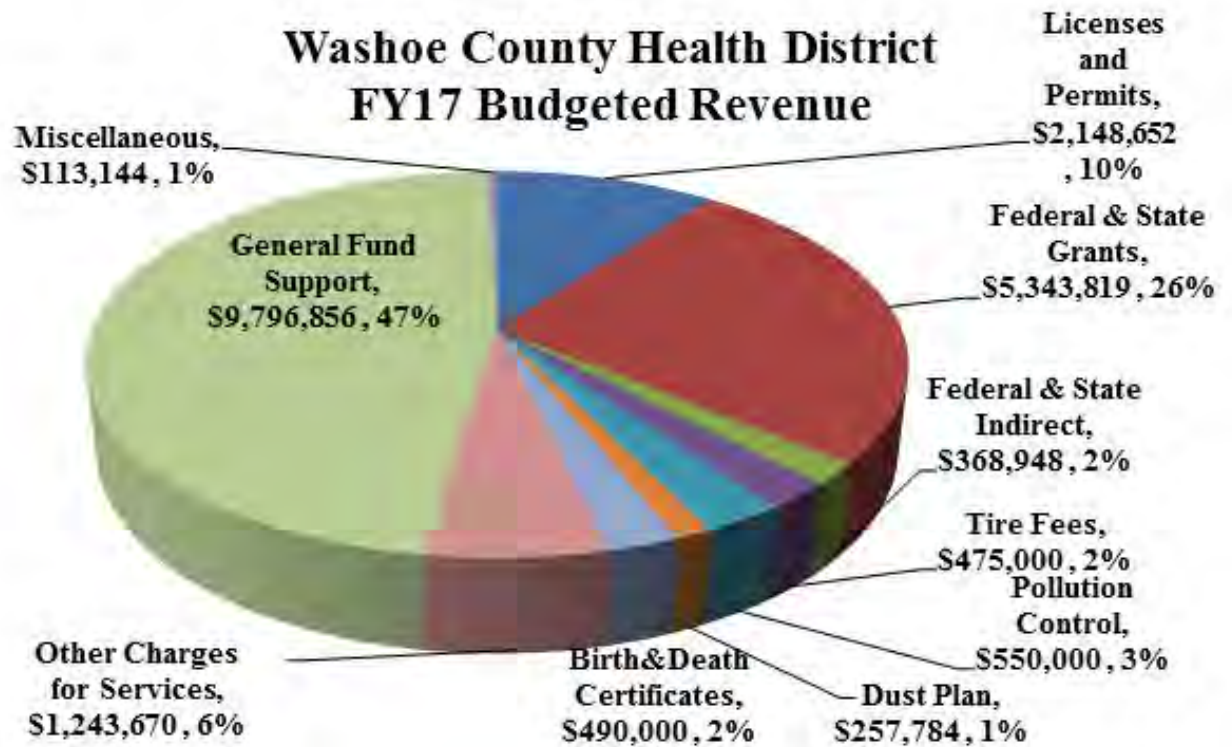
Summary
Of
Health
Fund
Revenue

Total projected revenue - \$20,787,873 a 7.2% increase over FY16 adopted budget

- **Licenses and Permits - \$2,148,652, up 56.5%**
 - Includes the anticipated increase in fees
- **Grants - \$5,712,767, up 4.3%**
 - Increase due to additional Ebola funding
- **Intergovernmental funds - \$1,025,000, up 0.6%**
 - \$550,000 restricted for the Air Quality program
 - \$475,000 restricted for the Solid Waste program
- **Charges for services - \$1,991,454, up 46.3%**
 - Includes the anticipated increase in fees
- **Miscellaneous Revenue – \$113,144, up 28.9%**
- **County General Fund Support - \$9,796,856, down \$280,000**
 - Reduction in County subsidy for the overhead now captured in the fees
 - No additional County support will be requested



Summary
of
Health
Fund
Revenue
\$20,787,873



Summary
Of
Expenditures

**Total projected Expenditures: \$21,731,331 a
8.2% increase over FY16 adopted budget**

- **Salaries and Wages - \$10,797,720, up 3.0%**
 - 151.41 FTEs down from 150.01
 - Additional funding for intermittent hourly FTEs
 - Includes merit increases
- **Employee Benefits - \$5,996,345, up 29.5%**
 - Assumes a 6% increase in group insurance
 - \$1,181,460 in OPEB costs, previously in services and supplies
 - Retirement at 28.0% of salaries and longevity
- **Services and Supplies - \$4,877,823, down 0.1%**
 - Includes \$270,344 for additional funding in FY17
 - Prior year unspent funding of \$688,337 for the Tire and Air Pollution funds
- **Capital - \$59,443, down \$21,437**
 - \$29,738 for the Clinics electronic records system
 - \$29,705 for equipment related to air monitoring

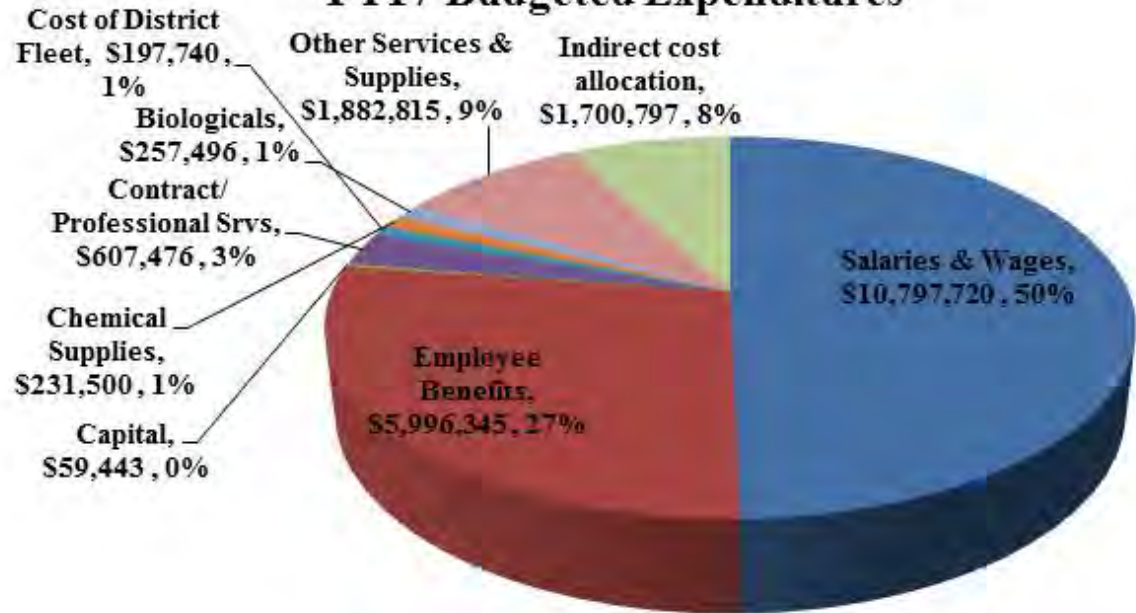


WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Summary
of
Expenditures
\$21,731,331

Washoe County Health District FY17 Budgeted Expenditures



**Summary
of Above
Base
Requests**

Summary of Above Base Requests

- Add a Program Coordinator to assist with the Community Health Improvement Plan
- Eliminate positions due to loss of grant funding
- Increase two part-time positions to full-time through the elimination of a vacant position
- Reclassify positions to better align work assignments with job classifications
- Increase standby pay, overtime, and call back to allow for after hour response to agency requests for assistance such as hazardous material events
- Employee medical insurance increase of 6%
- Funding for security, additional travel and training for employees, additional operating supplies and an increase in credit card fees due to the regional permitting system
- Additional funding for the three-year update of the Community Health Needs Assessment



Sources and Uses of Funds

FY 2016-2017
Fund Balance
projected to
be \$1,045,727
4.8% of
Expenditures

	Actual				ETC	Proposed
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 3,745,034	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185
Revenues:						
Licenses and Permits	984,267	1,179,756	1,406,086	1,410,276	1,413,708	2,148,652
Federal & State Grants	5,861,928	5,630,117	5,438,048	5,369,889	5,749,295	5,343,819
Federal & State Indirect Rev.	106,217	142,069	357,864	288,770	410,716	368,948
Tire Fees (NRS 444A.090)	513,800	432,642	314,136	446,463	468,548	475,000
Pollution Control (NRS445B.830)	313,965	314,903	634,731	541,626	558,086	550,000
Dust Plan	141,672	123,364	147,678	187,763	240,000	257,784
Birth & Death Certificates	439,910	476,829	457,596	465,052	500,000	490,000
Other Charges for Services	684,167	714,058	734,285	744,250	812,299	1,243,670
Miscellaneous	52,432	73,204	172,819	58,286	78,714	113,144
Total Revenues	9,098,358	9,086,942	9,663,243	9,512,374	10,231,365	10,991,017
General Fund (GF) transfer-Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772	2,053,772
Total General Fund transfer	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856
Total Sources of Funds	20,094,242	21,626,875	21,078,599	21,668,365	22,576,727	22,777,057
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,525,698	9,458,939	9,169,680	9,826,174	9,953,764	10,367,158
Intermittent Hourly Positions	335,390	344,928	421,427	360,460	435,263	430,562
Group Insurance	1,334,706	1,336,381	1,307,483	1,430,834	1,566,651	1,741,217
OPEB Contribution (1)	-	-	-	-	-	1,181,460
Retirement	2,205,442	2,189,491	2,310,772	2,435,635	2,690,883	2,847,521
Other Employee Benefits	205,137	268,263	211,142	222,327	208,418	226,146
Contract/Professional Svcs	557,610	713,360	809,059	608,663	791,528	607,476
Chemical Supplies (Vector only)	265,304	231,490	231,398	231,437	249,309	231,500
Biologicals	180,620	226,789	247,975	211,580	259,529	257,496
Fleet Management billings	176,468	136,051	161,263	180,112	223,026	197,740
Outpatient	90,911	85,670	79,036	77,527	98,155	103,385
Property & Liability billings	77,036	80,283	74,502	74,503	75,992	76,093
Other Services and Supplies	907,948	977,769	854,241	974,021	1,208,878	1,703,337
Indirect cost allocation	-	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797
Capital	315,930	212,624	146,788	25,527	30,265	59,443
Total Uses of Funds	16,178,200	18,815,411	18,922,800	19,399,859	20,587,542	21,731,331
Net Change in Fund Balance	171,008	(1,104,577)	(655,666)	112,707	(279,321)	(943,458)
Ending Fund Balance (FB)	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727
FB as a percent of Uses of Funds	24.2%	14.9%	11.4%	11.7%	9.7%	4.8%

