

**Washoe County District Board of Health
Meeting Notice and Agenda
PLEASE NOTE LOCATION**

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

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

**Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV**

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on third page.)

- **Business Impact Statement regarding the proposed revisions to the District Board of Health Regulations Governing Air Quality Management**

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

April 28, 2016

5. Approval of Draft Minutes

March 24, 2016

6. *Recognitions

A. Years of Service

1. Benjamin (Frank) Cauble, 25 years, hired 4/8/91 – CCHS

B. New Hires

1. Shawnette Andries, Public Health Nurse I, hired 4/21/16 – CCHS
2. Kelly Verling, Public Health Nurse I, hired 4/21/16 – CCHS

7. Proclamations

- A. Bike Week
Accepted by: Julie Hunter
- B. Emergency Medical Services Week
Accepted by: Christina Conti

8. 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 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 physician consultant services for the Tuberculosis Program in the amount of \$14,400 annually (\$1,200 per month) for the period April 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 Interlocal Agreement.
Staff Representative: Patsy Buxton
2. 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 \$110,000 for the period March 29, 2016 through March 28, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO 11238; and if approved, authorize the Chair to execute the Notice of Subgrant Award.
Staff Representative: Patsy Buxton
3. 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 \$129,629 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease (STD) Grant Program, IO 10014; and if approved, authorize the Chair to execute the Notice of Subgrant Award.
Staff Representative: Patsy Buxton
4. 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 \$107,327.79 for the period April 1, 2016 through March 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Grant Program, IO 11302; and if approved, authorize the Chair to execute the Notice of Subgrant Award.
Staff Representative: Patsy Buxton
5. Approval of Notice of Award from the Nevada Department of Health and Human Services, Public Health Service for the period April 1, 2016 through March 31, 2017 in the total amount of \$1,209,536 (\$102,800 Health District match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO 11304.
Staff Representative: Patsy Buxton

B. Recommendation to Uphold Citation(s) Not Appealed to the Air Pollution Control Hearing Board

Staff Representative: Charlene Albee

1. Desert Wind Homes, Case No. 1182, Citation No. 5527
2. Reds Development, Case No. 1181, Citation No. 5527
3. KDH Builders, Case No. 1183, Citation No. 5528

C. Acknowledge receipt of the Health District Fund Financial Review for March, Fiscal Year 2016

Staff Representative: Anna Heenan

D. Approval of Personal Protective Equipment and Isolation Pods donation to law enforcement, EMS transport capable agencies, and hospitals in the total amount of \$116,417 to enhance the ability to protect against infectious disease and other health hazards.

Staff Representative: Jeff Whitesides

9. PUBLIC HEARING - Review, discussion, and adoption of the Business Impact Statement regarding the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 040.051 (Wood Stove/Fireplace Insert Emissions), 040.052 (Hydronic Heaters), and 010.000 (Definitions), with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for May 26, 2016 at 1:00 pm.

Staff Representative: Charlene Albee

10. *Update and Potential Discussion regarding Current Status of Emergency Medical Services in Northern Washoe County

Staff Representative: Aaron Kenneston

11. Presentation, discussion and possible approval of the Fiscal Year 2015-2016 revisions to the Multi-Casualty Incident Plan (MCIP)

Staff Representative: Brittany Dayton

12. Presentation, discussion and possible approval of the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area

Staff Representative: Brittany Dayton

13. *Emergency Medical Services Advisory Board April Meeting Summary

Staff Representative: Christina Conti

14. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the Compliance Report for March 2016

*B. Operations Update for March 2016

15. Presentation, discussion and possible adoption of proposed Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board

Staff Representative: Kevin Dick

16. *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 – National STD Awareness Month; Divisional Update – SNAP & Medicaid Enrollment, 2016 Training Day and Public Health Associate Program; Program Reports
- C. Environmental Health Services, Bob Sack, Director
EHS Division 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
Budget, Strategic Planning, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Other Events and Activities and Health District Media Contacts

17. *Board Comment

Limited to announcements or issues for future agendas.

18. *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.

19. 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, March 24, 2016
1:00 p.m.**

**Washoe County Administration Complex
Commission Chambers, Building A
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
Julia Ratti, Vice Chair (arrived at 1:04 p.m.)
Dr. George Hess
David Silverman (arrived at 1:04 p.m.)
Dr. John Novak
Mike Brown
Oscar Delgado

Members absent: None

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
Randall Todd, Division Director, EPHP
Bob Sack, Division Director, EHS
Kelly Goatley-Seals, Health Educator Coordinator
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Ms. Goatley-Seals 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

March 24, 2016

Dr. Hess moved to approve the agenda for the March 24, 2016, District Board of Health regular meeting. Councilmember Delgado seconded the motion which was approved five in favor and none against.

5. Approval of Draft Minutes

February 25, 2016

Mr. Brown moved to accept the minutes of the February 25, 2016 District Board of Health regular meeting as written. Dr. Novak seconded the motion which was approved five in favor and none against.

6. *Recognitions

A. Years of Service

1. Scott Baldwin, 10 years, hired 3/13/06 – AQM

Mr. Baldwin was not in attendance.

2. Mark Dougan, 10 years, hired 3/20/06 – EHS

Mr. Dick congratulated Mr. Dougan and presented him with a commemorative certificate and a Washoe County 10-year pin.

3. Nick (Nicholas) Florey, 10 years, hired 3/27/06 – EHS

Mr. Dick noted Mr. Florey had recently been congratulated by the Board on his promotion. Mr. Dick presented Mr. Florey with a commemorative certificate and a Washoe County 10-year pin.

4. Sunita Monga, 20 years, hired 3/6/96 – CCHS

Mr. Dick introduced Ms. Monga and noted she was a supervisor in the WIC program. He presented her with a commemorative certificate and a Washoe County 20-year pin.

B. New Hires

1. Christopher Peterson, Licensed Engineer, hired 3/14/16 – EHS

Mr. Sack briefly reviewed Mr. Peterson's background, noting that his background included experience providing water system oversight with the State Department of Environmental Protection.

2. Michael Crawford, Air Quality Specialist, hired 3/21/16 – AQM

Ms. Albee introduced Mr. Crawford, explaining that he had moved to Nevada from Florida, where he had most recently been employed by Walt Disney World as an Electronics Technician and Specialist. His previous experience includes air quality monitoring.

C. Achievements

1. Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

Mr. Kent Choma provided a PowerPoint presentation outlining the organization's accomplishments and activities for the previous year.

Dr. Hess stated he had served on the IHCC. He complimented the group, noting it was one place in the community where the four hospitals truly cooperated.

7. Proclamation – National Public Health Week

Ms. Goatley-Seals, Laima Etchegoyhen of UNR School of Medicine, Monica Monticelli, a UNR undergraduate with the School of Community Health Science and Tai Osunlalu, CDC Associate, accepted the proclamation.

Ms. Goatley-Seals noted Public Health Week was acknowledged nationally, and she explained that local organizations worked together to plan educational and informational activities.

Vice Chair Ratti moved to accept the proclamation. Councilmember Delgado seconded the motion which was approved unanimously.

8. 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 \$109,100 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Grant Program, IO 10016; and if approved, authorize the Chair to execute the Notice of Subgrant Award.

Staff Representative: Patsy Buxton

2. Approval to add Gentamycin at \$4.55 per unit, Bexsero MenB at \$195 per unit and Admin of Depo at \$16 per unit to the Community and Clinical Health Services fee schedule.

Staff Representative: Steve Kutz

3. Approval of Subgrant Amendment #1 from the Nevada Division of Public and Behavioral Health, for the period Upon approval by all parties through June 30, 2016 in the amount of \$19,726 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness, FY 16 Carryover, IO 11294; Approve amendments totaling an increase of \$19,726 in both revenue and expense to the FY 16 CDC Public Health Preparedness – FY16 Carryover, IO 11294.

Staff Representative: Erin Dixon

B. Recommendation to Uphold Citation(s) Not Appealed to the Air Pollution Control Hearing Board

Staff Representative: Charlene Albee

1. Citation No. 5555, Case No. 1180 issued to Mr. Brad Bryant – SCI Construction

C. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

Staff Representative: Charlene Albee

D. Acceptance of the 2015 Annual Report to the Regional Planning Commission by the Washoe County Health District as the Solid Waste Management Authority

Staff Representative: James English

E. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &

Sanitation Hearing Board

Staff Representative: Wesley Rubio

1. John Lindberg – Case No. 1-16S

F. Acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2016

Staff Representative: Anna Heenan

G. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,500, to attend the 2016 NALBOH conference in St. Louis, MO August 9-12, 2016.

Staff Representative: Patsy Buxton

Dr. Novak moved to accept the Consent Agenda as presented. Dr. Hess seconded the motion which was approved unanimously.

9. *Presentation on Progress to Prepare for an Upcoming Strategic Planning Discussion at April 14, District Board of Health Retreat
Presented by Erica Olsen and Zach Yeager

Ms. Olsen presented PowerPoint slides (Attachment A) covering what had occurred thus far in the process, key themes that had emerged from stakeholder input and what would occur at the Board retreat. She requested the Board inform them if they would like to have more information available for the retreat.

Ms. Olsen noted the Board would receive review material prior to the retreat that would include the survey report and a briefing book which pulls all of the information together. The data will be synthesized down into so it is more digestible and the retreat can focus on setting goals and priorities.

Mr. Yeager reviewed the major themes that encompass what had come up as he and Ms. Olsen were reviewing all of the data that had been gathered. He asked the Board for their input regarding whether they believed their proposals represented a good starting point for building a plan, specifically if they felt anything was missing.

Chair Jung invited the Board to contact Mr. Yeager or Ms. Olsen if they would like to see any additions prior to the retreat.

Vice Chair Ratti suggested all of the documentation utilized should be gathered together in one place for the Board members to reference as they were reviewing the material. Mr. Yeager noted they would do that and also that they intended to compile a composite of the most relevant data from each of the reports. Vice Chair Ratti clarified that for her, the reports did not to be included, just a link to them. The other members indicated that would work for them as well.

Vice Chair Ratti stated there were no surprises in any of the areas discussed.

Dr. Novak opined the agenda was sufficiently populated for a robust discussion and most of the Board's ideas about what should be covered had been included.

Dr. Hess requested a copy of the PowerPoint presentation be emailed to the members. Chair Jung asked Ms. Spinola to send it out.

Chair Jung thanked Ms. Olsen and Mr. Yeager and stated she looked forward to seeing them at the retreat.

Ms. Olsen reiterated the information presented was just a preliminary view and would be explored more in-depth at the retreat. She reviewed the agenda and lightly expounded on what

would occur during each item. She then explained management staff would spend the rest of that day and the following day utilizing the guidance and policy direction provided by the Board to build out the goals and initiatives.

Mr. Dick noted lunch would be provided.

10. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the REMSA Operations Report for February 2016

Mr. Vonarx noted updates would be provided and offered to answer any questions regarding the Operations Report.

Vice Chair Ratti moved to accept the report as presented. Mr. Silverman seconded the motion which was approved unanimously.

*B. Update of REMSA's Public Relations Activities during February 2016

Mr. Vonarx stated the Memorandum of Understanding with Truckee Meadows Fire Protection District (TMFPD) was moving forward in a positive direction. Chief Moore and Dean Dow planned to present an update jointly to the Board in April.

Mr. Vonarx noted the customer satisfaction survey response numbers had increased, providing statistically significant results. He explained approximately four percent of transports were being contacted by phone, in addition to the mailed surveys that had been sent out prior to that practice being discontinued.

Mr. Brown noted discussion had occurred at a previous meeting regarding utilization of the assistance of public safety agencies to move large patients and asked if that practice had been revisited. Mr. Vonarx clarified the issue had been based on an event with a single patient, and had been discussed at the last meeting. He noted Mr. Romero had also provided an update regarding the equipment available and being utilized for those types of situations. Mr. Vonarx explained they work in partnership with other agencies and expressed he was unaware that had been an action item.

Mr. Brown clarified that the question had been posed regarding what was being done to work toward a solution that does not utilize public staff to assist with larger patients. Chair Jung suggested he request that as an action item later in the meeting, as she agreed it should be agendaized and discussed.

Mr. Romero stated REMSA had a policy with the City of Reno Fire Department clarifying that they will assist with patients in a residence with a medical problem. No similar agreements exist with the other fire agencies.

Mr. Romero explained activity had increased during February due to visits by various presidential candidates. A tabletop exercise regarding hospital evaluations had been conducted, and a planning meeting had been held regarding conducting quarterly trainings for airport response to active assailants. REMSA also instructed the entire Northern Nevada Law Enforcement academy on law enforcement casualty care.

Dr. Hess stated a major problem that he had become aware of was the disbanding of the Gerlach Volunteer Fire department, as they had been responsible for patient transport in both the immediate vicinity and other areas in the northern portion of the County. He asked if REMSA had discussed a plan to address that need until a resolution was found and established. Mr. Romero noted that was up to TMFPD. He explained that at the time the

problem had originated, REMSA had reached out to Mr. Dick and the Emergency Medical Services (EMS) oversight staff to offer their assistance.

Dr. Hess asked if Mr. Romero knew what the current response was to a medical emergency in Gerlach. Mr. Romero opined Chair Jung might be able to answer that question. She noted discussion about TMFPD was not agendaized. Deputy District Attorney (DDA) Admirand stated it was not, although it could be requested for a future agenda item.

Dr. Hess opined it was an emergency item in that it was affecting public health in the present, and some sort of a report would be beneficial. DDA Admirand reiterated it could be agendaized for the April meeting. Dr. Hess noted that was 30 days away and reiterated it was an emergency. He asked if there were a way to request an emergency item be added. He opined it was an EMS issue.

DDA Admirand explained there were specific requirements for an emergency item under Chapter 241 of the Nevada Revised Statutes (NRS). Dr. Hess requested she inform him of what they were. DDA Admirand requested a five-minute break.

[At 1:41 p.m., Chair Jung stated the meeting was in recess.]

Dr. Hess noted he was not an attorney but disagreed with DDA Admirand. He stated he wished to make an emergency motion.

[At 1:44 p.m. Chair Jung called the Board back into session.]

Dr. Hess stated he believed the situation constituted an emergency and an emergency motion was warranted due to the fact the issue had just occurred within the last week, wherein the entire fire department, who also provided emergency medical transport services, walked off. He stated people in Northern Washoe County were at great risk if there was a serious injury or illness. Because there was no medical care or transport. He moved that the item at least have preliminary discussion at the current meeting.

Chair Jung stated it was not an action item. Dr. Hess reiterated he was asking to make an emergency motion, and suggested that there was an ability under NRS to make emergency motions. He pointed out Chair Jung did not agree with him so could overrule him, but he wanted it on record. DDA Admirand explained that under the definition of Open Meeting Law, the item did not meet the requirements of an emergency and it was not on the agenda, so her advice was to take no action.