(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Fiscal Year 2017
Recommendations
Impact to
Health Fund

Positive Net
Change in Fund
Balance for FY18-
FY19 and a small
deficit in FY20

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%

(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17



Expenditures
not included in
FY17
Recommended
Budget

- **Labor negotiations for FY17**
- **Final funding from County General Fund for Workers Compensation and Property & Liability billings**



Next Steps

- **February, 2016**
 - Recommended FY17 Budget due to the County
- **March, 2016**
 - District Health Officer delivers FY17 budget to County and City Managers
 - DBOH update on the Managers meeting for FY17 Budget
- **April, 2016**
 - Health District budget presentation to the Board of County Commissioners (BCC), if required
- **May, 2016**
 - May 10, BCC meeting, Manager's recommendations for FY17 budget, General Fund support should be finalized
 - May 16, BCC Public Hearing and possible adoption of the FY17 Final Budget
- **June, 2015**
 - June 1, Final County Budget due to the Department of Taxation



Staff requests
approval of the
FY17 Budget

Once approved it
will be submitted
to the Cities and
County Managers
for comment as
outlined in the
Interlocal
Agreement

Staff recommends that the DBOH approve the Fiscal Year 2016-2017 Budget which in summary includes:

- Approval to fund 22 programs
- Total Revenues budgeted at \$20.8 million
- Use of FY16 anticipated savings for FY17 to cover the shortfall in revenues compared to expenditures
- Total Expenditures budgeted at \$21.7 million
- Budget authorization for 151.41 FTEs
- Anticipated ending fund balance of \$1,045,727 which is 4.8% of expenditures

Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2016



**Fiscal Year
2016-2017
Recommended
Budget**

Questions?



AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 25, 2016

DATE: February 12, 2016
TO: District Board of Health
FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. AQM Submits Comments on EPA Proposal

On February 3, 2016, AQM submitted formal comments on the U.S. EPA's proposal entitled *Treatment of Data Influenced by Exceptional Events*, as published in the Federal Register on November 20, 2015. The proposal includes several changes intended to streamline the submittal process but also included several items that raised concern significant enough to justify the formal submittal of comments.

As background, the EPA finalized the Exceptional Events Rule (EER) in March, 2007, to establish criteria and procedures to determine if air quality monitoring data had been influenced by exceptional events. According to the EER, exceptional events are unusual or naturally occurring events that can affect air quality but are not reasonably controllable by air agency implementation plans and should not be considered when determining attainment with a National Ambient Air Quality Standard (NAAQS). In Washoe County, historically exceptional events have been predominantly due to wildfire smoke impacts. The most recent exceptional event demonstrations were for the American/Rim Fire in 2013 and the King Fire in 2014. Each event involved several months of staff time to prepare the demonstrations which were in excess of 100 pages each.

Satellite Image of the King Fire
September 17, 2014



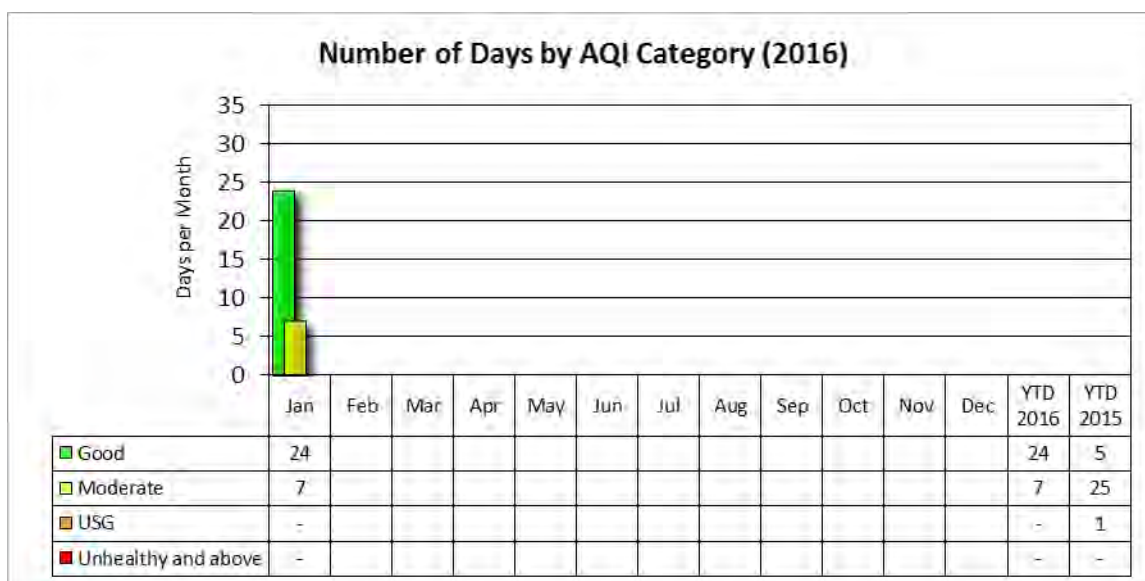
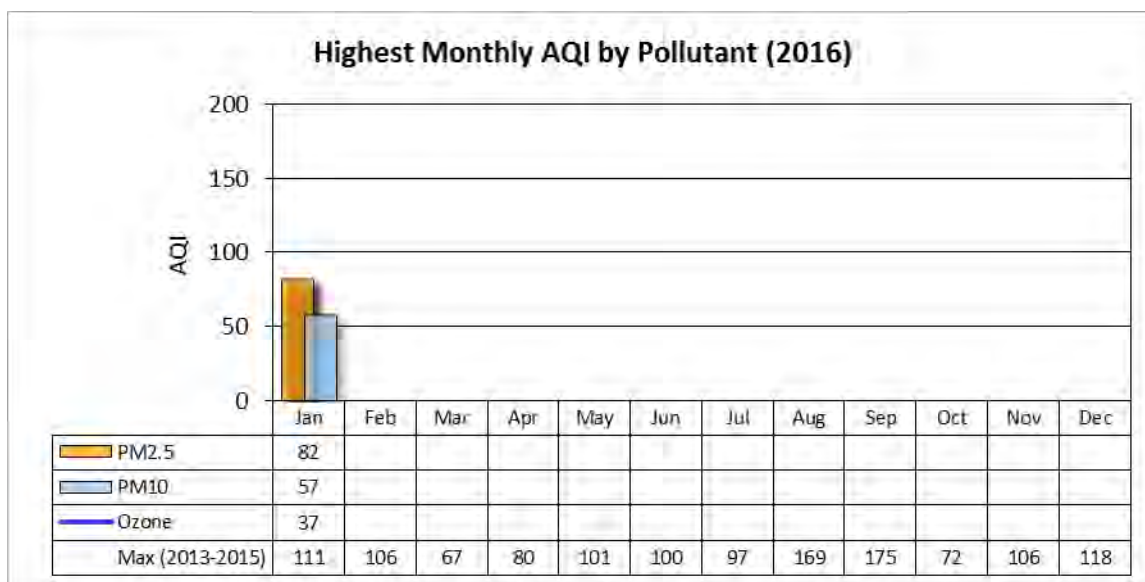
AQM is not alone in experiencing challenges with the EER, the EPA Regional Offices have also had difficulties in interpreting the EER. In response to EPA experiences and stakeholder requests, an Interim Exceptional Events Implementation Guidance document was issued in May of 2013. This guidance document acknowledged the need to consider additional changes that could only be accomplished through a notice-and-comment rule making. On November 10, 2015, EPA published proposed revisions to the EER and subsequently extended the public comment period to February 3, 2016.

The comments submitted by AQM (attached) support those made by the Western States Air Resources (WESTAR) Council and the National Association of Clean Air Agencies (NACAA). Air agencies across the country have expressed their objection to the proposed rule revision that would give Federal Land Managers and other federal agencies the ability to submit exceptional events demonstrations. The additional comments support requirements that air agencies and EPA work collaboratively and in a timely matter during the submittal and review of exceptional event demonstrations.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of January. 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 OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of January.

On February 3, EPA accepted the Health District's request to participate in the Ozone Advance program (See the January AQMD Directors Report for details on Ozone Advance). A "path forward letter" outlining our Action Plan is due to EPA by February 2017. AQM has been, and will continue to be, proactive by implementing many Action Plan initiatives prior to the 2017 deadline. A major milestone will be DBOH adoption of a resolution supporting AQMD's Action Plan. This resolution will provide the support needed to implement short and long-term measures to improve our air quality. More importantly, it will move us forward towards being a Healthy Community.