Chair Jung noted it was not necessary for her to overrule him, as there had been no second to the motion.

11. Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.

Staff Representative: Kevin Dick

Mr. Dick noted the staff report contained information regarding the history of the Fundamental Review (FR) and how it has been implemented to date. He directed their attention to the list of items remaining to be addressed, and noted the full listing of items had also been included in the packet.

Mr. Dick explained he intended to discuss only the remaining items as that list was shorter, and also because the goal was to address and potentially finalize them so that the direction of the

Health District could transition from the FR to the Strategic Plan. Any remaining items from the FR would be incorporated into the plan. Mr. Dick reviewed the list and provided explanatory comments.

4. Clinical Services

- Consideration of any additional Service Hours

Clinical services has been expanded to provide immunizations five days a week and evening hours for immunizations and Family Planning services on the first, third and fifth Wednesdays of the month.

- Interactive Voice Response software for appointment scheduling – Not currently available.

The previous and current electronic health records providers did not and do not have IVR capacity. Staff is optimistic that the new provider may be able to provide that service in the future.

Chair Jung asked if there was a demand driving the request for additional service hours. Mr. Dick replied there had been no specific requests. Chair Jung opined expanding hours without data that supported the decision would not be a good use of resources.

5. Fee Schedules

- Work on Septic and Well Regs and Process – potential fee modification

Workgroup established through the Builder's Association of Northern Nevada (BANN) and the Environmental Health (EHS) staff is meeting every two weeks. Anticipated regulation changes may lead to fee modifications.

- Potential Risk-based Food Establishment Fees

EHS staff will provide briefings to the Board as they go through the process of reviewing and updating the regulations.

Dr. Novak requested a description of Risk-Based food. Mr. Dick explained there were different risk levels based on what type of food handling and preparation methods are utilized. Lower-risk foods do not require as much oversight as high-risk foods.

Mr. Sack explained EHS was moving towards a food inspection process that specifically targets areas that have a higher risk of creating food-borne illnesses. Dr. Novak asked if it would mean a separate inspection and Mr. Sack stated it would not at this time.

Vice Chair Ratti noted she had missed the opportunity to ask a question and requested further explanation regarding how the District was working with Immunize Nevada (INN) to improve billing. Mr. Dick explained INN had received a grant which funds support assistance for the District in billing to recover costs for clinical services. An individual paid for by the grant has expertise in billing and cost recovery, and revenue has increased. The service will continue through the next fiscal year, funded by the approved District budget.

Mr. Silverman noted he was pleased that time and effort was being dedicated to Item 5. He stated he was looking forward to seeing the results of the modifications to fees and inspections based on risk level and he appreciated their efforts.

- Track costs and update fees.

8. Develop Infrastructure to Support the District Health Officer

- Program Coordinator to support CHIP in proposed budget

11. Assessment of needed Administrative and Fiscal staff

- Administrative Assistant Position for CCHS in proposed budget. Additional adjustments may occur

13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention

- Internal Personnel Resource shift in response to program analysis.
- Program Coordinator position in proposed budget as result of CHA and CHIP
- Further actions may result from Strategic Plan

15. Develop metrics for organizational success and improved community health

- Goes with #20. See below.

19. Undertake an organizational Strategic Plan.

- Underway to be completed in June, 2016.

20. Implement a performance management system

- Implementation of Fundamental Review recommendations have served as metrics for success. Moving forward Strategic Plan and Community Health Improvement Plan will be used to identify metrics and implement a performance management system

The Strategic Plan will include measures to track implementation progress. Additional measures may need to be added to adequately implement the performance management system.

22. Take a greater leadership role to enhance the strong current State/Local collaboration.

- Increasing collaboration with NDPBH and LHD to address legislative priorities and potential establish State Association of City and County Health Officials (SACCHO)

23. Develop an organizational culture to support quality by taking visible leadership steps.

- Continue to develop this culture and implement QI initiative

24. Seek Public Health Accreditation Board accreditation

- DBOH decision

Mr. Dick noted Dr. Novak had been extensively involved in the NALBOH accreditation program and they had listened to a webinar on the topic. Mr. Dick explained upcoming changes to the accreditation fees and process.

Dr. Hess expressed concern with the price and noted he was not clear on what the return would be for the investment. He opined meeting the standards was helpful to the organization. Mr. Dick agreed that it did appear expensive and that going through the required steps was valuable. He opined the information about the benefits was limited and deferred to Dr. Novak.

Dr. Novak stated taking the steps was beneficial to the District's process in terms of best practices. Whether or not accreditation would help with activities such as receiving grants was something that was not known for certain. He opined it was a great thing to do, but could not state that the District would get its money's worth out of it. Mr. Dick agreed that the general consensus was that it was beneficial but could not say if the proof was available yet.

Chair Jung asked if the Health District belonged to any other organization that charged similar levels of fees and Mr. Dick stated he did not believe so. She opined it would not be a worthwhile expenditure and recommended more data be compiled to justify its value. She indicated she supported accreditation in general and the efforts being made to meet the standards. Dr. Novak pointed out that the District had already achieved many of those standards.

Vice Chair Ratti asked what should happen with the items that are noted as being in the Parking Lot. Mr. Dick explained that was a decision for the Board, and staff would act on any direction they provided. Vice Chair Ratti opined that Item 12a, regarding demonstrating a concerted effort among all parties to address tensions regarding overhead/direct costs, could be regarded as complete, as good progress had been made.

Vice Chair Ratti moved to consider Item 12a complete.

Vice Chair Ratti noted she was not clear on what Item 6a, regarding a tiered level of service, was attempting to accomplish. Mr. Dick explained it addressed requests for expedited permits by updating regulations and initiating special fees. Due in part to the new development meetings and concierge service, turnaround times were currently relatively expedient. A process of that type would be detrimental in that it would delay other permit requests further.

Vice Chair Ratti asked if there was any interest in doing the work to develop a tiered structure. Chair Jung opined there were reasons to discuss it, and a staff report that covered best practices, pros and cons could provide that opportunity. She noted it may also be a good discussion to have with the community.

Mr. Dick noted that the FR was conducted during a period of time when the Licensed Engineer position was vacant, which caused delays in permit review and approval. The tiered service structure may not be necessary when EHS is fully staffed and running smoothly. Chair Jung requested more information be provided regarding the need for the service.

Vice Chair Ratti moved to consider Item 12a complete. Mr. Silverman seconded the motion which was approved unanimously.

Chair Jung complimented staff's work on the Fundamental Review recommendations.

12. *Staff Reports and Program Updates

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

Ms. Albee explained presentations had been scheduled with all three elected bodies to hear the Ozone Advance resolution.

B. Community and Clinical Health Services, Steve Kutz, Director
World TB Day; Divisional Update – Medicaid & Marketplace Exchange Enrollment,
U.S. Department of State-Visiting Delegation; Program Reports

Mr. Kutz pointed out the expanded TB information section in the staff report and noted that March 24, 2016 was World TB day. He described the gifts that had been provided to each of the Board members by the NV Division of Public and Behavioral Health, TB Program, and complemented the TB staff on their good work.

Mr. Kutz, referring to the discussion regarding expanded hours, stated the current supply was adequate for the demand. He noted Saturday clinics had been provided in the past, and although they were popular initially, attendance dropped to a point that led to the decision to discontinue them. He further explained that staffing a new Saturday clinic may impact normal operations.

Mr. Kutz also explained the previous process and vendor had netted hundreds of dollars in third-party reimbursements for 2014, and the updated process has already brought in over

\$47,000 for 2015. When the new electronic health record system is launched in May, revenues and reimbursements are expected to increase further, as it includes a claims-processing clearinghouse.

C. Environmental Health Services, Bob Sack, Director

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

Mr. Sack noted three water systems in the area were currently out of compliance. He explained State law provides inspection oversight to EHS, but enforcement is handled by the state and federal offices. The purveyors of the systems that are out of compliance had been required to notify the citizens they serve that they were out of compliance and why. Mr. Sack stated the escalating enforcement process can take years.

Dr. Novak noted he had read the media reports in the USA Today section of the Reno-Gazette Journal regarding the situation and did not feel there was any urgency nor was any of the information surprising. Mr. Sack reiterated EHS was heavily involved in the oversight of the systems.

Dr. Hess asked if results had been received from the tests for the Zika virus that had been conducted on 11 individuals. Mr. Sack indicated Dr. Todd would touch on that in his report.

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 at last count there were 12 individuals who had submitted specimens for Zika testing. Several had come back negative and none positive, a few are pending.

Dr. Todd noted that the State Division of Public and Behavioral Health has been notified by the Centers for Disease Control that the amount of funding for public health preparedness is to be reduced. The money is being diverted to areas that are more heavily impacted by Zika. It is not anticipated to affect the District's budget.

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

Budget, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Strategic Planning, Quality Improvement, Succession Management, Other Events and Activities and Health District Media Contacts

Mr. Dick discussed the budget overview meeting held with City and County managers on March 10. He opined it went smoothly and there was less concern about the District's budget situation than in past years.

Mr. Dick explained one of the items discussed in more depth at the meeting was the relocation of the TB clinic, as the new location has yet to be established. Dr. Hess asked about the possibility of leasing the building being vacated by the Medical Examiner. Mr. Dick explained that it is located on the block with the Renown campus and they have indicated a desire to acquire it. Perhaps provision of a facility for providing TB services could be part of a purchase agreement with the County. Chair Jung requested he bring the idea back to the Board as an agenda item for discussion. Dr. Hess opined it would be worth pursuing. Mr. Dick had suggested to Mr. Slaughter that perhaps another location on the Renown campus could be located for the clinic, as the proximity to the facility had proven to be a benefit to the clinic.

Mr. Dick noted his report contained information regarding succession planning. He opined the Human Resources (HR) department was providing good support to the District and other departments for this effort. Included in the report were statistics provided by HR demonstrating how many employees were or would shortly be eligible to retire. Class specifications are being updated to accurately reflect the current duties of, and knowledge, skills and abilities needed for the positions. Anticipated vacancies are being identified so that potential candidates may be developed to fill the positions.

Mr. Dick stated he had spent March 23rd testifying before the Interim Legislative Committee on Health Care. He was joined by representatives of the Southern Nevada Health District and Carson City Health and Human Services. Most of the meeting had been devoted to public health. He noted that State spending on public health ranked 51st in the nation, and described the limitations on the use of that funding. He and the other representatives had discussed numerous public health topics, including chronic disease, e-cigarettes and substance abuse programs.

Vice Chair Ratti asked if there had been a conversation regarding a package of public health proposals should the Recreational Marijuana initiative pass. Mr. Dick stated that was not discussed while he was there, although it may have been brought up at the Public Health Policy discussion that was scheduled for later in the afternoon.

13. *Board Comment

Dr. Hess requested the next agenda include a report from staff, REMSA and Fire, if appropriate, regarding activities to resume emergency medical services and transport for the Gerlach area and Northern Washoe County.

Vice Chair Ratti requested an item covering the potential tiered services, to contain analysis and a recommendation whether or not it should be pursued or categorized as not recommended. She stated input should be solicited from all jurisdictions so she understood that the report may require a few months to compile.

Vice Chair Ratti also requested a presentation on any efforts being made to address the potential public health impacts if the recreational marijuana initiative passes.

Mr. Brown reiterated he would like to hear more about the coordinated efforts between REMSA and public safety agencies regarding the movement of larger patients. Chair Jung requested that be a future agenda item.

14. *Public Comment

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

15. Adjournment

Chair Jung adjourned the meeting at 2:37 p.m.

Respectfully submitted,



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

Dawn Spinola

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

DRAFT

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, promoting alternative forms of transportation such as bicycling in order to improve health and well-being also reduces pollution, traffic congestion, and America's dependence on fossil fuels; and

WHEREAS, creating bicycle-friendly communities improves quality of life, boosts community spirit, improves traffic safety, and stimulates economic growth; and

WHEREAS, bike paths and trails in the Truckee Meadows can positively impact our recreation and tourism industry, by making the region attractive to everyone who enjoys the out of doors and healthy lifestyles; and

WHEREAS, millions of Americans will experience the joys of bicycling during May through educational and safety programs, community events, or just getting out and going for a ride; and

WHEREAS, the education of bicyclists and motorists as to the proper and safe operation of bicycles is important to ensure the safety and comfort of all users; and

WHEREAS, May has been declared National Bike Month for each of the last 60 years,

NOW, THEREFORE, BE IT RESOLVED, that the Washoe County District Board of Health does hereby proclaim the month of May 2016 as

National Bike Month and Bicycle Safety Month

and the Week of May 14-20, 2016 as

Bike Week

in and for Washoe County, encouraging all citizens to enjoy the benefits of bicycling, recognize the importance of bicycle safety, and be more aware of cyclists on our streets.

Kitty Jung, Chair
Washoe County District Board of Health

Proclamation

WHEREAS, emergency medical service personnel are called upon to help others through one of the most frightening times of their lives; and

WHEREAS, emergency medical services is a vital public service with personnel ready to provide lifesaving care to the community 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the emergency medical services system consists of men and women in both the public and private sectors – from emergency physicians, emergency nurses, emergency dispatchers, emergency medical technicians, paramedics, firefighters, educators, administrators, volunteers, and others throughout our health care system who work together to ensure those in need receive the highest level of emergency service; and

WHEREAS, the EMS commitment to patient care throughout northern Nevada has been an integral factor in our safety and security; and

WHEREAS, the region is proud to have organizations such as Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Pyramid Lake Fire/EMS, Gerlach Volunteer Fire Department, REMSA and Care Flight operating throughout the region to ensure the highest quality of patient care and community support; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services by designating Emergency Medical Services Week;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 15-21, 2016, as

Emergency Medical Services Week

with the theme

EMS STRONG: Called to Care

in Washoe County, Nevada.

Kitty Jung, Chair
Washoe County District Board of Health

DD	AH	__
DHO		KD
DA	LA	__
Risk	DME	__

Staff Report
Board Meeting Date: April 28, 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 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 physician consultant services for the Tuberculosis Program in the amount of \$14,400 annually (\$1,200 per month) for the period April 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 Interlocal Agreement.**

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 Objective supported by this item: 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 physician consultant services for the Tuberculosis (TB) Program have historically been provided by Pulmonary Medicine Associates (PMA). Due to an organizational change at PMA they will no longer provide these services effective April 1, 2016.

The Washoe County Health District proposes to contract with Medschool Associates North to provide these services. A copy of the Interlocal Agreement is attached.

The School will designate a faculty member to serve as Medical Consultant who will review and approve treatment protocols and clinical evaluations performed by nurses; provide medical consultation related to diagnosis and treatment of active tuberculosis cases and latent tuberculosis infection in a manner prescribed by currently acceptable medical practice; discuss and review problem

clinic patients with staff on site and by telephone. The School will provide physician coverage 52 weeks a year.

The District will be responsible for all fiscal and program responsibilities, records and reports for patients provided services through the District programs; refer patients to other health care providers should they require medical treatment outside of the Tuberculosis Prevention and Control Program protocol.