Daniel K. Inouye
Chief, Monitoring and Planning

a. Permitting & Enforcement

Type of Permit	2016		2015	
	January	YTD	January	Annual Total
Renewal of Existing Air Permits	98	98	97	1297
New Authorities to Construct	3	3	8	99
Dust Control Permits	11 (174 acres)	11 (174acres)	6 (58 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	22	22	20	391
WS Dealers Affidavit of Sale	6 (3 replacements)	6 (3replacements)	18 (13 replacements)	135 (85 replacements)
WS Notice of Exemptions	561 (2 stoves removed)	561 (2stoves removed)	356 (1 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	85	85	79	1077
Asbestos Demo and Removal (NESHAP)	23	23	22	150

Staff reviewed thirty-seven (37) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Inspection staff continues to monitor the Pyramid and McCarran expansion project with no enforcement actions.
- Permitting and enforcement has initiated their second QI project. The project is to update and standardize the asbestos abatement inspection, permitting and reporting procedures.
- Permitting staff has issued one permit to operate and twenty authorities to construct for Medical Marijuana Establishments (MMEs). To date AQM staff is aware of six facilities for which applications are anticipated as the associated building permits are currently in plan review. Staff is also monitoring eighteen facilities that have state license applications in some stage of the approval process.

Staff conducted thirty-six (36) stationary source and fifty-three (53) gas station inspections in January 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	January	YTD	January	Annual Total
Asbestos	3	3	2	25
Burning	3	3	0	8
Construction Dust	0	0	5	32
Dust Control Permit	0	0	0	6
General Dust	4	4	5	48
Diesel Idling	0	0	0	3
Odor	3	3	4	30
Spray Painting	0	0	3	8
Permit to Operate	0	0	0	12
Woodstove	1	1	7	13
TOTAL	14	14	26	185
NOV's	January	YTD	January	Annual Total
Warnings	0	0	1	24
Citations	1	1	1	8
TOTAL	1	1	2	32

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

Mike Wolf
 Chief, Permitting and Enforcement

February 3, 2016

U.S. Environmental Protection Agency
EPA Docket Center (EPA/DC)
Attention Docket ID No. EPA-HQ-OAR-2013-0572
1200 Pennsylvania Avenue NW
Washington, DC 20460

To Whom It May Concern:

The Washoe County Health District, Air Quality Management Division (AQMD) appreciates the opportunity to submit the following comments on the U.S. Environmental Protection Agency's (EPA) proposal entitled *Treatment of Data Influenced by Exceptional Events*, as published in the Federal Register on November 20, 2015 (80 FR 72-839).

1. Elimination of "but-for" criterion: The AQMD supports the EPA's proposal to eliminate the "but-for" criterion from the existing Exceptional Events Rule (EER). The requirement to include a demonstration that there would have been no exceedance or violation "but for the event" has not ever been supported by a clear explanation on how to make such a demonstration.
2. Federal Agency Exceptional Events (EE) Demonstrations: The AQMD joins in the comments submitted by the Western States Air Resources (WESTAR) Council and the National Association of Clean Air Agencies (NACAA) opposing the proposed rule revision that would give federal land managers and other federal agencies the ability to submit EE demonstrations. The AQMD does not believe it is appropriate to grant authority for the decision whether to request data exclusion for an EE to an agency other than an air quality agency.
3. Timeline for EPA Actions: The AQMD joins in comments submitted by WESTAR that EPA should make a timely determination on all submittals that meet the criteria in the proposed EE Rule, or that the state and EPA have decided on a case-by-case basis to consider. Failure to concur (or disagree) with submittals will add complexity to future submittals by requiring additional documentation to demonstrate that historical normal concentrations are actually lower than the certified data in the Air Quality System (AQS).
4. Dispute Resolution Process: The AQMD supports EPA's proposal regarding requirements of initial notification of EE demonstrations states expect to pursue. However, situations may still occur where states will disagree with an EPA regional office action to disapprove an EE demonstration package. We therefore join in comments submitted by WESTAR and NACAA for EPA to develop an administrative dispute resolution process.

Subject: Comments on proposed Exceptional Events Rule

Date: February 3, 2016

Page 2 of 2

The AQMD acknowledges the significant importance of the EER as a tool to ensure that monitored air quality data, which our agency has little to no control over, does not bias regulatory decisions under the Clean Air Act. As such, we support EPA's efforts to improve the effectiveness of the current rule and streamline the EE process when the circumstances surrounding the event are clear, as proposed in the draft wildfire guidance.

Thank you again for the opportunity to submit comments on this proposed rule. Feel free to contact me at calbee@washoecounty.us or (775) 784-7211 if I can be of further assistance.

Sincerely,



Charlene Albee, Director
Air Quality Management Division
Washoe County Health District

COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 25, 2016

DATE: February 12, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Divisional Update – Homeless Connect Project, Client Satisfaction Results; Program Reports

1. Divisional Update –

a. Project Homeless Connect

CCHS staff has participated in the Project Homeless Connect for many years, offering resources and referrals to the homeless population. This was the second year of our Public Health Associate's (PHAs) providing coverage for this event. All four PHAs attended this year, representing the WCHD, along with other CCHS staff. Three PHAs provided information for the Sexual Health, Family Planning, and Tuberculosis (TB) clinics and one focused on CDPP. There was a large turnout, with over 1,000 participants and our PHA staff were successful in passing out goods and information to those interested.

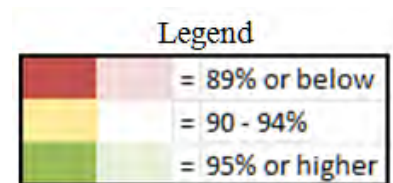


PHAs Rudy Perez, Pita Gomez, & Julie Baskin. Not in picture is Taiwo Osulanlu

b. CCHS Client Satisfaction Survey Results

In November 2015, CCHS conducted its semi-annual client satisfaction survey. Over 300 clients completed the survey. The overwhelming majority rated CCHS clinical services good to great. Below is a summary of categories and questions:

Category & Question	Good/Great %
<i>Ease of Getting Care</i>	
Scheduling an appointment	92
Time between making appt. and being seen	83
Convenience of clinic hours	92
Convenience of clinic location	92
TOTAL Overall Satisfaction	91
<i>Wait Time</i>	
Time in waiting room	71
Time in exam room	94
Height/weight and nutrition education	86
Receive benefits and next appt. paperwork	89
TOTAL Overall Satisfaction	85
<i>Front Desk Staff</i>	
Courtesy of staff	88
Clearly explains registration process	92
Answers your questions	94
TOTAL Overall Satisfaction	91
<i>Staff/Provider</i>	
Courtesy of staff	94
Clinic staff listens to you	93
Clinic staff takes enough time with you	93
Clinic staff clearly answers your questions	94
TOTAL Overall Satisfaction	93
<i>Facility</i>	
Cleanliness of clinic	94
Ease of finding where to go	96
Comfort while waiting	92
TOTAL Overall Satisfaction	94
<i>Confidentiality</i>	
Keeping your personal information private	96
TOTAL Overall Satisfaction	96



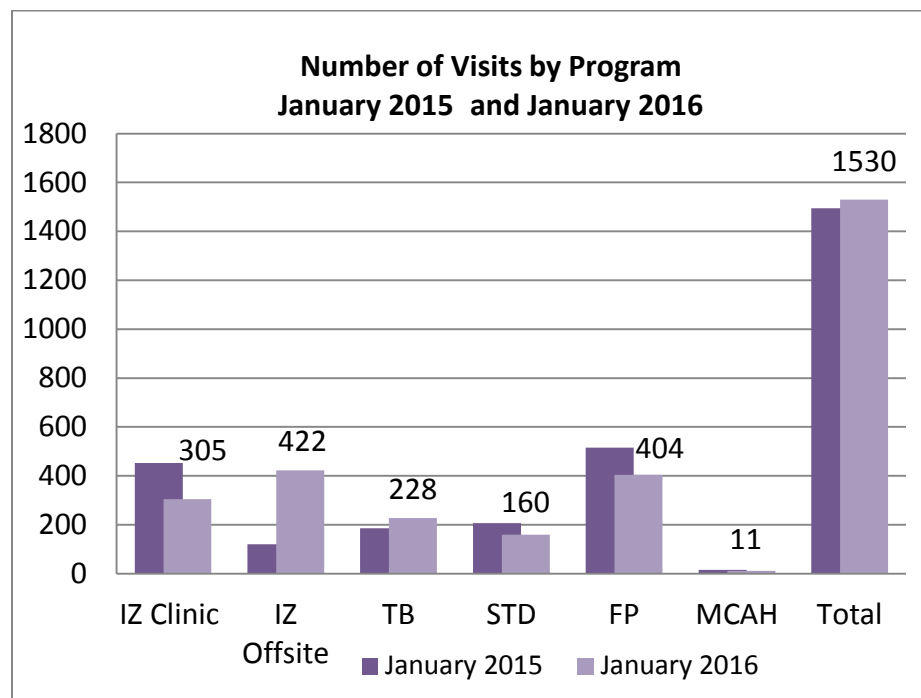
As with any survey, this data also points out opportunities for improvement, such as appointment wait times, and a bit of work with front desk staff courtesy. Feedback to

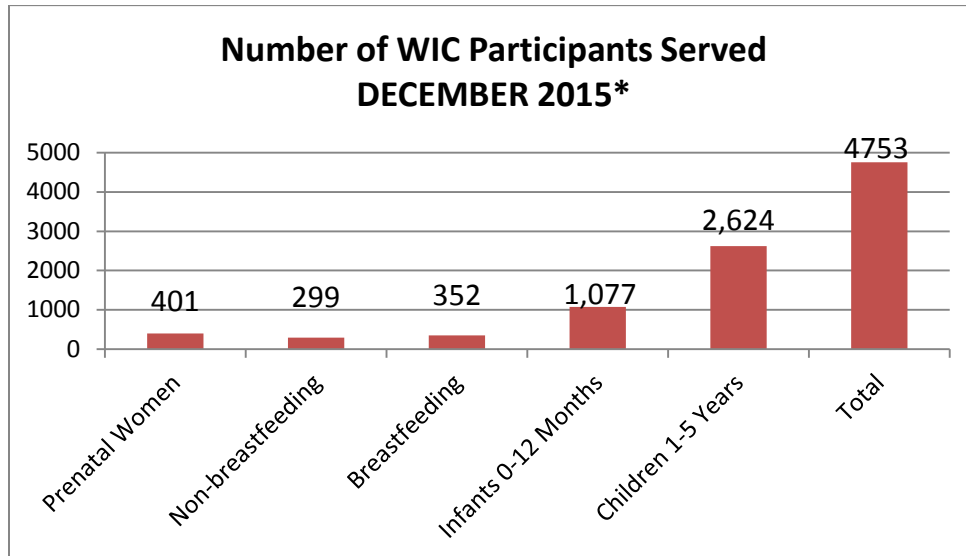
staff is provided at team meetings, and is key to overall staff encouragement and program improvement.