FISCAL IMPACT

Should the Board approve the Interlocal Agreement, there will be no additional fiscal impact to the adopted FY16 budget as expenses for this contract were anticipated and projected in the Tuberculosis Prevention and Control Program (cost center 171400) under account 710108, MD Consulting.

RECOMMENDATION

It is recommended that the Washoe County Health District approve the 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 physician consultant services for the Tuberculosis Program in the amount of \$14,400 annually (\$1,200 per month) for the period April 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 Interlocal Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to a approve the 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 physician consultant services for the Tuberculosis Program in the amount of \$14,400 annually (\$1,200 per month) for the period April 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 Interlocal Agreement."

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 has a public health program known as the Tuberculosis Prevention and Control Program (TBPCP), which requires the services of a physician consultant, and

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

WHEREAS, the School agrees to provide consultative and clinical services to the District for the TBPCP as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as Medical Consultant to the District for the TBPCP.
2. Designate a faculty member to review and approve the treatment protocols and clinical evaluations performed by District nurses.
3. Designate a faculty member to provide medical consultation related to the diagnosis and treatment of active tuberculosis cases and latent tuberculosis infection in a manner prescribed by currently acceptable medical practice.
4. Designate a faculty member to provide medical consultation for epidemiological investigations.
5. Designate a faculty member to provide medical consultation and education to community providers as needed.
6. Designate a faculty member to discuss and review problem clinic patients with staff on site and by telephone. Attend scheduled clinics at the time agreed upon with the TBPCP staff.
7. Designate a faculty member to serve on District committees as requested.
8. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
9. Bill the District each month for consultative/clinical services provided.
10. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to blood borne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.

11. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
12. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
13. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
14. Have the medical consultants for the TBPCP submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$14,400 annually at the rate of \$1,200 per calendar month for the administrative services provided as Medical Consultant of the TBPCP Clinic.
2. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
3. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
4. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
5. Refer patients to other health care providers should they require medical treatment outside of the TBPCP protocol.
6. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

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.

TERM. The term of this Agreement is from April 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.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

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.

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.

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: _____
Chair

Date: _____

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

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

Staff Report
Board Meeting Date: April 28, 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 \$110,000 for the period March 29, 2016 through March 28, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO 11238; 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 March 25, 2016 to support the Tobacco Prevention and Control Grant Program. The funding period is retroactive to March 29, 2016 and extends through March 28, 2017. 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 grant period ending March 29, 2015 in the amount of \$110,000 on March 26, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Tobacco Prevention and Control Grant Program

Scope of the Project: The Subgrant scope of work includes the following strategies: restrict and enforce minors’ (and young adults) access to tobacco products; educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke; educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation; increase engagement of health care providers and systems to expand utilization of proven cessation services; implement evidence-based, mass-reach health communication

interventions to increase cessation and/or promote the Quitline; and disseminate and use evaluation to inform program planning.

The Subgrant provides funding for personnel and indirect expenditures.

Benefit to Washoe County Residents: This Award supports tobacco education and prevention activities.

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

Award Amount: \$110,000
Grant Period: March 29, 2016 – March 28, 2017
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: 93.305
Grant ID Number: 1U58DP006009
Match Amount and Type: No match required

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY16 budget in Internal Order 11238 was adopted with a total of \$110,000 in revenue (includes \$1,873 of indirect) and \$108,127 in expenditure authority, no budget amendment is necessary.

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 \$110,000 for the period March 29, 2016 through March 28, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO 11238; 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 a 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 \$110,000 for the period March 29, 2016 through March 28, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO 11238; 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 #: 15505
 Budget Account: 3220
 Category: 10
 GL: 8516
 Job Number: 9330516

NOTICE OF SUBGRANT AWARD

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and 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, Nevada 89520
Subgrant Period: March 29, 2016 – March 28, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073-786-998</u>

Purpose of Award: To provide tobacco education and prevention activities and services in Washoe County.

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

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">1. Personnel</td><td style="width: 10%; text-align: center;">\$</td><td style="width: 10%; text-align: right;">107,623.00</td></tr> <tr><td>2. Travel</td><td style="text-align: center;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Operating</td><td style="text-align: center;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: center;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: center;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>6. Indirect</td><td style="text-align: center;">\$</td><td style="text-align: right;">2,377.00</td></tr> <tr><td colspan="2">Total Cost:</td><td style="text-align: right;">\$ 110,000.00</td></tr> </table>	1. Personnel	\$	107,623.00	2. Travel	\$	0.00	3. Operating	\$	0.00	4. Equipment	\$	0.00	5. Contractual/Consultant	\$	0.00	6. Indirect	\$	2,377.00	Total Cost:		\$ 110,000.00	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$110,000 during the subgrant period.
1. Personnel	\$	107,623.00																				
2. Travel	\$	0.00																				
3. Operating	\$	0.00																				
4. Equipment	\$	0.00																				
5. Contractual/Consultant	\$	0.00																				
6. Indirect	\$	2,377.00																				
Total Cost:		\$ 110,000.00																				

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.305	U58DP006009	1U58DP006009

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
- Section G: Annual Workplan
- Section H: Quarterly Program Activity Tracking and Evaluation
- Section I: Staff Certification

	Signature	Date
Chairman, WCHD		
Mónica Morales Deputy Bureau Chief, CDPHP		3/24/16
Beth Handler, MPH Bureau Chief, CFCW		3/24/16
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.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

<i>Goal 1: Prevention initiation among youth and young adults.</i>						
<i>Strategy 2*: Restrict and enforce minors' (and young adults) access to tobacco products</i> <i>*strategy 1 is not addressed by subgrantee</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
1.1 By March 28, 2017, educate key decision-makers on the benefits of smoke-free policies impacting at least 1 higher learning institution.	1.1.1 Prepare and present at least one Tobacco Free Policy for adoption to a higher learning institution's administration in Washoe County	Presentations	Q3-Q4	Key stakeholders, policy influencers, and decision-makers	# of presentations # of key decisions-makers reached	Quarterly progress report Presentation slides or notes
	1.1.2 Convene stakeholders to support Tobacco Free Policies at their campus and make at least one presentation providing a strategic outline and/or explaining available resources	Meeting minutes Presentations	Q1-Q4	Key stakeholders, policy influencers, and decision-makers	# of stakeholders # of presentations /meetings	Quarterly progress report
	1.1.3 At least quarterly (min. total of 4), schedule and plan technical assistance with a higher learning institution (such as trade schools or colleges) in order to work towards implementing a Tobacco Free Policy	Meeting agenda and notes (or presentations)	Q1-Q4	Students and staff taskforce participants	# of TA meetings	Quarterly progress report Meeting notes
<i>Goal 2: Eliminating nonsmokers' exposure to secondhand smoke</i>						
<i>Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
2.1 By March 28, 2017, educate or inform key decision-makers on the benefits of strengthening or adding at least one	2.1.1 Identify at least three locations to enhance the Nevada Clean Indoor Air Act at the local level.	List of prioritized local locations	Q1	General population	# of priority locations	Quarterly progress report Readiness assessment results

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

smoke-free policy supporting clean indoor air at the local level.	2.1.2 Meet with key stakeholders to make one presentation to promote comprehensive clean indoor air policy change at the local community level.	Presentations Meeting agendas	Q2-Q3	Key stakeholders, policy influencers, and decision-makers	# of presentations	Quarterly progress report Presentation slides or notes
	2.1.3 Assist key stakeholders in drafting one new tobacco-free policy to enhance the Nevada Clean Indoor Air Act at the local level.	New tobacco-free policy	Q3-Q4	Key stakeholders, policy influencers, and decision-makers	# of policies drafted	Quarterly progress report

Goal 3: Promoting quitting among youth and young adults						
Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
3.1 Increase the number of insurance plans that cover comprehensive tobacco cessation services, including NRT and medications from 0 to 1 by March 2017.	3.1.1 Identify at minimum one major employer that employs a large number of employees within Washoe County. ("employer" in additional activities will refer to this employer)	Local employer research	Q1	Employers of tobacco users	# of employers identified	Quarterly progress report
	3.1.2 Compile a list of all insurance products that the employer offers to employees.	List of insurance products	Q1-Q2	Insurers	# of lists # of insurers identified	Quarterly progress report
	3.1.3 Create a brief analysis that identifies cessation opportunities for insurance companies used by the employer.	Analysis showing cessation opportunities	Q1-Q2	Insurers	# of analyses	Quarterly progress report
	3.1.4 Prepare and disseminate informative documents to management of the employer regarding cessation opportunities by insurance company.	Cessation Information	Q2-Q3	Employers of Tobacco Users and Insured Tobacco Users	# of cessation informative documents created # of documents disseminated	Quarterly progress report
	3.1.5 Develop and provide employer with a document containing ways they can promote cessation and the Nevada Tobacco Quitline for employees on an ongoing basis or for a minimum of three months.	Insurer driven promotional NTQ information	Q2-Q4	Insured Tobacco Users	# of documents with cessation promotion information	Quarterly progress report

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

	3.1.6 Participate in a workgroup with Cessation Coordinator to approach insurers regarding opportunities to cover comprehensive tobacco cessation services leading towards the framework of a potential agreement.	Meeting notes	Q3-Q4	Insurers	# of meetings # of agreement drafts	Quarterly progress report
Strategy 2: Increase engagement of health care providers and systems to expand utilization of proven cessation services						
3.2 Increase the number of clinical referrals in Washoe County to the Nevada Tobacco Quitline (NTQ) by 20% from the previous fiscal grant year by March 28, 2017.	3.2.1 Conduct an assessment of local health systems that serve youth and young adults to determine capabilities and readiness to adopt a referral system or health system change that supports cessation.	Local health system assessment	Q1	Youth Young adults	# of assessments	Quarterly progress report Local health system assessment results
	3.2.2 According to the assessment, identify one clinical setting to develop a partnership with (referred to as clinical partner in activities below). Partner with the clinical health system to understand their current tobacco cessation system.	Summary of cessation system	Q1-Q2	Health providers of tobacco users	# of informal or formal partnerships # of cessation system summaries	Quarterly progress report Clinic-specific cessation summary
	3.2.3 Identify health systems change that can occur within the selected clinical setting (electronic health records, discharge procedures, emergency room admittance, etc.)	Recommendation for health system enhancement	Q2-Q3	Health providers of tobacco users	# of recommended enhancements	Quarterly progress report
	3.2.4 Implement health systems enhancement that links/connects with the Nevada Tobacco Quitline.	Documentation of system change	Q3-Q4	Health providers of Tobacco Users	# of documented health system changes # of referrals from system to NTQ	Quarterly progress report
3.3 Increase the number of community-clinical linkages to the Nevada Tobacco Quitline (NTQ) in	3.3.1 Identify a target population of youth and young adults that will receive focused outreach (referred to target population in activities below).	List of prioritized target populations	Q1	Youth and Young adult tobacco users	# of target populations	Quarterly progress report

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

Washoe County from 0 to 1 by March 28, 2017.	3.3.2 Conduct an assessment to identify a community organization (referred to as community organization in activities below) that serves the target population	Community assessment of organizations	Q1	Youth and Young adult tobacco users	# of assessments # of community organizations identified	Quarterly progress report
	3.3.3 Develop a partnership with the community organization to assess what is currently done for tobacco cessation within the organization.	Summary of assessment	Q1-Q2	Community organization staff and management	# of informal or formal partnerships	Quarterly progress report
	3.3.4 Develop a fact sheet or talking points and disseminate data to the community organization regarding the target population and tobacco usage.	Researched data Fact sheet or talking points	Q1-Q3	Community organization staff and management	# of fact sheets (or talking point sheets) developed # of partners provided with data	Quarterly progress report
	3.3.5 Implement systems change within the community organization to increase referrals to the Nevada Tobacco Quitline, such as modified intake forms, fax/web referrals, brief intervention trainings, etc.	Documentation of community-clinical linkage (modified intake forms, fax/web referrals, brief intervention trainings)	Q3-Q4	Community organization staff and management Youth tobacco users Young adults tobacco users	# of documented community-clinical linkage	Quarterly progress report Copy of output

Section 4: Mass Reach Communications

Strategy 1: Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the quitline

<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure indicator)</i>	<i>Evaluation Tool</i>
4.1 Maintain promotion of Nevada Tobacco Quitline to a minimum of three target groups through March 2017	4.2.1 Leveraging the GetHealthyWashoe.com and WashoeCounty.us websites and social media sites, promote the Nevada Tobacco Quitline to Washoe tobacco users, health care providers and service providers.	Website and social media messages	Q1-Q4	Washoe tobacco users Health care providers Service providers	# of social media messages # of webpages maintained	Quarterly Progress Report

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

Section 5: Surveillance and Evaluation						
Strategy 2*: Disseminate and use evaluation to inform program planning						
*strategy 1 implemented at the state level						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (Indicator)</i>	<i>Evaluation Tool</i>
5.1 Collect data to contribute to at least one state surveillance system and utilize to improve program planning by March 2017	5.1.1 Provide progress reports on a quarterly basis (four total) documenting any barriers or challenges	Progress reports	July 15, 2016 October 15, 2016 January 15, 2017 April 15, 2017	CDPHP	# of progress reports # of progress reports submitted in a timely manner	State program records
	5.1.2 Participate on technical assistance calls with CDPHP on a monthly basis (12 total) and provide regular program updates	TA agendas TA notes & action items	April 2016- March 2017	CDPHP	# of TA agendas/calls	State program records
	5.1.3 Develop and disseminate at least one one-page tobacco control program success story at the local level	Success story	October 15, 2016	Local population and stakeholders	# of stories # of channels of dissemination # of people reached	Quarterly progress report

Sub grantee agrees to participate in Technical Assistance calls throughout the project period. Technical Assistance calls will be held monthly throughout the subgrant period on the first Tuesday of every month beginning April 5, 2016 at 10:00 AM PST.

- Participation in a minimum of four calls is required.

**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 1U58DP006009-2 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 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 1U58DP006009-2 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
<u>Health Educator Coordinator - Kelli Goatley-Seals</u>	\$78,459	\$34,980	50%	12	\$56,720
This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted to the Nevada State Tobacco Prevention Control Program. This position relates to all program objectives.					
<u>Health Educator II - Nicole Alberti</u>	\$74,011	\$34,293	47%	12	\$50,903
This position will assist the Health Educator Coordinator to implement project activities, coordinate with other agencies, develop materials, participate in developing and carrying out in-service and trainings, participate in meetings, data collection and interpretation, and report progress on meeting grant deliverables on a monthly basis. This position also relates to all program objectives.					
TOTAL ANNUAL SALARIES & WAGES	\$ 74,015				
TOTAL FRINGE BENEFITS		\$ 33,608			
		TOTAL PERSONNEL COSTS:			\$ 107,623
INDIRECT COSTS:					
Reduced Indirect Cost rate applied due to funding cap. 2.209% of total direct costs					
		TOTAL INDIRECT COSTS:			\$2,377
TOTAL BUDGET:					\$110,000

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- 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).

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

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

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is March 28, 2017.
- The maximum amount available under this subgrant is \$110,000;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Coordinator.
- DPBH reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, DPBH is not obligated to issue continuation funding.
- Additional expenditure detail will be provided upon request to the Nevada State Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 15 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.
- Quarterly reports according to the schedule specified below and in accordance with the quarterly report template.

The Division agrees:

- The Division of Public and Behavioral Health shall provide technical assistance, upon request from the Subgrantee;
- The Division of Public and Behavioral Health shall provide prior approval of reports or documents to be developed;
- The Division of Public and Behavioral Health shall forward reports to the CDC.
- 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:

An annual site visit will be performed by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Coordinator.

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**.

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

Financial Reporting Requirements

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

CDPHP and Nevada Wellness Attribution Requirements:

Subgrantees are required to include two key attributions to any publication, promotional item or media paid for through this subgrant: 1) Funding attribution, and 2) Nevada Wellness Logo.

Funding Attribution

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 1U58DP006009-2 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 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 1U58DP006009-2 from the Centers for Disease Control and Prevention.

Nevada Wellness Logo

Use of this logo may not be used for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion section at the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to make profit from it and must comply with usage guidelines. Nevada Wellness is a registered trademark of the Chronic Disease Prevention and Health Promotion section at the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in these colors or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.
 - **PMS Colors:**



- **CMYK Colors:**

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

C:75, M:0, Y:75, K:0

C:83, M:40, Y:0, K:0

C:10, M:0, Y:100, K:0

C:0, M:20, Y:85, K:0

o **RGB Colors:**

RGB Colors

Green: R: 43 G: 182 B: 115

Blue: R: 2 G: 130 B: 198

Lime Green: R: 166 G: 206 B: 57

Yellow: R: 255 G: 200 B: 67

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

SECTION F

REQUEST FOR REIMBURSEMENT

HD#: 15505
 Budget Account: 3220/10
 GL: 8516
 Draw #: _____

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, Nevada 89706-2009	Address: PO Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2016 – March 28, 2017	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)
 Calendar year: _____
 Month(s): _____

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	\$107,623.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
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 Indirect	\$2,377.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$110,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____
 Reason for contact: _____
 Fiscal review/approval date: _____ Signed: _____
 Scope of Work review/approval date: _____ Signed: _____
 ASO or Bureau Chief (as required): _____ Date: _____

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

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

**Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Washoe County Health District

Business Name

PO Box 11130

Business Address

Reno, Nevada 89520

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

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

SECTION G

Annual Workplan Template

Evaluation Worksheet 3. CDPHP Tobacco Program Sub-grantee/Contractor Annual Workplan from March 29, 2016 to March 28, 2017

Date: MM/DD/YYYY Version: 0.2

<i>Goal 1:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
<i>Goal 2:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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

SECTION H

Quarterly Program Activity Tracking and Evaluation Template

ES Worksheet 4. CDPHP Tobacco Program Quarterly Program Activity Tracking and Evaluation

Progress	(paragraph format reporting entered in here—coordinators could request word limits/requirements)
Successes	
Barriers	1. 2.
Other	

Action Plan Period: 03/29/16 -03/28/17

Data Collection Date: MM/DD/YYYY

Goal 1:				
Objectives	Activities	Outputs	Quarterly Program Progress (When, How, Who, Barriers)	Evaluation Results (for evaluator use only)
Annual Objective: 1.1 -	Annual Activity: 1.1.1 -			
Annual Objective: 1.2 -	Annual Activity: 1.2.1 -			
	Annual Activity: 1.2.2 -			
	Annual Activity: 1.2.3 -			
	Annual Activity: 1.2.4 -			

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

SECTION I

Staff Certification Template

**WASHOE COUNTY HEALTH DISTRICT
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES**

For the Period March 29, 2016 through March 28, 2017

Employee Name	Title	% time (level of effort) spent on duties related to HD 15505	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
Kelli Goatley-Seals	Health Educator Coordinator	50%				50.00%		
Nicole Alberti	Health Educator II	47%				47.00%		
						0.00%		

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

--	--	--	--

Authorized Official Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

DD	AH	__
DHO		KD
DA	LA	__
Risk	DME	__

Staff Report
Board Meeting Date: April 28, 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 \$129,629 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease (STD) Grant Program, IO 10014; 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 April 1, 2016 to support the Sexually Transmitted Disease 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 grant period ending December 31, 2015 in the amount of \$129,456 on March 26, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Sexually Transmitted Disease Grant Program

Scope of the Project: The Subgrant scope of work includes the following objectives: conduct STD testing, case identification and partner services in Nevada; conduct syphilis testing, case identification and partner services in Nevada; conduct STD surveillance which includes the regular monitoring of STD surveillance database, maintaining case files and records, and conducting investigations; prepare and submit reports as required, respond to STD outbreaks in Nevada; provide STD outreach and education to residents, organizations and communities in Nevada; and STD program will complete a confidentiality and security training will all surveillance staff, IT department

staff that have access to computers/servers containing HIV data, and all staff where the STD program is located.

The Subgrant provides funding for personnel, laboratory testing, and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the identification, treatment and control of Sexually Transmitted Diseases in Washoe County.

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

Award Amount: \$129,629
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: 93.977
Grant ID Number: 5H25PS004376-03
Match Amount and Type: No match required

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY16 budget in Internal Order 10014 was adopted with a total of \$129,456 in revenue (includes \$11,266 of indirect) and \$118,190 in expenditure authority, no budget amendment is necessary.

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 \$129,629 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease (STD) Grant Program, IO 10014; 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 \$129,629 for the period January 1, 2016 through December 31, 2016 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease (STD) Grant Program, IO 10014; 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 #: 15365
 Budget Account: 3219
 Category: 09
 GL: 8516
 Job Number: 9397716

NOTICE OF SUBGRANT AWARD

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology		Subgrantee Name: Washoe County Health District (WCHD)			
Address: 3811 W. Charleston Blvd., Ste. 205 Las Vegas, NV 89102		Address: P.O. Box 11130 Reno, NV 89520			
Subgrant Period: January 1, 2016 through December 31, 2016.		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>07-378-6998</u>			
Purpose of Award: To identify, treat and control Sexually Transmitted Diseases (STD) in Washoe County					
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County					
Approved Budget Categories:		Disbursement of funds will be as follows:			
1. Personnel \$ <u>104,913</u>	2. Travel \$ _____	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 \$129,629.00 during the subgrant period.			
3. Operating \$ <u>13,470</u>	4. Equipment \$ _____				
5. Contractual/Consultant \$ _____	6. Training \$ _____				
6. Training \$ _____	7. Other \$ <u>11,246</u>				
Total Cost: \$ <u>129,629</u>					
Source of Funds:				% of Funds:	CFDA:
1. Centers for Disease Control and Prevention	100%			93.977	Federal Grant #: 5H25PS004376-03
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.					
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum					
Administrative Health Services Officer Washoe County Health District	Signature	Date			
Chelsi Cheatom Program Manager		3/23/16			
Julia Peek, Deputy Administrator Community Services		3/29/16			
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.**

THIS SPACE INTENTIONALLY LEFT BLANK

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

Goal 1: Identify and Report Persons with STD (Chlamydia, Gonorrhea, and Syphilis).

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct STD testing, case identification, and partner services in Nevada.	<p>1.1 Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, and non-traditional sites where services are provided by County-Level Community Outreach.</p> <p>1.2 Provide and supervise Communicable Disease Investigators, Public Health Nurses, Laboratory and Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.</p> <p>1.3 Provide interview and investigative services including pre and post-test evaluations of STD patients seeking STD evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.</p>	12/31/2016	1. Surveillance data
2. Conduct Syphilis testing, case identification, and partner services in Nevada.	2.1 Conduct testing and partner servers for all Primary, Secondary, and congenital syphilis cases in Nevada based on CDC guidelines and ensure treatment bases on 2015 STD treatment guidelines.	12/31/2016	2. Surveillance data

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

Goal 2: Improve STD Surveillance in Nevada.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct STD surveillance which includes the regular monitoring of STD surveillance database (STD*MIS, NBS, or equivalent system), maintaining case files and records, and conducting investigations.	1.1 Minimum information required will be obtained through active surveillance and entered into STD*MIS, NBS, or compatible system for all reported and confirmed STD cases within 90 days of receiving report. 1.2 Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period. 1.3 STD Program will ensure that providers/facilities as well as laboratories are reporting all cases and labs required by law through established routine quality and assurance.	12/31/2016	1. Case files or demographic information, as requested.
2. Prepare and submit reports, as required.	2.1 Submit electronically to the Division of Public and Behavioral Health (DPBH) STD*MIS or Compatible System Reports to DPBH-OPHIE.	12/31/2016	2. File compatible to be sent to CDC.
3. Respond to STD outbreaks in Nevada.	3.1 Develop and maintain an outbreak response plan for STDs in given jurisdiction using current data and epidemiological methods or direction from the DPBH. Notify DPBH of outbreaks according to the policy.	12/31/2016	3. Outbreak response plan.

Goal 3: Provide Outreach and Education

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To provide STD outreach and education to residents, organizations and communities in Nevada.	1.1 The Subgrantee will provide STD outreach and education to the community and health care providers, to identified high risk populations in Nevada. a. These outreach and education activities could include (but not limited to) the following populations/ organizations and should focus on trainings to strengthen screening processes and staffs' recognition of symptoms of STD.	12/31/2016	1. Summary of activity for interim and annual reports as requested by DPBH.

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

Goal 4: Develop Reports for Annual and Interim Progress Reports for CDC.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Prepare and submit reports, as required.	1.1 The STD Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following: a. Annual and Interim Progress Reports are required within thirty (30) days after they are requested. These reports must follow the template provided by the Nevada Division of Public and Behavioral Health.	Within 30 days of Request.	1. Report as requested by DPBH.

Goal 5: Implement and Adhere to Security and Confidentiality Procedures.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. The STD Program will complete a confidentiality and security training with all surveillance staff, IT department staff that have access to computers/servers containing HIV data, and all staff located within the office where the STD Program is located.	1.1 Provide STD confidentiality training and document this training requirement for each employee in their personnel file.	12/31/2016	1. Documentation training was completed

**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 5H25PS004376-03 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 the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5H25PS004376-03 from the Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 104,913		
		\$ 104,913	40% of 1.0 FTE Public Health Nurse at \$80,563 (\$32,225) 50% of 1.0 FTE Public Health Nurse at \$80,563 (\$40,282) Fringe benefits (44.694% x total salary/wages) (\$32,406)
2. Travel	\$		
		\$	
3. Operating	\$ 13,470.00		
		\$ 13,470	1,347 Aptima NAATs Tests (\$10.00 per test)
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$ 11,246		
		\$ 11,246	Administrative Costs 9.5% of total direct costs (\$118,383 x .095)
Total Cost	\$ 129,629		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- FAIN: H25PS004376
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$129,629 for the period of the subgrant; additionally, not more than 50% of the total funded amount (\$64,814.50,) will be reimbursed to the subgrantee during each six (6) month period (January 1, 2016

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

through June 30, 2016 and July 1, 2016 through December 31, 2016). Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2016. If a balance exists at the end of the first billing period DPBH will rollover the balance to the second billing period contingent upon approval from the DPBH;

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts are needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the 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:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
 - Provide reimbursement of activities related to this subgrant, not to exceed **\$129,629** during the subgrant period, given receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subgrantee;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding a report to CDC.

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:

- Site-visit monitoring and/or audits may be conducted by the Division of Public and Behavioral Health or the Centers for Disease Control and Prevention or related staff of the Subgrantee's STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that 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 30 days after the end of the reporting month or quarter. However, in order to meet fiscal year end reimbursement requirements, the June (or 2nd Quarter of calendar year) Request for Reimbursement must be submitted by no later than the 15th of July.
- 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 Awarded within the Notice of Subgrant Award.

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

SECTION D

Request for Reimbursement

HD#: 15365
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health- OPHIE	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Ste. 205 Las Vegas, NV 89102	Address: P.O. Box 11130 Reno, NV 89520
Subgrant 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: _____

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	\$104,913.00	\$0.00	\$0.00	\$0.00	\$104,913.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$13,470.00	\$0.00	\$0.00	\$0.00	\$13,470.00	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 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$11,246.00	\$0.00	\$0.00	\$0.00	\$11,246.00	0.0%
Total	\$129,629.00	\$0.00	\$0.00	\$0.00	\$129,629.00	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

The Southern Nevada 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

Date

Authorized Signature

Print Name

Title

Date

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

LEON RAVIN, MD
Acting 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

March 23, 2016

MEMORANDUM

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

THROUGH: Julia Peek, Deputy Administrator *J.P.*
Community Health

FROM: Chelsi Cheatom, STD Prevention and Control Coordinator *C.C.*
OPHIE

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL

This memorandum requests that the following subgrants be approved for a retroactive start date effective 1/1/2016.
- HD15365

These subgrants were delayed because the NOGA was received later than expected,

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

- This subgrant will be written earlier

If you have any questions, please contact Chelsi Cheatom at (702) 427-9783 or ccheatom@health.nv.gov.

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

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

Staff Report
Board Meeting Date: April 28, 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 \$107,327.79 for the period April 1, 2016 through March 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Grant Program, IO 11302; 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 March 21, 2016 to support the Ryan White Early Intervention Services Grant Program. The funding period is retroactive to April 1, 2016 and extends through March 31, 2017. 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

There has been no previous action taken by the Board.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Ryan White Early Intervention Services Grant Program

Scope of the Project: Early Intervention Services include identification of individuals at points of entry and access to services and provision of: HIV testing and targeted counseling; referral services; linkage to care; and health education and literacy training to enable clients to navigate the HIV system of care.

The Washoe County Health District previously received two separate awards for Ryan White services: Health Education and Risk Reduction, Internal Order 11147 and Outreach Services, Internal Order 11201. This year, the Nevada Department of Health and Human Services, Division of Public

and Behavioral Health consolidated both of these awards into one award for Early Intervention Services. A new internal order for this award has been requested from the Comptroller's office and the remaining FY16 budget authority in Internal Orders 11147 and 11201 will be transferred accordingly.

The Subgrant provides funding for personnel, travel and training, operating supplies, and other expenses, including funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation vouchers, educational outreach items, behavioral reinforcers, etc.) and indirect expenditures.

Benefit to Washoe County Residents: This Award supports follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Ryan White Early Intervention Services Program.