Client comments included a desire for a quicker check in/check out process and technology options including online appointments and appointment reminder calls. With the move to Patagonia Health as our new client database, we expect to streamline the client check in/check out process, and will have the ability for automated reminders via phone or text. Online appointments aren't yet available with Patagonia, though they are exploring that option.

On a positive note, most client comments were favorable, with many thanks for the staff and services provided. Seeing a familiar face made it easier for their kids and was comforting to parents. Clients also noted that they felt the staff really did care for them and wanted to help.

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.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – In an effort to improve the HIV Prevention performance measure *Ninety percent of clients tested for HIV receive their results*, staff have begun contacting clients that have not called for their HIV results one to two weeks after their HIV test. Despite offering all clients the ability to receive their results through a results line, many clients fail to follow through. All positive results are contacted by staff, which is likely the reason clients don't call for negative results. However, contacting clients with negative results also allows staff to assess how a client is doing with his or her risk reduction plan, provide encouragement to continue the plan, answer any questions the client may have and to determine when additional testing should be completed.

The Sexual Health team completed a strategic planning session to increase low cost outreach to reach high risk individuals in the 89502 zip code area. Staff, students and volunteers will be assessing neighborhoods and locations for Sexual Health poster placement (with tear off phone numbers). Efforts will involve determining the highest risk locations for poster placement, data collection to determine effectiveness of project and follow-up site visits to assess the public's use of the posters (tearing off of phone numbers). Additional testing and condom distribution locations may be determined based on outcomes.

- b. **Immunizations** –A snow day make-up School Located Vaccination Clinic was held on January, 13, 2016 at Lois Allen Elementary School where 56 children received flu vaccinations. Other off-site clinics included the Men's Drop-in Center where 24 participants received 80 vaccinations, a Community Clinic at the Boy's and Girl's Club in partnership with Immunize Nevada where 22 flu vaccinations were given, Project Homeless Connect where 24 participants received 39 vaccinations, and a total of 111 clients received 225 vaccinations during Kids to Seniors Korner outreach clinics. Staff also participated in the "Get Healthy. Get Covered" closing health fair for Nevada Health Link to offer flu vaccine for children.
- c. **Tuberculosis Prevention and Control Program** – There is a new Nevada Division of Public and Behavioral Health mandate for the reporting of latent tuberculosis infection (LTBI) in children under five. The mandate has not yet been codified. More information will be provided in the March report. Staff participated in the Project Homeless Connect and distributed 160 promotional items and educational materials related to tuberculosis.
- d. **Family Planning/Teen Health Mall** – Clinic staff worked with Washoe County Social Services Child Protective Services (CPS) Division to pilot a satellite Family Planning Clinic at 350 South Center on January 26, 2016. This project was identified as a priority in the Family Planning needs assessment that was completed last fall. While the clinic was not well attended, this gave rise to many ideas to improve attendance, which will be put in place before the next clinic, to be scheduled in March. CPS and Family Planning Program staff will work together to ensure clients have transportation assistance, as needed, in order to attend the clinic. Additional plans include training CPS staff to assist clients with reproductive life planning and to develop a procedure for staff to expedite scheduling of high risk CPS clients into the clinic on a day to day basis.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff participated in a two-day training with the State of Nevada and statewide partners on January 12-13, 2016, on developing community-clinical linkages between public health prevention programs and health care systems. CDPP staff also participated in Project Homeless Connect and provided 94 tobacco quit kits and cessation information to attendees who reported an interest in tobacco cessation. Advertisements were placed on RTC busses encouraging people to choose smoke free housing options to avoid exposure to secondhand smoke and will be in place from January 15, 2016 through May 2016. Staff also collaborated with Southern Nevada Health District for an insert into an apartment owner and manager magazine, Apartment Insight, promoting smoke free multi-unit housing (both attached at the end of this report). Staff are also working with a local Multi Unit Housing group to perform resident surveys after their properties went smoke-free.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Fetal Infant Mortality Review (FIMR) staff are collaborating with community partners and the Northern Nevada Maternal Child Health Coalition on an initiative to educate women about the importance of early entry to prenatal care. Recently there has been an increase in infant deaths in Washoe County related to unsafe sleep environments. MCAH staff participates in the Safe Sleep/Cribs for Kids program which distributes Pack and Plays to families who do not have a safe place for their infant to sleep, which can reduce infant deaths.

- g. **Women, Infants and Children (WIC)** – On the bimonthly State WIC Nutrition Services Webinar, information was provided regarding the CDC *National Diabetes Prevention Program*. This program promotes education collaboration with government and local agencies and is an evidence-based lifestyle change program for preventing type 2 diabetes. A handout for a *Prediabetes Screening Test* was provided to give to WIC clients and parents to take the 1 page test to find out their risk for prediabetes. Those with a high score are referred to their health care provider for follow-up and to participate in the lifestyle change program. More information about the *National Diabetes Prevention Program* can be found at <http://www.cdc.gov/diabetes/prevention/index.html>.

WIC management met with the Family TIES of Nevada Coordinator to help increase collaboration and improve the referral process. Family TIES is dedicated to providing culturally competent support, information, and assistance to achieve family-centered care for individuals with disabilities or special health care needs through family, community, and professional partnerships.



DON'T PAY THE PRICE OF INDOOR SMOKING.

Secondhand smoke covers walls and other exposed surfaces with a dirty yellow residue. The estimated cost to clean and refurbish a smoking unit can run \$4,000-\$15,000; while a non-smoking unit is usually less than \$1,000. As a manager or owner of an apartment complex, you can save thousands of dollars in maintenance costs by implementing a smoke-free policy. Other benefits of smoke-free policies include:

- Attraction and retention of tenants
- Decreased smoking-related complaints
- Possible insurance rate decrease
- Reduced cigarette butt litter
- Reduced fire danger

GetHealthyWashoe.Com

Get listed in our Smoke-Free Housing Directory:

Call: 775-328-6140

Email: info@gethealthywashoe.com

You can also call for FREE signage!

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SNHD
Smoking Noting Health District

For FREE Help Quitting Smoking, Call 1-800-QUIT-NOW



DD	BS	_____
DHO	_____	_____

Staff Report
Board Meeting Date: February 25, 2016

DATE: February 12, 2016
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, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Staff participated in a joint agency inspection of the Reno Legacy Motel. The Motel has a history of compliance issues and has been placed on a long term compliance schedule to come into compliance with applicable regulations and public health laws (see attached).
- EHS welcomed two new Environmental Health Specialist Trainees this month. Matthew Christensen comes from United Parcel Services where he worked as a Finance Supervisor. Michael Touhey comes from Lake's Crossing Center where he worked as a Forensics Specialist. Both are a valuable addition to our division.
- EHS welcomed three student interns from the University of Nevada, Reno – School of Community Health Sciences. The students will be assisting with several projects including updating the Solid Waste Management Plan, and helping with the FDA Voluntary National Retail Food Regulatory Program Standards (Program Standards) – Standard 2 Trained Regulatory Staff, and assisting with public water system sanitary survey inspections and other Land Development Program activities.

PROGRAM UPDATES

Food

- The Food Safety Program welcomed an intermittent Health Educator who will be working on the Program Standards. The position is funded through the FDA Advancing Conformance with the Voluntary National Retail Food Regulatory Program grant.
- An assessment survey was sent out to subscribers of the Food Safety listserve. The purpose of the survey is to determine if information and resources on the Food Protection Services website is useful to the public and food establishment operators. **The listserve survey and resulting feedback meets the criteria of Standard 7 – Industry and Community Relations of the Program Standards.**
- Staff continues to receive, review and approve Hazard Analysis Critical Control Point (HACCP) plans for food establishments conducting special processes. **Ongoing implementation of procedures to verify and validate waiver requests and HACCP plans meet the criteria of Standard 3 – Inspection Program Based on HACCP Principles.**

- **Special Events –**

- Program staff attended the 2016 Nevada Small Farm Conference at the Nugget Casino Resort on February 5, where the program manager presented a session (Meet Your Inspector: Cottage Foods) for the attendees. The session included a presenter from the State of Nevada (Bob Stulac) as well as representatives from Nevada Department of Agriculture. The session gave an overview of the Cottage Food program in the various jurisdictions in the State, but primarily served as a Q & A opportunity for attendees to address specific concerns related to their farm/food operations.

Land Development

- The Land Development program is currently training additional staff to aid in coverage and to allow for all staff to have additional flexibility with their required routine inspections. An Intern will be assisting EHS staff with completing file review and reorganization of the public water system files and accompanying staff on the associated sanitary surveys as well. The Intern will also be completing other inspections and learning all about land development activities.
- Second interviews are scheduled February 17-18, for the Licensed Engineer.
- The month of January was unusually busy with the submission of multiple tentative maps and water projects. Development on a large scale is continuing to be seen in the Spanish Springs, Damonte Ranch and Lemon Valley areas.
- The program is working on the implementation of the Revised Total Coliform Rule which affects all public water systems. This process includes having to evaluate new plans and sample points for all 93 water systems within the Health District.

Vector-Borne Disease

- The Vector-Borne Diseases staff is partnering with Placer County Mosquito and Vector Control District of our Lake Tahoe Vector Coalition to survey; document and collect mosquito species associated with early season snow melt in our shared higher elevations in the Lake Tahoe region. These species are typically associated with snow melt pools and can be present as early as the first snow and ice melts in the spring. Very little is known about many of these mosquito species and their role in disease transmission, although some have been linked to viruses in the California encephalitis and Bunyamwera virus serogroups. The collaboration with Placer County will provide new information to both agencies in learning the role of these snow melt species in virus transmission.
- The Nevada Department of Agriculture has requested staff to present at the 2016 Nevada Landscape Association Trade Show and Conference. This event is February 18th at the Reno-Sparks Convention Center. The presentation titled Elements of a Vector Control Program will cover; monitoring for pests and vectors, sample identification, control methods, and prevention. The prevention section will focus on designing and maintaining landscaping to prevent the creation of mosquito, fly, and rodent habitats.
- The Vector-Borne Diseases Program is invited to a workshop on February 25 with the Nevada Veterinary Medical Association. The discussion at this event is Rabies Immunization and Dog licensing with Washoe County Regional Animal Services.
- Staff is working with Reno Fire Department to start the process of utilizing vacant area behind Fire Station #12 at the intersection of Steamboat and Veterans Parkway. The purpose is to land

the helicopter for treatment activities in the Damonte Ranch and South Meadows area for mosquito control. This location will reduce the amount of ferrying time with efficiency directed to product being placed to the 400 acres of large bodies of water in this area. A required interlocal agreement is being drafted by our legal and the City of Reno to formalize the use of this site.

- Staff has reviewed 11 civil plans and has signed off on the Certificate of Occupancy on two projects.

Waste Management

- Program staff is training in routine inspections and complaint investigations to handle increased work demands as citizen complaints continue to increase.
- Staff began initial routine inspections of the various permitted medical marijuana facilities which maintain Waste Management Permits. These new permits contributed to the majority of new Waste Management Permits issued in calendar year 2015.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2014	JAN 2015	JAN 2016	Yrly Avg
Child Care	6	5	8	6
Complaints	70	49	103	74
Food	499	404	217	373
General*	63	63	38	55
Developmental Review Numbers	N/A	N/A	20	20
Plan Review (Commercial Food/Pool/Spa)	14	19	11	15
Plan Review (Residential Septic/Well)	21	46	54	40
Residential Septic/Well Inspections	22	3	58	38
Temporary Food/Special Events	28	26	24	26
Well Permits	11	8	11	10
Waste Management	12	8	19	13
TOTAL	746	661	563	670

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

Reno Police, Other Agencies Inspect Motel for Alleged Code Violations

Posted: Feb 04, 2016 10:13 AM

By Kellene Stockwell

ABC 2 NEWS – Channel 2 KTVN – NBC KRNV 4 NEWS - ABC KOLO 8

producers@ktvn.com



Reno Police, along with several other agencies held an inspection at a motel Thursday morning after reports of possible resident safety and code violation concerns.

The inspections were held at the Reno Legacy Motel on North Virginia Street.

The City of Reno Community Safety and Services Team, along with the Washoe County Health District, Reno Code Enforcement, Reno Business License, Reno Fire Department and the State Boiler Inspector conducted the inspection at the 36-unit motel.

Authorities say several of the violations included cooking in the hallways off hotplates, presence of mice and cockroaches, and the lack of general on-going maintenance.

Thursday's inspection is in compliance with the Mayor's Operation downtown and Council Member Oscar Delgado's Blight Initiative.

The inspections are also in compliance with one of Reno City Council's strategic priorities, which is to Provide Safe and Healthy Neighborhoods, and the recent expansion of the Police Special Assessment District (SAD).

Authorities say six people have been displaced, after officers say they found window and ceiling issues.

Also, Reno Police arrested one man on a warrant, issued one citation for an ex-felon failing to change address, and one warning for drug paraphernalia.

Police say the owner will be required to fix all the discrepancies found during the inspection. CSAST, Reno Fire Department and the Washoe County Health District will continue to monitor the motel and to work with the property owners to ensure that all required maintenance is accomplished.



Zika virus the latest mosquito-borne illness tracked by local health officials

Environmental Health Supervisor Vivek Raman explains how the Southern Nevada Health District traps 26,000 mosquitos a year to send for testing at an SNHD lab in Las Vegas on Friday, Feb. 5, 2016. While Asian Tiger and Yellow Fever mosquitos haven't been found in Nevada, specialists are always on the lookout for dangerous vectors.
Brett Le Blanc/Las Vegas Review

By Pashtana Usufzy Las Vegas Review-Journal February 8, 2016 - 3:26pm

Stagnant water, dark enclosures, carbon dioxide — different things attract different mosquitoes.

Few know that better than Vivek Raman, an environmental health supervisor with the Southern Nevada Health District.

From April to October each year, his team sets hundreds of mosquito traps across Clark County to keep tabs on the pesky — and sometimes even deadly — insects.

"Now Zika is on the radar, but it is one of many mosquito-borne diseases that we try to keep our eye on," Raman said.

No vaccine exists for Zika virus disease, and more than 30 cases have been reported in the United States.

There are no confirmed cases of Zika virus disease in Nevada, according to the state Department of Public and Behavioral Health.

The Southern Nevada Health District has sent two blood samples to the CDC for testing but has not yet received results. If confirmed as Zika cases, they "would not be local exposures," district spokeswoman Jennifer Sizemore said.

The Washoe County Health District has not sent any blood for testing to the CDC, spokesman Phil Ulibarri said.

The CDC Arbovirus Diagnostic Laboratory and several smaller health centers are performing all Zika tests on blood samples because there is no commercially available diagnostic test for the disease.

The types of mosquito that commonly transmit Zika, *Aedes aegypti* and *Aedes albopictus*, are not found in Nevada, according to the state Department of Agriculture.

"This is a backyard-breeding mosquito, so it wants small, enclosed dark areas to breed," Raman said of *Aedes* mosquitoes.

Last year, his team of five environmental health workers collected more than 26,000 mosquitoes. The mosquitoes are sorted and sent to the Nevada Department of Agriculture, which tests the insects for West Nile Virus, St. Louis Encephalitis and Western Equine Encephalitis.

The Department of Agriculture aims to test mosquitoes from every county in the state annually, according to veterinary diagnostician Keith Forbes of the Nevada Animal Disease and Food Safety Laboratory.

In 2015, the department tested 4,080 groups of mosquitoes, each containing about 50 insects, he said.

That's more than 200,000 insects.

No *Aedes aegypti* or *Aedes albopictus* have been found in Southern Nevada, though other species of *Aedes* mosquitoes have been located, Raman said.

That doesn't mean Nevadans should ignore warnings urging people to take precautions, he said.

Researchers believe other types of mosquitoes may be able to transmit Zika virus, and the CDC has issued guidelines alerting men who have visited Zika-affected regions to abstain from sex or use condoms if they have pregnant sexual partners. Men who have been to those areas recently "might consider" the advice even if their partners are not pregnant, the CDC suggests.

Pregnant women have been advised to postpone traveling to areas with Zika outbreaks.

Raman has found mosquitoes carrying West Nile in his own backyard. He suggests locals wear long-sleeved shirts, use insect repellent, and keep their doors and windows screened to protect themselves against a host of illnesses transmitted by the mosquitoes.

"Mosquitoes are very adaptable," Raman said, "so that's why we want to keep our eye on it."

Contact Pashtana Usufzy at pusufzy@reviewjournal.com or 702-380-4563. Find her on Twitter: [@pashtana_u](https://twitter.com/pashtana_u)

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**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 25, 2016**

DATE: February 17, 2016
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, and
 Emergency Medical Services

Communicable Disease (CD) –

Influenza Surveillance – For the week ending January 30, 2016 (CDC Week 4) 12 participating sentinel providers reported a total of 173 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.6% (173/6,716) which is at the regional baseline of 2.6%. During the previous week (CDC Week 3), the percentage of visits to U.S. sentinel providers due to ILI was 2.2%. This percentage is above the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.2% to 4.1%.

Six death certificates were received for week 3 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 3 was 44. This reflects a P&I ratio of 13.6% which is above the epidemic threshold set by CDC for week 3 at 7.2%. The national P&I ratio for week 3 was below the epidemic threshold at 6.8%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 97. This reflects an overall P&I ratio of 7.1% (97/1,363).

Viral Gastroenteritis Outbreaks – Since the last board meeting, there have been four GI illness outbreaks reported. Two of them are in child care facilities, one is in elementary school, and one is in high school. Three of these outbreaks have now been closed. One is still active as of February 17, 2016. The etiology was confirmed as norovirus for one closed outbreak. Specimen collection efforts for the other outbreaks are underway.

Public Health Preparedness (PHP)

General

- The PHP program has begun developing an Isolation and Quarantine Bench Book and Plan in collaboration with Carson City Health and Human Services and is contracting with a legal consultant for guidance on the bench book. A draft of the bench book and plan is anticipated to be completed by April 1st. The program will also coordinate a tabletop exercise in June to exercise the bench book with the judicial system.