Award Amount: \$107,327.79

Grant Period: April 1, 2016 – March 31, 2017

Funding Source: Health Resources and Services Administration (HRSA) and Pharmaceutical Rebates

Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.917

Grant ID Number: 6X07HA00001-26-1

Match Amount and Type: No match required

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY16 budget in Internal Order 11147 was adopted with a total of \$67,658.43 in revenue (includes \$6,150.77 of indirect) and \$61,507.66 in expenditure authority; and the FY16 budget in Internal Order 11201 was adopted with a total of \$41,308.03 in revenue (includes \$3,152.97 of indirect) and \$38,155.06 in expenditure authority, no budget amendment is necessary.

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 \$107,327.79 for the period April 1, 2016 through March 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Grant Program, IO 11302; 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 a 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 \$107,327.79 for the period April 1,

Subject: Ryan White Early Intervention Services Award

Date: April 28, 2016

Page 3 of 3

2016 through March 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Grant Program, IO 11302; 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 #:	15502
Budget Account:	3215
Category:	24
GL:	8516
Job Number:	9391716/REBATE16

NOTICE OF SUBGRANT AWARD

Program Name: Ryan White HIV/AIDS Part B Program Bureau of Behavioral Health, Wellness & Prevention	Subgrantee Name: Washoe County Health District (WCHD) Stacy Hardie (775) 328-3752
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Building B Reno, NV 89512
Subgrant Period: April 1, 2016 through March 31, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Early Intervention Services (EIS)

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

Approved Budget Categories: <table border="0" style="width: 100%;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>91,712.76</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>2,610.12</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>3,247.84</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. Training</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ <u>9,757.07</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>107,327.79</u></td></tr> </table>	1. Personnel	\$ <u>91,712.76</u>	2. Travel	\$ <u>2,610.12</u>	3. Operating	\$ <u>3,247.84</u>	4. Equipment	\$ _____	5. Contractual/Consultant	\$ _____	6. Training	\$ _____	7. Other	\$ <u>9,757.07</u>	Total Cost:	\$ <u>107,327.79</u>	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$107,327.79 during the subgrant period.
1. Personnel	\$ <u>91,712.76</u>																
2. Travel	\$ <u>2,610.12</u>																
3. Operating	\$ <u>3,247.84</u>																
4. Equipment	\$ _____																
5. Contractual/Consultant	\$ _____																
6. Training	\$ _____																
7. Other	\$ <u>9,757.07</u>																
Total Cost:	\$ <u>107,327.79</u>																

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Health Resources and Services Administration (HRSA)	90%	93.917	X07HA00001	6 X07HA00001-26-1
2. Pharmaceutical Rebates	10%	N/A	N/A	N/A

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- 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
Authorized Subgrantee Official		
Dan J. Olsen, MPH Program Manager, Office of HIV/AIDS		
Kevin Quint, MBA, LADC Bureau Chief, BHWP		
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

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

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD) and Nevada’s Ryan White HIV/AIDS Part B Program (RWPB) join together to provide **Early Intervention Services** to Ryan White Part B enrolled clients. Early Intervention Services (EIS) is the follow-up referral provided for the purpose of facilitating the access of individuals receiving the services to HIV-related health services. The entities through which such services may be provided under the grant include public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV/AIDS counseling and testing sites, health care points of entry specified by eligible areas, federally qualified health centers, and entities described in section 300ff–52(a) of this title that constitute a point of access to services by maintaining referral relationships (See § 2651(e) of the Public Health Service Act).

Early Intervention Services include identification of individuals at points of entry and access to services and provision of: HIV testing and targeted counseling; referral services; linkage to care; and health education and literacy training to enable clients to navigate the HIV system of care. NOTE: All four components must be present, but Part B funds to be used for HIV testing only as necessary to supplement, not supplant existing funding (HAB/HRSA National Monitoring Standards).

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

Expected Number of Services Provided:

Subgrantee’s EIS program will provide service to the following unduplicated Ryan White Part B eligible clients:

- Identify at least 35 newly diagnosed individuals and connect 32 to care.
- Identify 150 PLWHA that are out of care and link at least 120 back into care.
- Provide ARTAS services to at least 32 eligible clients.
- 32 clients over the following year will be retained in care.

Scope of Work for WCHD

Goal 1: Identify newly diagnosed PLWHA in Washoe County and connect to care.

Objective	Activities	Measures	Evaluation	Documentation Needed
1.1: During the grant period, WCHD will identify at least 35 newly diagnosed PLWHA and link 90% (32 clients) to care.	1.1: <ul style="list-style-type: none"> • Daily check of HIV labs via NERDS\ eHARS for PLWHA in Washoe County • Daily communication with surveillance staff to obtain information regarding recently diagnosed HIV clients • Weekly data matching of positive STD (gonorrhea/ syphilis) cases with HIV cases to check for recent HIV labs • Monitoring when newly diagnosed PLWHA complete labs • Monitor HIV care appointments for newly 	1.1: <ul style="list-style-type: none"> • # of newly diagnosed PLWHA identified that are OOC • # of newly diagnosed PLWHA connected to care. • # of OOC clients who have recorded labs measured at 3 month interval after care initiation • # clients completing satisfaction survey • # clients reporting good to excellent 	1.1: <ul style="list-style-type: none"> • Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator • Outreach cases entered into CAREWare by Program Coordinator • Weekly review of measures documented in SHP tracking spreadsheet at team meetings 	1.1: <ul style="list-style-type: none"> • Completed RW Client forms • Incentive tracking forms Completed weekly tracking of program objectives • Positive STD and eHARS case matching • Completed, accurate and submitted RW quarterly reports • Team meeting minutes • Client survey results and analysis • Document quality improvement activities through

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

	<p>diagnosed or PLWHA identified as high risk to be retained in HIV care</p> <p>Weekly case conferencing to develop best approaches in care linkage</p> <ul style="list-style-type: none"> • Ongoing administration of client satisfaction surveys 	<p>service by WCHD staff</p>	<ul style="list-style-type: none"> • Assess impact of client contact on identifying clients needing HIV care or support services • Use client feedback to improve process and service delivery • Identify quality improvement projects and implement 	<p>WCHD standardized documents</p>
--	---	------------------------------	---	------------------------------------

Goal 2: Locate PLWHA that are out of care in order to link to intensive behavioral intervention and care.

Objective	Activities	Measures	Evaluation	Documentation Needed
<p>2.1</p> <p>By the end of the grant year, identify 150 PLWHA that are out of care.</p>	<p>2.1</p> <ul style="list-style-type: none"> • Daily check of HIV labs via NERDS\ eHARS for PLWHA that move into Washoe County • Daily check of detention facility booking report for PLWHA who have been identified as OOC • Monthly communication with homeless shelters and drug/alcohol treatment centers to locate PLWHA that are OOC • Review 45 day list and document payer, lab work, case manager, and client contact <p>2.2</p> <ul style="list-style-type: none"> • If client notes lack of insurance, assess challenges, refer to RWPB eligibility and other appropriate 	<p>2.1</p> <ul style="list-style-type: none"> • # of PLWHA that are OOC • # clients referred to RWPB eligibility services • #of PLWHA that are linked back to HIV care • # clients completing satisfaction survey <p># clients reporting good to excellent service by WCHD staff</p> <p>2.2</p> <ul style="list-style-type: none"> • # of PLWHA that are linked back to HIV care 	<p>2.1</p> <ul style="list-style-type: none"> • Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator • Outreach cases entered into CAREWare by Program Coordinator • Identify quality improvement projects and implement • Tracking of activity on 45 day list • Weekly review of measures documented in SHP tracking spreadsheet at team meetings <p>2.2</p> <ul style="list-style-type: none"> • Determine if clients are receiving HIV medication/care • Identify and appropriately refer clients to receive 	<p>2.1</p> <ul style="list-style-type: none"> • Completed RW Client forms • Incentive tracking forms • Completed weekly tracking of program objectives • Positive STD and eHARS case matching • Completed, accurate and submitted RW quarterly reports • Team meeting minutes • Document quality improvement activities through WCHD standardized documents • 45 day list spreadsheet documentation of activities <p>2.2</p> <ul style="list-style-type: none"> • Completed RW Client forms • Incentive tracking forms • Completed weekly tracking of program objectives

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

<p>2.2 By end of the grant year, link 80% (120) of OOC clients back to care.</p>	<p>services such as ARTAS</p> <ul style="list-style-type: none"> • Submit results of 45 day list to state per agreement • Daily check of HIV labs via NERDS\ eHARS for PLWHA to assess for continuation of care • Monthly communication with homeless shelters and drug/alcohol treatment centers to ensure PLWHA retained in care <p>Ongoing administration of client satisfaction surveys</p>	<ul style="list-style-type: none"> • # of PLWHA continuing with care at 6 months post Outreach Activities • # clients completing satisfaction survey <p># clients reporting good to excellent service by WCHD staff</p>	<p>HIV medication/care assistance</p> <ul style="list-style-type: none"> • Increase % clients who receive treatment adherence counseling • Increase % clients who adhere to the medication regimen • Increase % clients retained in care • Use client feedback to improve process and service delivery 	<ul style="list-style-type: none"> • Positive STD and eHARS case matching • Completed, accurate and submitted RW quarterly reports • Team meeting minutes • Document quality improvement activities through WCHD standardized documents • 45 day list spreadsheet documentation of activities • Client survey results and analysis <p>Document quality improvement activities through WCHD standardized documents</p>
--	--	---	--	---

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

Goal 3: To recruit newly diagnosed, out of care PLWHA to HIV care through the implementation of the ARTAS evidence-based intervention

Objective	Activities	Measures	Evaluation	Documentation Needed
<p>3.1: During the grant period, WCHD will provide at least 1 ARTAS session to at least 32 PLWHA.</p>	<p>3.1:</p> <ul style="list-style-type: none"> • Identify appropriate ARTAS clients from RWPB outreach activities • Contact client for invitation to participate in ARTAS • Meet with client to orient to ARTAS and conduct first session • Identify with client's input, lifetime strengths and history of overcoming challenges • Develop goals and action steps that link client to HIV care • Develop goals and action steps that client identifies as important to achieving optimal HIV care <p>Determine follow up plan in conjunction with client and document</p>	<p>3.1:</p> <ul style="list-style-type: none"> • # of clients contacted to participate in ARTAS • # of clients enrolled in ARTAS • # of sessions completed by each client • # clients linked to HIV care 	<p>3.1:</p> <ul style="list-style-type: none"> • Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator • ARTAS services entered into CAREWare by Program Coordinator • Weekly review of measures documented in SHP tracking spreadsheet at team meetings • Assess impact of client contact on identifying clients needing HIV care or support services • Use client feedback to improve process and service delivery • Identify quality improvement projects and implement 	<p>3.1:</p> <ul style="list-style-type: none"> • Completed RW Client forms • Incentive tracking forms Completed weekly tracking of program objectives • Completed, accurate and submitted RW quarterly reports • Team meeting minutes • Client survey results and analysis <p>Document quality improvement activities through WCHD standardized documents</p>

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

Goal 4: Monitor the HIV care status of ARTAS participants to promote the retention of HIV care

Objective	Activities	Measures	Evaluation	Documentation Needed
<p>4.1: During the grant period, monitor and follow up on the lab and HIV care appointment status for ARTAS participants in the year following ARTAS enrollment.</p>	<p>4.1:</p> <ul style="list-style-type: none"> • Monitor lab completion via eHARS of ARTAS clients current and within first year after ARTAS participation • Monitor appointments and kept status of ARTAS clients current within first year after ARTAS participation via communication with HIV care providers • Contact clients who do not complete regularly scheduled labs or follow through with scheduled appointments to determine challenges • Offer re-enrollment into ARTAS to client • Offer meeting with client to develop plan for re-engagement into care if client declines ARTAS participation • Collaborate to reduce barriers/challenges with client, community partners, other care or RWPB providers 	<p>4.1:</p> <ul style="list-style-type: none"> • Lab date documented per ARTAS client • Appointment date and status documented per client <p>Contact log per client</p>	<p>4.1:</p> <ul style="list-style-type: none"> • Determine if clients are completing labs per schedule set by provider • Determine if client is following through with care appointments • Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator • ARTAS services entered into CAREWare by Program Coordinator • Weekly review of measures documented in SHP tracking spreadsheet at team meetings • Assess impact of client contact on identifying clients needing HIV care or support services • Identify quality improvement projects and implement • Use client feedback to improve process and service delivery • Establish baseline of measures below from 2015 ARTAS data • Increase the % of clients who are educated about HIV transmission 	<p>4.1:</p> <ul style="list-style-type: none"> • Completed RW Client forms • Incentive tracking forms Completed weekly tracking of program objectives • Completed, accurate and submitted RW reports • Team meeting minutes • Client survey results and analysis <p>Document quality improvement activities through WCHD standardized documents</p>

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

			<p>and reducing the risk of transmission</p> <ul style="list-style-type: none"> • Increase the % of clients who are educated about available medical, psychosocial support services • Increase % of clients retained in care 	
--	--	--	--	--

Program Requirements

- **Subgrantee** shall provide Care and Support Services to people living with HIV/AIDS regardless of age, race, ethnicity, religion, gender, gender identity or gender expression and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
- **Subgrantee** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such person as to the grievance procedure. Subgrantee shall submit resolved grievances to the Ryan White Part B Grantee staff quarterly by the 15th of the month following the end of the quarter.
- **Subgrantee** shall obtain written approval from RWPB prior to making programmatic changes in the scope of the project.
- **Subgrantee** will utilize the CAREWare system to manage eligible client data, provide by RWPB. Encounter/service data must be entered within three (3) business days of delivery of service to client.
- **Subgrantee** shall ensure that 100% of clients served are eligible and enrolled in RWPB.
- **Subgrantee** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subgrantee** must work in partnership with all Ryan White HIV/AIDS Program providers. Upon enrollment each client signs a consent for release of information for all Part providers.
- **Subgrantee** shall participate to RWPB with a copy of the most recent Office of Management and Budget (OMB) A-133 Audit within six (6) months of completion of subgrant period.
- **Subgrantee** must use RWPB funds in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.
- **Subgrantee** shall 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 No. X07HA00001-26 from the Health Resources and Services Administration (HRSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Health Resource and Services Administration."
- **Subgrantee** shall acknowledge any activities performed under this subgrant that the funding was provided through the State Health Division by Grant No. X07HA00001-26 from the Health Resources and Services Administration.

Reporting Requirements

- **Subgrantee** shall complete and submit to RWPB and/or HRSA all federally mandated program data no later than the due dates specified by RWPB and/or HRSA.
- **Subgrantee** shall submit the following reports to RWPB electronically in the format provided and/or requested RWPB on or before:
 - **Ryan White Part B Quarterly**
 - July 15, 2016 – (From April 1, 2016 through June 30, 2016)
 - October 15, 2016 – (From July 1, 2016 through September 30, 2016)
 - January 15, 2017 – (From October 1, 2016 through December 21, 2016)

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

- May 15, 2017 – (From January 1, 2017 through March 31, 2017)
 - **RSR** – Submission due date by *February 28, 2017 (From January 1, 2016 - December 31, 2016)
*This date is subject to change pending HRSA's guidelines for the 2016 RSR data submission timeline.