- The PHP program has begun developing a regional Pharmaceutical Cache Plan in collaboration with Carson City Health and Human Services and the State of Nevada Public Health Preparedness Program. The plan will identify pharmaceutical resources available in the region and develop mechanisms for accessing them in the event of a public health emergency.
- The PHP program is conducting an Ebola tabletop exercise on February 18th for local law enforcement. The focus of this exercise is to test the policies and procedures of our local Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) teams for dealing with Persons Under Investigation (PUI) for Ebola or confirmed Ebola patients in law enforcement situations.

Healthcare Preparedness

- The PHP staff completed the Capability Planning Guide Assessment that will evaluate every function within the 15 public health preparedness capabilities and the eight healthcare preparedness capabilities.
- The Public Health Emergency Response Coordinator (PHERC) for healthcare is developing a community-wide full-scale infectious disease exercise in collaboration with the five Frontline Healthcare Facilities, two Assessment Hospitals, REMSA, and State partners. The exercise will occur on June 9, 2016.
- The PHP Program in collaboration with Environmental Health Services, Renown Regional Medical Center, Saint Mary's Medical Center, Truckee Meadows Water Authority, the Inter-Hospital Coordinating Council and Q & D Construction have partnered to develop a plan to provide emergency potable water to the hospitals in the event of long-term disruption to the public water system.
- The Public Health Emergency Response Coordinator (PHERC) for healthcare coordinated Psychological First Aid Training for mental health and behavioral professionals who could respond in the event of a Disaster Behavioral Health incident. The need for training comes from the development of the Washoe County Disaster Behavioral Health Annex. The training will take place on April 7th at the Regional Emergency Operations Center.

Medical Reserve Corp (MRC)

- The Washoe County Health District's Medical Reserve Corp Volunteer Program (MRC) successfully entered into a Memorandum of Understanding (MOU) with Renown Health on 2/4/16. The MOU essentially allows licensed professional medical MRC volunteers to assist with providing care and emergency medical services, or other support services during a medical surge at Renown Hospital. This is only the second MOU between a

MRC unit and a hospital in Nevada. Saint Mary's Regional Medical Center is the other facility that currently has an MOU with WCHD's MRC unit.

Emergency Medical Services (EMS) –

On January 8, 2016 the EMS Coordinator conducted a meeting with EMS, public health, dispatch and healthcare personnel from Region 2 (the seven northwestern counties of Nevada) to review and edit the first draft of the Region 2 Medical Surge plan. The partners had valuable input and will meet on February 29, 2016 to review the updated drafts of the Region 2 Medical Surge Plan, Multi-Casualty Annex and Healthcare Evacuation Annex. The Annex drafts were written based off the Washoe County MCIP and MAEA plan procedures and processes.

On January 15, 2016 the EMS Coordinator participated in the work group meeting for the Nevada Statewide Medical Surge Plan. It is anticipated that the plan will be finalized in March 2016 and a statewide tabletop exercise is scheduled for May 2016.

The EMS Program has facilitated two meetings relating to the proposed ILS program. The first was held January 21, 2016 and the second was February 5, 2016. In attendance were regional fire partners, REMSA clinical staff and REMSA operational staff. REMSA provided a presentation about the ILS program, how ILS ambulances are currently used as well as how such resources could be utilized in the 911 system. Regional partners asked clarifying questions to better understand the proposed program.

On January 21, 2016, the EMS Program facilitated the first meeting for the implementation of a CAD-to-CAD interface between the PSAPs and REMSA Dispatch. During the meeting, the regional representatives brainstormed questions, concerns and potential information to be shared in the interface. The EMS Coordinator was asked to take the project lead and coordinate future meetings. The EMS Coordinator is currently working with the CAD vendor to schedule a system administrators meeting.

On January 22, 2016 the EMS Coordinator conducted a ride-along with a REMSA crew for an 8-hour shift. The annual ride-alongs allow WCHD EMS Program staff meet field personnel and see how calls are handled and processed in real time.

One February 1, 2016 EMS Program staff met with REMSA personnel to discuss updates to allowable exemptions. EMS Program staff is drafting an updated letter with modifications to exemption processes.

On February 5, 2016, the EMS Program facilitated a meeting with regional Fire partners and REMSA to begin discussing mutual aid. Three topics were included on the agenda: (1) How is mutual aid currently used and regional suggestions for improvements. (2) How many fire partners have ambulances at this time and how many. (3) How many fire partners are anticipating purchasing ambulances that will be available for mutual aid, and how many. The discussion provided some good information for enhancements to the system. An immediate enhancement is the MOU with Truckee Meadows Fire Protection District. Chief Moore requested that principles and triggers be added to the existing draft, he will be providing language for REMSA's review.

The EMS Coordinator co-facilitated a MAEA training with REMSA and Saint Mary's personnel at the VA Sierra Nevada Healthcare System on February 9, 2016. Seventeen nurses, EMS, emergency preparedness personnel were trained in the process for evacuating their facility if a disaster/incident occurs at their hospital.

**REMSA Percentage of Compliant Responses
 FY 2015 -2016**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2015	92%	99%	100%	100%	99%	92%
August 2015	92%	95%	94%	100%	95%	92%
September 2015	91%	96%	97%	100%	96%	92%
October 2015	91%	95%	92%	100%	94%	92%
November 2015*	92%	96%	97%	100%	96%	92%
December 2015*	92%	97%	97%	100%	97%	92%
January 2016*	91%	95%	97%	100%	96%	92%
YTD	92%	96%	96%	100%	96%	92%

* Compliance calculations include exemption calls.

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2015	8:34	13:18	17:00	N/A*
August 2015	8:32	12:46	19:51	N/A*
September 2015	8:53	13:06	18:23	18:22
October 2015	8:39	14:24	19:14	N/A*
November 2015	8:37	14:03	18:11	N/A*
December 2015	8:42	12:31	17:39	N/A*
January 2016	8:48	14:50	18:36	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

Performance with NFPA Standards –

The EMS Oversight Program is going to continue to measure partner responses against the National Fire Protection Agency established standards. Performance measures will be explored in the Quarterly EMS Report. However, per the request of Board members, the ambulance assignment performance measure is included below. While “Clock Start” is not an NFPA standard, it impacts the ability for an ambulance to be assigned if the dispatcher is unable to obtain the appropriate information.

	Total and % of Calls for Month		Number and % of calls with Clock start within 60 seconds		Number and % of calls with Clock Start within 90 seconds		Number and % of calls with Clock start within 120 seconds		Number and % of calls with Clock Start over 121 seconds	
All calls	5365	100.0%	5066	94.4%	5309	99.0%	5342	99.6%	23	0.4%
Priority 1	2132	39.7%	1997	93.7%	2103	98.6%	2122	99.5%	10	0.5%
Priority 2	2210	41.2%	2103	95.2%	2191	99.1%	2199	99.5%	11	0.5%
Priority 3	929	17.3%	880	94.7%	922	99.2%	927	99.8%	2	0.2%
Priority 9	94	1.8%	86	91.5%	93	98.9%	94	100.0%	0	0.0%

The chart above shows the time lapse between the call being answered in the REMSA Dispatch center and the “clock start” variable, used for compliance. The clock starts when the citizen answers three pieces of information: address phone number and citizen identified chief compliant.



	Total and % of Calls for Month*		Number and % of calls with Assignment within 90 seconds		Number and % of calls with Assignment within 120 seconds		Number and % of calls with Assignment over 120 seconds	
All calls	5364	100.0%	5079	94.7%	5184	96.6%	180	3.4%
Priority 1	2131	39.7%	2041	95.8%	2087	97.9%	44	2.1%
Priority 2	2210	41.2%	2079	94.1%	2123	96.1%	87	3.9%
Priority 3	929	17.3%	871	93.8%	883	95.0%	46	5.0%
Priority 9	94	1.8%	88	93.6%	91	96.8%	3	3.2%



*Ambulance assignment was missing for 1 call in January 2016.

This chart shows the time lapse between the call being answered in the REMSA Dispatch center and an ambulance being assigned to the call.

NFPA Standard:

Assignment Made within 90 seconds - 90% standard

Assignment Made within 120 seconds - 99% standard

Assignment over 120 seconds

**District Health Officer Staff Report
Board Meeting Date: February 25, 2016**

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Community Health Improvement Plan, Truckee Meadows Healthy Communities, Strategic Planning, Quality Improvement, Security, Other Events and Activities and Health District Media Contacts

Community Health Improvement Plan (CHIP)

The CHIP was approved by the District Board of Health on January 28, 2016. Four workgroups, one for each of the four priority health issues identified in the CHIP have been scheduled for late February (Behavioral Health and Education Workgroups to occur on February 22nd and Access to Healthcare/Social Services and Food Security Workgroups to occur on February 24th). Workgroups members will review action plans, discuss subcommittees, identify gaps and plan for next steps during these February meetings.

Truckee Meadows Healthy Communities (TMHC)

The 89502 Subcommittee met on February 2 and the next Meeting of the Steering Committee is March 2. I led two orientation meetings for new Steering Committee members which were held on January 29 and February 19. A Family Health Festival is scheduled to be held at Wooster High the afternoon of February 29. The Family Health Festival Planning Committee is working to ensure participants have greater knowledge of the services being offered at the event. TMHC is exploring options for support of TMHC activities through a local firm.

I continue to meet with Tony Slonim in his new capacity as co-chair for TMHC. He has committed additional resources toward working on promotion of TMHC in the community.

C4C meetings continue every other week. The C4C leadership team is currently implementing a PhotoVoice project in Washoe County with students from at risk schools within the 89502 zip code. PhotoVoice is a process in which people use video and/or photo images to capture aspects of their environment and experiences and share them with others. The pictures/video will then be used to bring the realities of the photographers' lives home to the public and policy makers to spur change. The Health District has been a lead partner in getting this project off the ground. Other partners include Praxis Consulting, Boys and Girls Club, Washoe County School District, Renown, and Food Bank of Northern Nevada. A date for students to present their PhotoVoice projects is being scheduled in April.