Quality Management (QM) Requirements

- **Subgrantee** shall actively assist in quality improvement effort(s) by the RWPB by encouraging their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups and/or needs assessment for the purpose of ongoing or periodic assessment of client needs to improve the quality of care.
- **Subgrantee** agrees, pursuant to Health Resources and Services Administration and HIV/AIDS Bureau (HRSA/HAB) and the RWPB Quality Management requirements, to maintain and annually update a written Quality Management Plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the RWPB's Quality Management Plan Review Tool and in accordance HAB/HRSA's Clinical Quality Management Policy Clarification Notice (PCN) #15-02. The work plan shall have a planned, systematic process for monitoring, evaluating, improving and measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subgrantee shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the quality of care provided and the coordination of benefits; and strengthen and expand prevention, early intervention and education services. The Quality Management Plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.
- **Subgrantee** shall provide the RWPB with an updated annual Quality Management Plan within sixty (60) days of the executed subgrant.
- **Subgrantee** shall provide Quality Management updates during monthly Quality Management meetings and in the Ryan White Part B Quarterly Reports.

Media Communication Requirements

- **Subgrantee** shall submit for prior approval any public health communications materials, intended for the target population or fellow providers, no later than ten (10) business days before press deadline or display date.
- **Subgrantee** may post on social media and the Internet as needs arise but will have their social media account(s) and web site(s) reviewed on a monthly basis. Advice will be provided to increase engagement, if needed.
- **Subgrantee** must report anticipated places and quantities of distribution at the time of materials approval. Social media account addresses, materials and the details above must be sent to Emma Bohannon for approval.
- **Subgrantee** must return approval or corrections no later than two (2) business days after submittal.
- **Subgrantee** must not distribute materials without final approval. This applies to all new materials and reprints of existing materials, as well as web sites, public service announcements, advertisements, promotional items, and health communications campaigns.
- **Subgrantee** must target all public health communications to a specific audience, speaking to (not at) the intended recipient, be well-designed, easily readable, without typographical errors, and have a clear plan for distribution.
- **Subgrantee** questions should be sent to Emma Bohannon, 775-684-5944.

Subgrantee Outcome Measures

- 1) Increase in the number and percent of PLWH who know their status.
- 2) Among PLWH who know their status, an increase percentage are successfully linked to HIV/AIDS medical care.
- 3) Increase in the percentage of clients retained in care.
- 4) Percent of clients that maintain adherence to medical care visits within the grant year (at least one medical visit within each 6 month period within the grant year, at least 60 days apart).
- 5) Percent of clients will have stabilized (≥ 200) or increase their CD4 T-cell count from initial labs during the grant year to final labs during the grant year.

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

SECTION C

Budget and Financial Reporting Requirements

Subgrantee agrees to adhere to the following budget:

RYAN WHITE CARE ACT

GY 2016-2017

SUB-GRANT BUDGET DETAIL

Name of Subgrantee: Washoe County Health District

Service: Early Intervention Services

CATEGORY	DETAIL DESCRIPTION	QTY	COST PER UNIT	TOTAL GRANT CYCLE
PERSONNEL				
Health Educator Coordinator (Howell)	30% FTE - \$78,751/yr - Lead monitoring, evaluation, quality assurance, and reporting activities that support the scope of work.	0.30	\$ 78,751.00	\$ 23,625.30
Fringe	46.26% (insurance, retirement, medicare, workmens comp, unemployment comp)	0.4626	\$ 23,625.30	\$ 10,929.06
Public Health Nurse I (Kleine)	33% FTE - \$57,484/yr - Identify and contact PLWHA to ensure referral, access, linkage, and retention to HIV care	0.33	\$ 57,484.00	\$ 18,969.72
Fringe	52.75% (insurance, retirement, medicare, workmens comp and unemployment comp)	0.5275	\$ 18,969.72	\$ 10,006.53
Public Health Nurse I (Smith)	35% FTE - \$54,746/yr -Identify and contact PLWHA to ensure referral, access, linkage, and retention to HIV care through coordination with prevention, surveillance, and community agencies.	0.35	\$ 54,746.00	\$ 19,161.10
Fringe	47.08% (insurance, retirement, medicare, worker's comp, unemployment comp)	0.4708	\$ 19,161.10	\$ 9,021.05
Total:				\$ 91,712.76
TRAVEL				
Mileage	300 miles x \$.54/mile	300	\$ 0.54	\$ 162.00
Program Education	To Las Vegas: Airfare: \$200 x 1 trip x 1 staff	1	\$ 200.00	\$ 200.00
	Per Diem: \$64/day x 2 days x 1 staff	2	\$ 64.00	\$ 128.00
	Lodging \$93/night + \$11.16 (12% taxes & fees) x 1 night x 1 staff x 1 trip	1	\$ 104.16	\$ 104.16
	Ground Transportation: \$25/day x 2 days x 1 trip	2	\$ 25.00	\$ 50.00
	To Las Vegas: Airfare \$200 x 1 trip x 3 staff	3	\$ 200.00	\$ 600.00
All RWPB Provider Conference	Per Diem: \$64/day x 3 days x 3 staff	3	\$ 192.00	\$ 576.00
	Lodging: \$93/night + \$11.16 (12% taxes & fees) x 2 nights x 3 staff x 1 trip	3	\$ 208.32	\$ 624.96
	Ground Transportation: \$25/day x 3 days x 1 trip	3	\$ 25.00	\$ 75.00
	Parking: \$10/day x 3 days x 3 staff x 1 trip	3	\$ 30.00	\$ 90.00
	Total:			
OPERATING				
Taxi Vouchers	To facilitate transportation to clinic for services - \$25 voucher x 20 clients	20	\$ 25.00	\$ 500.00
Bus Passes	To facilitate transportation to clinic for services - \$16 each x 20 clients	20	\$ 16.00	\$ 320.00
Incentive	Organizers and backpacks for 60 clients. Used to assist clients in their HIV care.	60	\$ 20.00	\$ 1,200.00
Gas Cards	To encourage participation and transportation to appointments - \$10 each x 10 clients	10	\$ 10.00	\$ 100.00
Gas Cards	To encourage participation and transportation to appointments - \$20 each x 10 clients	10	\$ 20.00	\$ 200.00
Postage	\$22.92/month	12	\$ 22.92	\$ 275.04
Lexis Nexis	\$1,632/yr x 40% Investigate & determine client's information for follow-up on HIV svcs	0.40	\$ 1,632.00	\$ 652.80
Total:				\$ 3,247.84
EQUIPMENT				
Total:				\$ -
Contractual/Consultant				
Total:				\$ -
TRAINING				
Total:				\$ -
TOTAL DIRECT COSTS:				\$ 97,570.72
OTHER				
Admin Costs	10% of Direct Costs	0.10	\$ 97,570.72	\$ 9,757.07
Totals				\$ 9,757.07
BUDGET TOTAL:				\$ 107,327.79

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

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Budget/Scope of Work with a prior approval from the Grantee.
- Anything over a 10% budget change requires the Subgrantee to receive prior approval by the Grantee and then will require an Amendment to the Subgrant.
- 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. It is required that an equipment log is kept of all equipment purchased with these funds.
- 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/Subgrantee 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).
- See Section D for the required Travel Expense Reimbursement Claim to be used for all travel reimbursements.

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

- Requests for Reimbursements will be submitted monthly;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2016; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the 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:

- Annual program monitoring will occur with technical assistance available throughout the grant period. Site monitoring tool to be provided prior to the annual subgrantee site review.
- Provide technical assistance as requested and within our ability to provide it.

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

- Provide the Health Resources and Services Administration with all OMB A-133 Audits submitted by the Subgrantee.
- 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 of Public and Behavioral Health will conduct a programmatic and fiscal site monitor during the following months of Aug/Sep 2016 in the grant period.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

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

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, 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**

SECTION D

Request for Reimbursement

HD#: **15502**

Budget Account: **3215-24**

GL: **8516**

Draw #: _____

Program Name: Ryan White HIV/AIDS Part B Program Bureau of Behavioral Health, Wellness & Prevention	Subgrantee Name: Washoe County Health District (WCHD) Stacy Hardie (775) 328-3752
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street, Building B Reno, NV 89512
Subgrant Period: Funding Period April 1, 2016 through March 31, 2017	Subgrantee's: EIN: <u>86-6000138</u> Vendor #: <u>T40283400</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$91,712.76	\$0.00	\$0.00	\$0.00	\$91,712.76	0.0%
2 Travel	\$2,610.12	\$0.00	\$0.00	\$0.00	\$2,610.12	0.0%
3 Operating	\$3,247.84	\$0.00	\$0.00	\$0.00	\$3,247.84	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 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$9,757.07	\$0.00	\$0.00	\$0.00	\$9,757.07	0.0%
Total	\$107,327.79	\$0.00	\$0.00	\$0.00	\$107,327.79	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**

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	Business Name
Fax: (775) 684-4211	_____
	Business Address

	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	_____
Administrator,	
Division of Public and Behavioral Health	
_____	_____
Title	Title
_____	_____
Date	Date

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

Staff Report
Board Meeting Date: April 28, 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 Award from the Nevada Department of Health and Human Services, Public Health Service for the period April 1, 2016 through March 31, 2017 in the total amount of \$1,209,536 (\$102,800 Health District match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO 11304.**

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 Award from the Department of Health and Human Services, Public Health Service on March 28, 2016 to support the Title X Family Planning Grant Program. The funding period is retroactive to April 1, 2016 and extends through March 31, 2017. A copy of the Notice of Award is attached.

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

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Family Planning Grant Program

Scope of the Project: The application including the following objectives: Partner with programs and community outreach initiatives to reach identified populations; provide community outreach/education activities through multiple methods; create and hire an intermittent hourly 16 hour per week Health Educator position; maintain and improve accessible high quality family planning services for men and women; maintain and improve client assistance with accessing necessary health and social resources; transition staff to new Electronic Health Record (EHR) to streamline and automate numerous work processes and increase client access to medical records; complete efforts to contract with the top five most prevalent insurance providers in the area; hire, contract or share an insurance facilitator to assist clients to obtain Medicaid and private insurance.

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards) and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that foster healthy communities.

On-Going Program Support: The Health District anticipates receiving continuous funding to support the Title X Family Planning Program.

Award Amount: \$1,209,536
Grant Period: April 1, 2016 – March 31, 2017
Funding Source: Office of Population Affairs
Pass Through Entity: n/a
CFDA Number: 93.217
Grant ID Number: 1 FPHPA096238-01-00
Match Amount and Type: \$102,800 cash match

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

FISCAL IMPACT

Should the Board approve the Notice of Award, there is no additional fiscal impact to the adopted FY16 budget as funding from this award will not be utilized until July 1, 2017.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve the Notice of Award from the Nevada Department of Health and Human Services, Public Health Service for the period April 1, 2016 through March 31, 2017 in the total amount of \$1,209,536 (\$102,800 Health District match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO 11304.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Notice of Award from the Nevada Department of Health and Human Services, Public Health Service for the period April 1, 2016 through March 31, 2017 in the total amount of \$1,209,536 (\$102,800 Health District match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO 11304."

1. DATE ISSUED MM/DD/YYYY 03/25/2016
 2. CFDA NO. 93.217
 3. ASSISTANCE TYPE Project Grant

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE
 OASH Office of Grants Management

1101 Wootton Parkway
 Suite 550
 Rockville, MD 20852

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
 P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 1 FPHPA096238-01-00
 Formerly

5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY
 From 04/01/2016 Through 03/31/2019

7. BUDGET PERIOD MM/DD/YYYY
 From 04/01/2016 Through 03/31/2017

8. TITLE OF PROJECT (OR PROGRAM)
 Family Planning Services grant to serve the Washoe County area, including the cities of Reno and Sparks, Nevada

9a. GRANTEE NAME AND ADDRESS
 Washoe County Health District
 1001 E 9th St Bldg B
 Reno, NV 89512-2845

9b. GRANTEE PROJECT DIRECTOR
 Ms. Stacy Hardie
 1001 East 9th Street, Building B
 Reno, NV 89512-2845
 Phone: 775-328-2416

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. Kevin Dick
 1001 EAST 9TH STREET BUILDING B
 RENO, NV 89512-2845
 Phone: 775-328-2416

10b. FEDERAL PROJECT OFFICER
 Mr. David Miller-PO
 90 7th Street
 Suite 5-100
 OASH Region IX
 San Francisco, CA 94103
 Phone: 415-437-7984

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 1,028,000.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	552,848.00	c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits	240,945.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 1,028,000.00	
c. Total Personnel Costs	793,793.00	13. Total Federal Funds Awarded to Date for Project Period 1,028,000.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies	22,467.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel	6,000.00	YEAR	TOTAL DIRECT COSTS
g. Construction	0.00	a. 2	1,049,000.00
h. Other	186,619.00	b. 3	1,070,000.00
i. Contractual	57,174.00	c. 4	
j. TOTAL DIRECT COSTS →	1,066,053.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
k. INDIRECT COSTS	143,483.00	a. DEDUCTION	
l. TOTAL APPROVED BUDGET	1,209,536.00	b. ADDITIONAL COSTS	
m. Federal Share	1,028,000.00	c. MATCHING	
n. Non-Federal Share	181,536.00	d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - Yes No)

This action provides FY16 funds in the amount of \$1,028,000.

See attached Terms and Conditions.

GRANTS MANAGEMENT OFFICIAL: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.45	18a. VENDOR CODE 1886000138A1	18b. EIN 886000138	19. DUNS 073786998	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-3094509	b. FPHPA6238A	c. FPH70	d. \$1,028,000.00	e. 75-16-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
04/01/2016	06/30/2016	Quarterly	07/30/2016
07/01/2016	09/30/2016	Annual	12/29/2016
10/01/2016	12/31/2016	Quarterly	01/30/2017
01/01/2017	03/31/2017	Quarterly	04/30/2017
04/01/2017	06/30/2017	Quarterly	07/30/2017
07/01/2017	09/30/2017	Annual	12/29/2017
10/01/2017	12/31/2017	Quarterly	01/30/2018
01/01/2018	03/31/2018	Quarterly	04/30/2018
04/01/2018	06/30/2018	Quarterly	07/30/2018
07/01/2018	09/30/2018	Annual	12/29/2018
10/01/2018	12/31/2018	Quarterly	01/30/2019
01/01/2019	03/31/2019	Final	06/29/2019

SPECIAL TERMS AND REQUIREMENTS

1. This award consists of:

Program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Box 15 on this Notice of Award (NoA) indicates **E – Other**: Program Income may be used to meet the cost sharing or matching requirement of the Federal award. The amount of the Federal award stays the same. Program Income in excess of any amounts specified must be added to the Federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. 45 CFR 75.307 (e).