Subject: District Health Officer Report

Date: February 25, 2016

Page 2 of 2

Strategic Planning

The Health District Strategic Planning process is moving forward according to schedule. OnStrategy will complete the one-on-one interviews with the Board of Health members on February 12, and will meet with the Health District leadership team on March 2, 2016. A survey has been distributed to all Health District staff, to the individuals engaged in the external survey for the Health Officers annual performance review, and to the members of the Fundamental Review Team to gather their input. A strategic planning retreat will take place on April 14th-15th.

QI

The Q-Team has developed a report-out process for the QI projects implemented by Health District staff. Staff who are working on QI projects will present to the Health District Leadership Team every other month when the entire leadership team meets.

Security

The County continues to work to address security within the 9th Street complex. The Health District is working with them to continue to improve security of the Health District.

Other Events and Activities

Participated in the Nevada Health Authorities Call on February 2.

Participated in the Department/Division Head Workshop/Follow-up to Washoe County Strategic Plan/FY17 Goals on February 10.

Met with Assistant County Manager Joey Orduna-Hastings on February 5 and with technology staff on February 18 to discuss security throughout the County, and more specifically for Building B.

Attended the Community Health Alliance Center for Complex Care Grand Opening on February 17.

I met with the Division Directors on February 3 and February 17.. I meet regularly with the Division Directors and ODHO staff on an individual basis.

The Health District is participating with the Nevada Public Health Institute and other partners to hold an event at the Health District in conjunction with the 2016 release of the Nevada County Health Rankings on March 16.

Health District Media Contacts: January 1 - 31, 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
1/28/2016	KRNV CH4 - NBC Reno	Cassie Wilson	Burn Code - Schnieder
1/27/2016	KRNV CH4 - NBC Reno	Emily Pacillo	Zika Virus - Todd/Ulibarri
1/22/2016	KRNV CH4 - NBC Reno	Joe Hart	Well Drilling in Cold Springs - Ulibarri/Rubio
1/22/2016	KOLO CH8 - ABC Reno	Kendra Kostelecky	Lead Poisoning from Water - Ulibarri
1/22/2016	KKOH 780AM - CNN Reno	Daniela Sonnino	Infant Deaths - Ulibarri
1/14/2016	KTVN CH2 - CBS Reno	Megan Green	Norovirus - Ulibarri
1/11/2015	KRNV CH4 - NBC Reno	Joe Hart	Clean Indoor Air Act - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

No Press Releases issued this month

Social Media Postings

Facebook	Ulibarri/Schnieder/Barker/ Howell	111
Twitter	Schnieder	70
Grindr	Howell	31

Fundamental Review Recommendation Status

Legend:

February 25, 2016

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 January 21, 2014
	2	Develop a DBOH orientation manual and program
	a.	Completed August 2014
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Land development user group established, meeting regularly. Incorporates food and retail assoc.
	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.
	c.	Vital Statistics staffed five days a week
	d.	Interactive Voice Response software options being explored
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Third-party billing service terminated 12/31/15. Immunize Nevada under contract to improve billing.
	b.	Adopted new fees for services not previously charged for. Effective 7/1/15
	c.	Fee revisions approved for EHS and AQM December 2015. Effective 7/1/16 (50%) and 7/1/17 (100%)
	d.	CCHS services reviewed, new fees adopted October 22, 2015

Fundamental Review Recommendation Status

	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. Implementation proceeding but extended due to change order
	8	Develop infrastructure to support the District Health Officer
	a.	Program Coordinator position proposed in FY 17 budget
	9	Implement time coding for employees
	a.	Time coding has been implemented. Adjustments continue.
	10	Perform cost analysis of all programs
	a.	Completed and accepted by Board December 2015
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Administrative Assistant position proposed in FY 17 CCHS budget
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	The District is maintaining a positive and productive working relationship with the County Manager & budget ofc
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on 6/1/14
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	i.	FTEs shifted within EHS, within CCHS, and from EHS to CCHS to align with public demand
	14	Conduct a CHA in concert with current partner organizations
	a.	Complete.
	15	Develop metrics for organizational success and improved community health
	a.	In FY16, 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, Regional EMS Oversight Program and Advisory Board established.
	17	Maintain current levels of local and state financial support
	a.	Past 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 1/16/14. Repeat in 2018 per approved Significant Board Activities schedule
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	SP schedule established. Targeted completion June 2016.
	20	Implement a performance management system
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

Fundamental Review Recommendation Status

	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.	District provided testimony on bills during the 2015 legislative session and assisted in changing regulations
	b.	Working collaboratively with NDPBH and SNHD regarding 2017 Legislative session priorities
	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	QTeam established, all-staff training completed 9/15/15, FY 16 QI Plan finalized, DBOH briefed Jan. 2016
	24	Seek Public Health Accreditation Board accreditation
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

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

District Health Officer's Recommended Fiscal Year 2016-2017 Budget

**District Board of Health
February 25, 2016**



**Fiscal Year
2016-2017
Recommended
Budget**

- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY17 Sources and Uses**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



**Health
District
provides
twenty-two
different
programs
to the
Community**

Office of the District Health Officer
Program

Administrative Health Services
Program

Air Quality Management Program

**Programs in the Community and
Clinical Health Services Division**

Chronic Disease Prevention

Community & Clinical Health

Family Planning

Immunizations

Maternal, Child & Adolescent Health

Sexual Health – HIV

Sexual Health – STD

Tuberculosis

Women, Infants and Children

**Programs in the Environmental
Health Services Division**

Environmental Health Services/Land
Development

Food Protection

Safe Drinking Water

Solid Waste Management

Underground Storage Tanks

Vector Borne Diseases

**Programs in the Epidemiology and
Public Health Preparedness Division**

Emergency Medical Services

Epidemiology Surveillance

Public Health Preparedness

Vital Statistics



FY17
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division

Office of the District Health Officer

- **Total program FTEs:** **5.33** (includes the new positions)
- **Total FY 2017 Revenues** **\$35,000**
- **Total FY 2017 Expenditures:** **\$979,998**

Administrative Health Services

- **Total program FTEs:** **10.0**
- **Total FY 2017 Revenues** **\$0**
- **Total FY 2017 Expenditures:** **\$1,168,142**

Air Quality Management

- **Total program FTEs:** **18.50**
- **Total FY 2017 Revenues** **\$2,683,185**
- **Total FY 2017 Expenditures:** **\$3,270,820**



**FY17
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division**

Community & Clinical Health Services

- **Total program FTEs: 56.14**
- **Total FY 2017 Revenues \$3,557,273**
- **Total FY 2017 Expenditures: \$7,371,920**

Environmental Health Services

- **Total program FTEs: 42.91**
- **Total FY 2017 Revenues \$2,902,711**
- **Total FY 2017 Expenditures: \$6,394,404**

Epidemiology and Public Health Preparedness

- **Total program FTEs: 18.53**
- **Total FY 2017 Revenues \$1,812,848**
- **Total FY 2017 Expenditures: \$2,546,046**



Summary
Of
Health
Fund
Revenue

Total projected revenue - \$20,787,873 a 7.2% increase over FY16 adopted budget

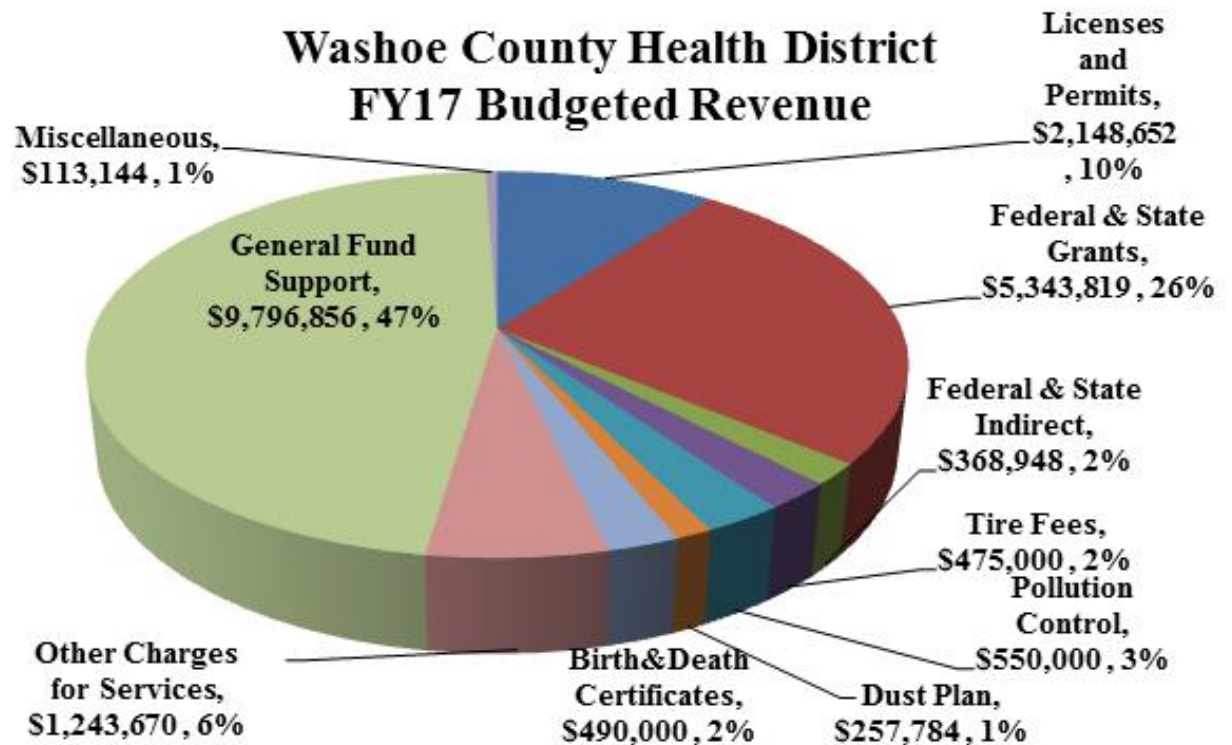
- **Licenses and Permits - \$2,148,652, up 56.5%**
 - Includes the anticipated increase in fees
- **Grants - \$5,712,767, up 4.3%**
 - Increase due to additional Ebola funding
- **Intergovernmental funds - \$1,025,000, up 0.6%**
 - \$550,000 restricted for the Air Quality program
 - \$475,000 restricted for the Solid Waste program
- **Charges for services - \$1,991,454, up 46.3%**
 - Includes the anticipated increase in fees
- **Miscellaneous Revenue – \$113,144, up 28.9%**
- **County General Fund Support - \$9,796,856, down \$280,000**
 - Reduction in County subsidy for the overhead now captured in the fees
 - No additional County support will be requested