Title X Funds	\$ 1,028,000.00
Cost Sharing Funds (10%)	\$ 102,800.00
Program Income	\$ 78,700.00
Other Funds	\$ 36.00
Total Project Budget	\$ 1,209,536.00

2. Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification for the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
3. In accepting this award, the grantee certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
4. In order to maintain an accurate record of current Title X service sites, grantees are expected to

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

provide timely notice to the Office of Population Affairs (OPA), as well as to the appropriate HHS regional office, of any deletions, additions, or changes to the name, location, street address and email, and contact information for Title X grantees and service sites. This database will also be used to verify eligibility for 340b program registration and recertification. You must enter your changes to the Title X database within 30 days of the change at <https://www.opa-fpclinicdb.com/>. All changes will be reviewed and approved by the relevant HHS regional office prior to being posted on the OPA website. This does not replace the prior approval requirement under HHS grants policy for changes in project scope, including clinic closures.

5. If you or your sub-recipient(s) enrolls in the 340B Program, you must comply with all 340B Program requirements. You may be subject to audit at any time regarding 340B Program compliance. 340B Program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>
6. FY 2016 Title X Program Priorities and Key Issues

Program Priorities: Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2016 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2016 program priorities are as follows:

1. Assuring the delivery of quality family planning and related preventive health services, with priority for services to individuals from low-income families. This includes ensuring that grantees have the capacity to support implementation (e.g., through staff training and related systems changes) of the Title X program guidelines throughout their Title X services projects, and that project staff have received training on Title X program requirements;
2. Assessing clients' reproductive life plan as part of determining the need for family planning services, and providing preconception services as stipulated in QFP;
3. Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with the Title X program requirements and the 2014 QFP. These services include, but are not limited to, contraceptive services, pregnancy testing and counseling, services to help clients achieve pregnancy, basic infertility services, STD services, preconception health services, and breast and cervical cancer screening. The broad range of services does not include abortion as a method of family planning;
4. Ensuring that all clients receive contraceptive and other services in a voluntary, client-centered and non-coercive manner in accordance with QFP and Title X requirements. .
5. Addressing the comprehensive family planning and related preventive health needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services; and
6. Demonstrating that the project's infrastructure and management practices ensure sustainability of family planning and reproductive health services delivery throughout the proposed service area including:
 - Incorporation of certified Electronic Health Record (EHR) systems that have the ability to capture family planning data within structured fields;

NOTICE OF AWARD (Continuation Sheet)

PAGE 4 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

- Evidence of contracts with insurance plans and systems for third party billing as well as the ability to facilitate the enrollment of clients into private insurance and Medicaid, optimally onsite; and to report on numbers of clients assisted and enrolled; and
- Evidence of the ability to provide comprehensive primary care services onsite or demonstration of formal robust linkages with comprehensive primary care providers.

Key Issues: In addition to program priorities, the following key issues have implications for Title X services projects and should be considered in developing the project plan:

- Incorporation of the 2014 Title X Program Guidelines throughout the proposed service area as demonstrated by written clinical protocols that are in accordance with Title X Requirements and QFP.
- Efficiency and effectiveness in program management and operations;
- Patient access to a broad range of contraceptive options, including long acting reversible contraceptives (LARC), other pharmaceuticals, and laboratory tests preferably on site;
- Establishment and use of performance measures to regularly perform quality assurance and quality improvement activities, including the use of measures to monitor contraceptive use;
- Establishment of formal linkages and documented partnerships with comprehensive primary care providers, HIV care and treatment providers, and mental health, drug and alcohol treatment providers;
- Incorporation of the National HIV/AIDS Strategy (NHAS) and CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings;" and
- Efficient and streamlined electronic data collection (such as for the Family Planning Annual Report (FPAR)), reporting and analysis for internal use in monitoring staff or program performance, program efficiency, and staff productivity in order to improve the quality and delivery of family planning services.

STANDARD TERMS

1. In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 42 CFR Part 59 currently in effect or implemented during the period of the grant.
2. You must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards are at 45 CFR Part 75 effective December 26, 2014.

3. All correspondence should be uploaded to Grant Notes within the GrantSolutions system. Include the Federal grant number and signature of the authorized business official and/or the project director.
4. All amendment requests requiring prior approval from the awarding office (See Part II, HHS Grants Policy Statement (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75) must be signed by an authorized official and submitted through

NOTICE OF AWARD (Continuation Sheet)

PAGE 5 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

the GrantSolutions Amendment Module. Only responses signed by the GMO are to be considered valid. If you take action on the basis of responses from other officials, you do so at your own risk. Such responses will not be considered binding by or upon any OASH Program Office.

5. The *Consolidated Appropriations Act, 2016* (Public Law 114-113) limits the use of federal funds from the HHS Office of the Assistant Secretary for Health (OASH) on all grant or cooperative agreements henceforth including the current budget period.

(1) Restriction on Distribution of Sterile Needles

" Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

(2) Salary Limitation

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

Effective January 10, 2016, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is **\$185,100**. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(3) Anti-Lobbying

" (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111– 148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(4) Gun Control

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

PAGE 6 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

6. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to the [Federal Funding Accountability and Transparency Act Subaward Reporting System](#) (FFRS).

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

i. the total Federal funding authorized to date under this award is \$25,000 or more;

ii. in the preceding fiscal year, you received—

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

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

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

i. As part of your registration profile at the Central Contractor Registry. (**NOTE: CCR has transitioned into the [System for Award Management \(SAM\)](#), as of 7/30/12**)

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

PAGE 7 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

c. Reporting of Total Compensation of Subrecipient Executives.

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

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

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

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

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

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

i. To the recipient.

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

d. Exemptions

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

i. Subawards, and

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

e. Definitions.

For purposes of this award term:

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

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

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

NOTICE OF AWARD (Continuation Sheet)

PAGE 8 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

-
- iv. A domestic or foreign for-profit organization;
 - v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.
2. “Executive” means officers, managing partners, or any other employees in management positions.
3. “Subaward”:
- i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.
 - ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ll .210 of the attachment to OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations”).
 - iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.
4. “Subrecipient” means an entity that:
- i. Receives a subaward from you (the recipient) under this award; and
 - ii. Is accountable to you for the use of the Federal funds provided by the subaward
5. “Total compensation” means the cash and noncash dollar value earned by the executive during the recipient’s or subrecipient’s preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):
- i. Salary and bonus.
 - ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - v. Above-market earnings on deferred compensation which is not tax-qualified.
 - vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

7. Trafficking in Persons

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

NOTICE OF AWARD (Continuation Sheet)

PAGE 9 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

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

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not-

i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

ii. Procure a commercial sex act during the period of time that the award is in effect; or

iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or

ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either-

A. Associated with performance under this award; or

B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

b. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either-

i. Associated with performance under this award; or

ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term

2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

NOTICE OF AWARD (Continuation Sheet)

PAGE 10 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and

ii. Is in addition to all other remedies for noncompliance that are available to us under this award.

3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. Definitions. For purposes of this award term:

1. "Employee" means either:

i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. "Private entity":

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization.

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

8. You are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) applies to this award.

9. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction

PAGE 11 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.

10. Reporting of Matters Related to Recipient Integrity and Performance

1. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;

b. Reached its final disposition during the most recent five year period; and

c. If one of the following:

(1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

(2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;

(3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or

(4) Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding

NOTICE OF AWARD (Continuation Sheet)

PAGE 12 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

11. Consistent with 45 CFR § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following

NOTICE OF AWARD (Continuation Sheet)

PAGE 13 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

addresses:

*HHS OASH Office of Grants Management
1101 Wootton Parkway, Suite 550
Rockville, MD 20852*

AND

*US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp> (Include “Mandatory Grant Disclosures” in subject line)

Fax: 1-800-223-8164 (Include “Mandatory Grant Disclosures” in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR Parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

REPORTING REQUIREMENTS

1. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities as stipulated in 45 CFR Part 75.500. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

2. FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:

The SF-425 Federal Financial Report is required for expenditure reporting. The SF-425 and instructions for completing the form can be found on the Web at: http://www.whitehouse.gov/omb/grants_forms

- a. This reporting requirement supersedes any previously issued FFR reporting table and instructions.
- b. You may view the complete table of the reporting schedule after logging into GrantSolutions from the My Grants List screen, select the **Reports** menu dropdown and then select the **Federal Financial Report** submenu.
- c. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date. If not submitted by the due date, you will receive a message indicating the report is **Past Due**.
- d. **Electronic Submissions accepted only via GrantSolutions** – Your Quarterly and Annual Federal Financial Reports (FFR) (SF-425) must only be submitted for review via the GrantSolutions FFR reporting module. Your FFR reporting schedule has been issued as a condition of this grant award.

NOTICE OF AWARD (Continuation Sheet)

PAGE 14 of 14	DATE ISSUED 03/25/2016
GRANT NO. 1 FPHPA096238-01-00	

You will also be required to submit a Final FFR covering the entire project period 90 days after the project period end date. No other submission methods will be accepted without written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

The Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

3. You must submit an annual progress report within 90 days after the end of each 12 months of performance. This progress report shall cover the full 12 months of performance which normally will coincide with your budget period. Guidance on content of the progress report will be provided by the Program Office. Reports must be submitted electronically via upload to Grant Notes in the GrantSolutions system under the award number.

CONTACTS

1. Fraud, Abuse and Waste:

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail htips@os.dhhs.gov 1-800-447-8477 (1-800-HHS-TIPS).

2. PAYMENT PROCEDURES:

Payments for grants awarded by OASH Program Offices are made through Payment Management Services (previously known as the Division of Payment Management) (<http://www.dpm.psc.gov>). PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Payment Management Services to establish an account if you do not have one.

Inquiries regarding payments should be directed to <http://www.dpm.psc.gov>; Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

3. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at **(240) 453-8830**, FAX (240) 453-8823, e-mail robin.fuller@hhs.gov or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

DD	CA	___
DHO	___	AD ___
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: April 28 2016

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an unappealed citation issued to Desert Wind Homes, Case No. 1182, Citation No. 5527, with a \$230.00 negotiated fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5527 be **upheld** and a fine of **\$230.00** be levied against Desert Wind Homes for failure to maintain a copy of Dust Control Permit No. DCP15-0133 on-site and failure to maintain water truck logs at the construction site. Failure to maintain a Dust Control Permit on site and failure to maintain water truck logs are both minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Subsection E, 2, a Dust Control.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On March 21 the AQMD received a complaint regarding excess dust coming from the Kiley 40 subdivision at 6001 Sparks Blvd. Air Quality Specialist II Suzanne Dugger was immediately dispatched to the complaint location. She arrived on site at approximately 2:30 pm and confirmed excessive dust was being generated from the site. Specialist Dugger observed a backhoe operating on site as the cause of the dust, and immediately requested all operations at the site cease.

Specialist Dugger phoned Mr. Keith O’Brian of Desert Wind Homes and explained the complaint and requested to review Dust Control Permit No. DCP15-0133 and the water truck logs. Mr. O’Brian stated he did not know where these items were located at the site but had copies at the Desert Wind office on Liberty Street. Specialist Dugger advised per the requirements of the Permit both were to be maintained on the job site, she also advised a water truck needed to be dispatched to the site. Mr. O’Brian stated he would contact Campbell Construction and request a water truck be dispatched.

On March 22 Specialist Dugger met with Mr. Chris Fawcett, Desert Wind Homes, and Mr. Rob Poirer, Campbell Construction. Specialist Dugger advised that due to the failure to maintain the Dust Control Permit on-site and water logs, a violation of the District Board of Health Regulations

Governing Air Quality Management, specifically Section 040.030 Dust Control, Subsection E.2, had occurred and Notice of Violation Citation No. 5527 would be issued to Desert Wind Homes. Mr. Fawcett stated the Permit and water logs will be maintained on-site in the future. Mr. Poirier stated he would also have the water truck retain a copy of the Dust Control Permit and water logs.

On March 24, 2016, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger and Mr. Chris Fawcett, Desert Wind Homes, regarding Citation No. 5527. Senior Specialist Cerfoglio explained to Mr. Fawcett that Desert Wind Homes was issued a Citation per Section 040.030, Subsection E.2, for failure to maintain a copy of Dust Control Permit No. DCP15-0133 at the site and failure to maintain water logs. Mr. Fawcett agreed to the terms of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5527, Case No. 1182, and levy a fine in the amount of **\$230** as a negotiated settlement for a **minor 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. 5527.

Or

2. The Board may determine to uphold Citation No. 5527 and levy any fine in the range of \$0 to \$230 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. 5527, Case No. 1182, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5527, Case No. 1182, and levy a fine in the amount of *(range of \$0 to \$230)* per day for each violation, with the matter being continued to the next meeting to allow for Desert Wind Homes to be properly noticed."



NOTICE OF VIOLATION

NOV 5527

DATE ISSUED: 3-22-2016

ISSUED TO: DESERT WIND HOMES PHONE #: 513-4349

MAILING ADDRESS: 1 EAST LIBERTY #405 CITY/ST: RENO ZIP: 89501

NAME/OPERATOR: CHRIS FAWCETT PHONE #: SAME

COMPLAINT NO. CMP16-0045 DCPIS-0133

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3-22-2016 (DATE) AT 2:30 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u> | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u> | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input checked="" type="checkbox"/> OTHER <u>SEC. E (2)(a)(i)</u> | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: FAILURE TO MAINTAIN DUST CONTROL LOGS
AND TO MAINTAIN LOGS 2 PERMIT ON SITE

LOCATION OF VIOLATION: 6001 SPARKS BLVD. SPARKS

POINT OF OBSERVATION: ON SITE

Weather: CLEAR WINDY 20-30 mph Wind Direction From: N E (S W)

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

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

Signature _____

CITATION: You are hereby notified that effective on 3-21-2016 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATE 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: _____ Date: 3/22/16

Issued by: Suzanne Dwyer Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: March 24, 2016

Company Name: Desert Wind Homes

Address: 1 East Liberty # 405

Notice of Violation # 5527 Case # 1182

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Failure to maintain dust control permit on site & proper dust control water truck logs.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 230⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on April 28, 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.