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Summary
of
Health
Fund
Revenue
\$20,787,873



Summary
Of
Expenditures

**Total projected Expenditures: \$21,731,331 a
8.2% increase over FY16 adopted budget**

- **Salaries and Wages - \$10,797,720, up 3.0%**
 - 151.41 FTEs down from 150.01
 - Additional funding for intermittent hourly FTEs
 - Includes merit increases
- **Employee Benefits - \$5,996,345, up 29.5%**
 - Assumes a 6% increase in group insurance
 - \$1,181,460 in OPEB costs, previously in services and supplies
 - Retirement at 28.0% of salaries and longevity
- **Services and Supplies - \$4,877,823, down 0.1%**
 - Includes \$270,344 for additional funding in FY17
 - Prior year unspent funding of \$688,337 for the Tire and Air Pollution funds
- **Capital - \$59,443, down \$21,437**
 - \$29,738 for the Clinics electronic records system
 - \$29,705 for equipment related to air monitoring

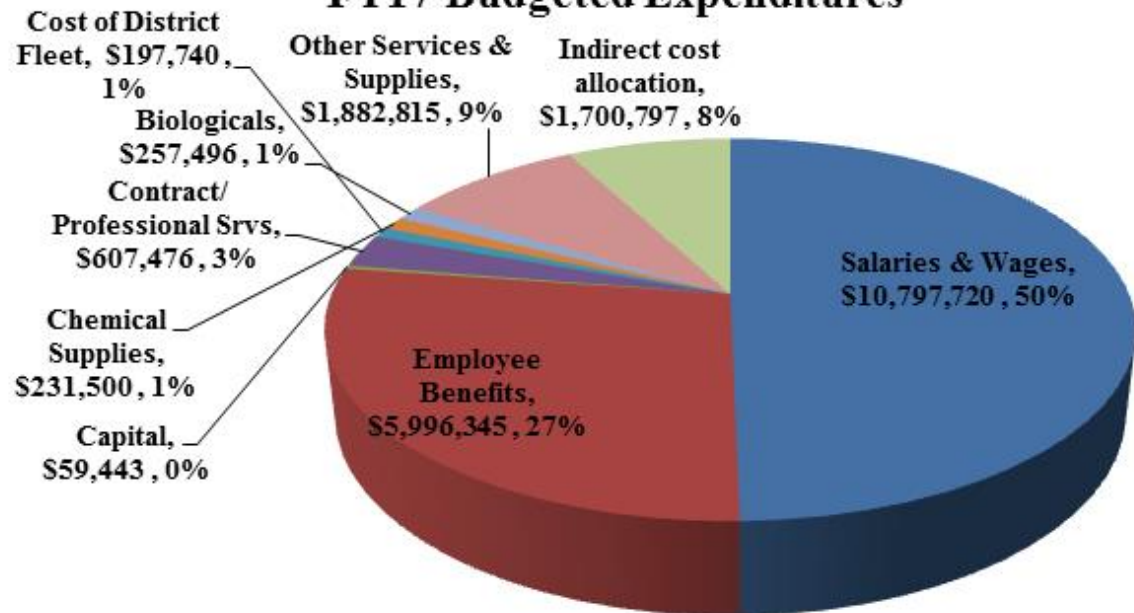


WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Summary
of
Expenditures
\$21,731,331

Washoe County Health District FY17 Budgeted Expenditures



**Summary
of Above
Base
Requests**

Summary of Above Base Requests

- Add a Program Coordinator to assist with the Community Health Improvement Plan
- Eliminate positions due to loss of grant funding
- Increase two part-time positions to full-time through the elimination of a vacant position
- Reclassify positions to better align work assignments with job classifications
- Increase standby pay, overtime, and call back to allow for after hour response to agency requests for assistance such as hazardous material events
- Employee medical insurance increase of 6%
- Funding for security, additional travel and training for employees, additional operating supplies and an increase in credit card fees due to the regional permitting system
- Additional funding for the three-year update of the Community Health Needs Assessment



Sources and Uses of Funds

FY 2016-2017
Fund Balance
projected to
be \$1,045,727
4.8% of
Expenditures

	Actual				ETC	Proposed
	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 3,745,034	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185
Revenues:						
Licenses and Permits	984,267	1,179,756	1,406,086	1,410,276	1,413,708	2,148,652
Federal & State Grants	5,861,928	5,630,117	5,438,048	5,369,889	5,749,295	5,343,819
Federal & State Indirect Rev.	106,217	142,069	357,864	288,770	410,716	368,948
Tire Fees (NRS 444A.090)	513,800	432,642	314,136	446,463	468,548	475,000
Pollution Control (NRS445B.830)	313,965	314,903	634,731	541,626	558,086	550,000
Dust Plan	141,672	123,364	147,678	187,763	240,000	257,784
Birth & Death Certificates	439,910	476,829	457,596	465,052	500,000	490,000
Other Charges for Services	684,167	714,058	734,285	744,250	812,299	1,243,670
Miscellaneous	52,432	73,204	172,819	58,286	78,714	113,144
Total Revenues	9,098,358	9,086,942	9,663,243	9,512,374	10,231,365	10,991,017
General Fund (GF) transfer-Operating	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	2,000,000	1,750,000	2,333,772	2,333,772	2,053,772
Total General Fund transfer	7,250,850	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856
Total Sources of Funds	20,094,242	21,626,875	21,078,599	21,668,365	22,576,727	22,777,057
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,525,698	9,458,939	9,169,680	9,826,174	9,953,764	10,367,158
Intermittent Hourly Positions	335,390	344,928	421,427	360,460	435,263	430,562
Group Insurance	1,334,706	1,336,381	1,307,483	1,430,834	1,566,651	1,741,217
OPEB Contribution (1)	-	-	-	-	-	1,181,460
Retirement	2,205,442	2,189,491	2,310,772	2,435,635	2,690,883	2,847,521
Other Employee Benefits	205,137	268,263	211,142	222,327	208,418	226,146
Contract/Professional Srvs	557,610	713,360	809,059	608,663	791,528	607,476
Chemical Supplies (Vector only)	265,304	231,490	231,398	231,437	249,309	231,500
Biologicals	180,620	226,789	247,975	211,580	259,529	257,496
Fleet Management billings	176,468	136,051	161,263	180,112	223,026	197,740
Outpatient	90,911	85,670	79,036	77,527	98,155	103,385
Property & Liability billings	77,036	80,283	74,502	74,503	75,992	76,093
Other Services and Supplies	907,948	977,769	854,241	974,021	1,208,878	1,703,337
Indirect cost allocation	-	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797
Capital	315,930	212,624	146,788	25,527	30,265	59,443
Total Uses of Funds	16,178,200	18,815,411	18,922,800	19,399,859	20,587,542	21,731,331
Net Change in Fund Balance	171,008	(1,104,577)	(655,666)	112,707	(279,321)	(943,458)
Ending Fund Balance (FB)	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727
FB as a percent of Uses of Funds	24.2%	14.9%	11.4%	11.7%	9.7%	4.8%

(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Fiscal Year 2017
Recommendations
Impact to
Health Fund

Positive Net
Change in Fund
Balance for FY18-
FY19 and a small
deficit in FY20

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%

(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY17



Expenditures
not included in
FY17
Recommended
Budget

- **Labor negotiations for FY17**
- **Final funding from County General Fund for Workers Compensation and Property & Liability billings**



Next Steps

- **February, 2016**
 - Recommended FY17 Budget due to the County
- **March, 2016**
 - District Health Officer delivers FY17 budget to County and City Managers
 - DBOH update on the Managers meeting for FY17 Budget
- **April, 2016**
 - Health District budget presentation to the Board of County Commissioners (BCC), if required
- **May, 2016**
 - May 10, BCC meeting, Manager's recommendations for FY17 budget, General Fund support should be finalized
 - May 16, BCC Public Hearing and possible adoption of the FY17 Final Budget
- **June, 2015**
 - June 1, Final County Budget due to the Department of Taxation



Staff requests
approval of the
FY17 Budget

Once approved it
will be submitted
to the Cities and
County Managers
for comment as
outlined in the
Interlocal
Agreement

Staff recommends that the DBOH approve the Fiscal Year 2016-2017 Budget which in summary includes:

- Approval to fund 22 programs
- Total Revenues budgeted at \$20.8 million
- Use of FY16 anticipated savings for FY17 to cover the shortfall in revenues compared to expenditures
- Total Expenditures budgeted at \$21.7 million
- Budget authorization for 151.41 FTEs
- Anticipated ending fund balance of \$1,045,727 which is 4.8% of expenditures

Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2016



**Fiscal Year
2016-2017
Recommended
Budget**

Questions?