[Signature]
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Chris Fawcett
Print Name

DENNIS A. CERFOGLIO
Print Name

D.R. of Construction
Title

Sr. Air Quality Spec.
Title

Witness

[Signature]
Witness



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

Company Name Desert Winds Homes
 Contact Name Chris Fawcett

Case 0 1182 NOV 5527 Complaint CMP16-0045

Violation of Section _____

I. **Base Penalty as specified in the Penalty Table** = \$ 250

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 0.75

Comment: _____

2. **Toxicity of Release**

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: _____

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.5

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 1.125

B. **Adjusted Base Penalty**

Base Penalty \$ 250 x Adjustment Factor 1.125 = \$ 281.25

C. **Multiple Days or Units in Violation**

Adjusted Penalty \$ 281.25 x Number of Days or Units 1 = \$ 281.25

Comment: _____

D. **Economic Benefit**

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

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 281.25 + Economic Benefit \$ 0 = \$ 281.25

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>agree to settle</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment <u>no history</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-20%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>281.25</u>	x	Total Adjustment Factors (From Section III) <u>-20%</u>
Penalty Subtotal (From Section II)		= <u>-56.25</u> Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$
Comment: _____
Adjusted Penalty:

\$ <u>281.25</u>	+/-	\$ <u>-56.25</u>	=	\$ <u>230</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Shane Dyer
Air Quality Specialist

Dennis A. Corfoglio
Senior AQ Specialist/Supervisor

3-24-2016
Date

3-24-2016
Date

DD	CA	___
DHO	___	___
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: April 28 2016

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an unappealed citation issued to Reds Development, Case No. 1181, Citation No. 5473 with a \$280.00 negotiated fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5473 be **upheld** and a fine of **\$280.00** be levied against Reds Development for operating without receipt of a Dust Control Permit and failure to install the required signage on a construction site. Failure to have a Dust Control Permit on-site and install the proper signage are both minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Subsection C, 3 Dust Control.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On February 17 Air Quality Specialist II Suzanne Dugger observed heavy equipment operating on an open lot at the Legends Mall. After noting fugitive dust emissions being generated by an excavator on the site, Specialist Dugger conducted an inspection of the open lot from which the dust was being generated.

Specialist Dugger met with Mr. Glen Frey of Sierra Builders, construction contractor for the site, and informed him that due to the fugitive dust being generated with no water truck on-site and the day's high wind event, all site activities were to stop. Mr. Frey immediately complied. Specialist Dugger questioned Mr. Frey as to the Dust Control Permit for the site and no signage as required. Mr. Frey indicated he was certain there was a Permit; however, he was unable to provide an on-site Permit.

Specialist Dugger contacted and spoke to Mr. Tony Evans of Gradex Construction, the grading contractor for the site. Specialist Dugger asked Mr. Evans if a Dust Control Permit had been obtained for the site and advised a proper signage needed to be constructed. Mr. Evans stated he was not aware of any Permit and contacted his supervisor, Mr. Nate Roach, Estimator for Gradex Construction. Mr. Roach stated he was certain there was a permit, but was unable to provide it. At that time Specialist Dugger issued a "STOP WORK ORDER" on the entire site for the fugitive dust being generated without proper controls and no Dust Control Permit on-site.

AIR QUALITY MANAGEMENT

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Specialist Dugger then contacted Mr. Dennis McGovern, General Manager for Reds Development, the property owner. Specialist Dugger inquired of Mr. McGovern if a Dust Control Permit had been obtained for the project. Mr. McGovern stated an application had been submitted; however, a Permit had not been issued. Due to work having commenced prior to the receipt of the approved Dust Control Permit and the erecting of the proper signage, Specialist Dugger informed Mr. McGovern a violation of District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Dust Control, Subsection C.3 had occurred. Specialist Dugger issued Notice of Violation Citation No. 5473 to Reds Development for failure to obtain a Dust Control Permit and erect a proper Dust Control Sign prior to starting work.

On March 7, 2016, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist II Suzanne Dugger and Mr. Dennis McGovern (via telephone) regarding Citation No. 5473. Senior Specialist Cerfoglio explained to Mr. McGovern that Reds Development was issued a citation per Section 040.030 Subsection C.3 for operating (grading) on a job site without receipt of the approved Dust Control Permit and no signage being installed on the project. Mr. McGovern agreed to the terms of the negotiated settlement and a Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5473, Case No. 1181, and levy a fine in the amount of **\$280** as a negotiated settlement for a **minor 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. 5473.
Or
2. The Board may determine to uphold Citation No. 5473 and levy any fine in the range of \$0 to \$280 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. 5473, Case No. 1181, as recommended by Staff."
Or
2. "Move to uphold Citation No. 5473, Case No. 1181, and levy a fine in the amount of *(range of \$0 to \$280)* per day for each violation, with the matter being continued to the next meeting to allow for Reds Development to be properly noticed."



NOTICE OF VIOLATION

NOV 5473

DATE ISSUED: 2-19-2016

ISSUED TO: RED DEVELOPMENT PHONE #: 358-3800

MAILING ADDRESS: 1310 SCHEELS DR. #172 CITY/ST: SPARKS ZIP: 89434

NAME/OPERATOR: DENNIS McGOVERN PHONE #: 358-3800

COMPLAINT NO. CMP16-0028

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 2-19-2016 (DATE) AT 1:30 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: 040.030 SEC. C, 3.

FAILURE TO OBTAIN A DUST CONTROL PERMIT PRIOR TO THE COMMENCEMENT OF WORK.

LOCATION OF VIOLATION: 435 SPARKS BLVD. SPARKS NV.

POINT OF OBSERVATION: ON SITE - FILE REVIEW

Weather: CLOUDY, WINDY Wind Direction From: N E **(S)** W

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

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

Signature _____

CITATION: You are hereby notified that effective on 2-17-2016 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATE 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: _____ Date: 2-19-2016

Issued by: Sharon Sawyer Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: 3-7-2016

Company Name: LEGENDS @ SPARKS MARINA

Address: 1310 SCHEEL DR. SUITE 172

Notice of Violation # 5473 Case # 1181

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____

040.030 SEC. C, 3

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 280.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on APRIL 28, 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.

Signature of Company Representative

Print Name

Title

Witness

Dennis A. Cerfoglio
Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Spec.
Title

Syanne Duggan
Witness

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

MEMORANDUM OF UNDERSTANDING

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

Date: 3-7-2016

Company Name: LEGENDS @ SPARKS MARINA

Address: 1310 SCHEEL DR. SUITE 172

Notice of Violation # 5473 Case # 1181

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____

040,030 SEC. 2, 3

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 280.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on APRIL 28, 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.

[Signature]

Signature of Company Representative

[Signature]

Signature of District Representative

DENNIS MCGOVERN

Print Name

DENNIS A. CERFOGLIO

Print Name

GM

Title

Sr. Air Quality Spec.

Title

[Signature]

Witness

[Signature]

Witness



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

Company Name Legends at Sparks Marina
 Contact Name Dennis F. McGovern

Case 0 NOV 5473 Complaint CMP16-0028

Violation of Section 040.030 Sec. C, 3

I. Base Penalty as specified in the Penalty Table = \$ 250

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: Started operating without first obtaining a dust control permit to operate

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: Particulate matter PM10

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.5

Comment: Near Legends Mall and other public shopping areas

Total Adjustment Factors (1 x 2 x 3) = 1.5

B. Adjusted Base Penalty

Base Penalty \$ 250 x Adjustment Factor 1.5 = \$ 375

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 375 x Number of Days or Units 1 = \$ 375

Comment: _____

D. Economic Benefit

Avoided Costs \$ 157 + Delayed Costs \$ 157 = \$ 314

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 375 + Economic Benefit \$ 314 = \$ 689

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>25%</u>
B. Mitigating Factors (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>willing to negotiate</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: <u>Exact violation in November 2014</u>		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: <u>third violation in 3 years</u>		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: <u>cooperative and willing to negotiate</u>		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-60%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>689</u>	x	<u>-60%</u>
Penalty Subtotal		= <u>-413.4</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>689</u>	+/-	<u>\$ -413.4</u>	=	<u>\$ 280</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Suzanne Duggan
Air Quality Specialist

3-7-2016
Date

Dennis A. Cosfoglio
Senior AQ Specialist/Supervisor

3-7-2016
Date

DD	CA	-
DHO		KD -
DA	LA	-
Risk	DME	-

Staff Report
Board Meeting Date: April 28 2016

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to Uphold an Unappealed Issued to KDH Builders, Case No. 1183, Citation No. 5528, with a \$1280 Negotiated Fine.

SUMMARY

Air Quality Management Division (AQMD) Staff recommends Citation No. 5528 be **upheld** and a fine of **\$1280.00** be levied against KDH Builders for initiating construction prior to obtaining a Dust Control Permit; and failure to maintain water truck logs at the construction site. Initiating construction prior to obtaining a current Dust Control Permit is a **major violation** of District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Subsection A, Construction Without A Permit; and failure to maintain water truck logs is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Subsection E.2, Dust Control.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On March 22, during a routine inspection at Kiley Ranch Village 38 Phase 1, Air Quality Specialist II Suzanne Dugger discovered KDH Builders was in operation, however, Dust Control Permit No. DCP14-0077 had expired on February 28, 2016. Specialist Dugger also noted the water logs were not being maintained as required. Specialist Dugger contacted Mr. Travis Schweitzer, Superintendent for KDH Builders, and advised him the project was in violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Subsection A – Construction without a Permit, and Section 040.030 Subsection E.2 Dust Control. Specialist Dugger advised Mr. Schweitzer that Notice of Violation Citation No. 5528 would be issued for the violations as noted. Mr. Schweitzer did not contest the violations or the issuance of the citation.

On March 25, 2016, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger and Ms. Paula Jehaeffer, representative of KDH Builders, regarding Citation No. 5528. Senior Specialist Cerfoglio explained to Ms. Jehaeffer the requirement to maintain a valid dust control permit and the required water logs at all times. At that time, Ms.

Jehaeffer agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5528, Case No. 1183, and levy a fine in the amount of **\$1280** as a negotiated settlement for both a **major** and **minor 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. 5528.

Or

2. The Board may determine to uphold Citation No. 5528 and levy any fine in the range of \$0 to \$1280 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. 5528, Case No. 1183, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5528, Case No. 1183, and levy a fine in the amount of (*range of \$0 to \$1280*) per day for each violation, with the matter being continued to the next meeting to allow for KDH Builders to be properly noticed."



NOTICE OF VIOLATION

NOV 5528

DATE ISSUED: 3-22-2016

ISSUED TO: KDH BUILDERS PHONE #: 473-4215

MAILING ADDRESS: 10625 DOUBLE R BLVD CITY/ST: RENO ZIP: 89521

NAME/OPERATOR: TRAVIS SCHWEITZER PHONE #: 200-6227

COMPLAINT NO. CMP 16-0047 DCP14-0077 (EXPIRED)

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3-22-2016 (DATE) AT 9:15 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|---|--|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 DUST CONTROL | <input checked="" 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 checked="" type="checkbox"/> OTHER <u>SEC. E (2) a. 1.</u> | <input checked="" type="checkbox"/> OTHER <u>020.040 / 030.000</u> |

VIOLATION DESCRIPTION: 030.000 - CONSTRUCTION W/OUT A DUST CONTROL PERMIT (12 ACRES) & 040.030 SEC. E. a. 1. FAILURE TO MAINTAIN DUST CONTROL LOGS ON SITE.

LOCATION OF VIOLATION: ON SITE 933 HIGH APPLE CT. SPARKS

POINT OF OBSERVATION: ON SITE - FILE REVIEW

Weather: CLOUDY - COLD NO WIND Wind Direction From: N E S W

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

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

Signature _____

CITATION: You are hereby notified that effective on 3-22-2016 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You 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: 3-22-16

Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: March 25, 2016

Company Name: KDH Builders

Address: 10625 Double R Blvd.

Notice of Violation # 5528 Case # 1183

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Construction on a 12 acre site without a dust control permit and Failure to maintain on site water truck logs.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,280⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on April 28, 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.

Paula J. Schaeffer
Signature of Company Representative

Dennis A. Cerfoglio
Signature of District Representative

Paula Schaeffer
Print Name

DENNIS A. CERFOGLIO
Print Name

construction admin
Title

Sr. Air Quality Spec.
Title

Witness

Suzanne Dwyer
Witness

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

Company Name KDH Builders
 Contact Name Travis Schweitzer

Case 0 1183 NOV 5528 Complaint CMP16-0047

Violation of Section 030.000 Operating without permit & Sec.E, 2, a., 1.

I. Base Penalty as specified in the Penalty Table = \$ 1,600.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: _____

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: _____

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

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

Comment: _____

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

B. Adjusted Base Penalty

Base Penalty \$ 1600 x Adjustment Factor 1 = \$ 1600

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 1600 x Number of Days or Units 1 = \$ 1600

Comment: _____

D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ 1600 = \$ 1600

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 1600 + Economic Benefit \$ 1600 = \$ 3200

**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%) - 25%

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

Comment: _____

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment: _____

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

Comment: Exact violation in November 2014

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

Comment: third violation in 3 years

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -60%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>3200</u>	x	<u>-60%</u>	=	<u>-1920</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

\$ <u>3200</u>	+/-	\$ <u>-1920</u>	=	\$ <u>1280</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

3-25-2016

Date



Senior AQ Specialist/Supervisor

3-25-2016

Date

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

Company Name KDH Builders
Contact Name Travis Schweitzer

Case 1183 NOV 5528 Complaint CMP16-0047

I. Violation of Section 030.000 Operating without permit & Sec.E, 2, a., 1.

I. Recommended/Negotiated Fine = \$ 1280

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

III. Violation of Section 0

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 = \$ 1280

Sharonne Duggan
Air Quality Specialist

3-25-2016
Date

Dennis A. Cefoglio
Senior AQ Specialist/Supervisor

3-25-2016
Date

DD	NA	___
DHO	___	Ⓚ
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: April 28, 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 March, Fiscal Year 2016

SUMMARY

The nine months of fiscal year 2016 (FY16) ended with a cash balance of \$2,969,083. Total revenues were \$14,985,702 which was 74.6% of budget and an increase of \$1,232,969 compared to fiscal year 2015 (FY15). With 75.0% of the fiscal year completed 66.5% of the expenditures have been spent for a total of \$14,458,345 up \$124,089 compared to FY15.

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

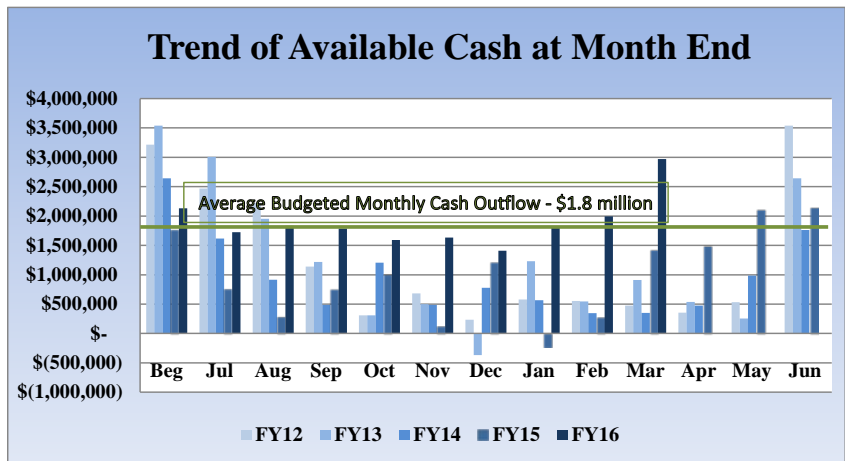
PREVIOUS ACTION

Fiscal Year 2016 Budget was adopted May 18, 2015.

BACKGROUND

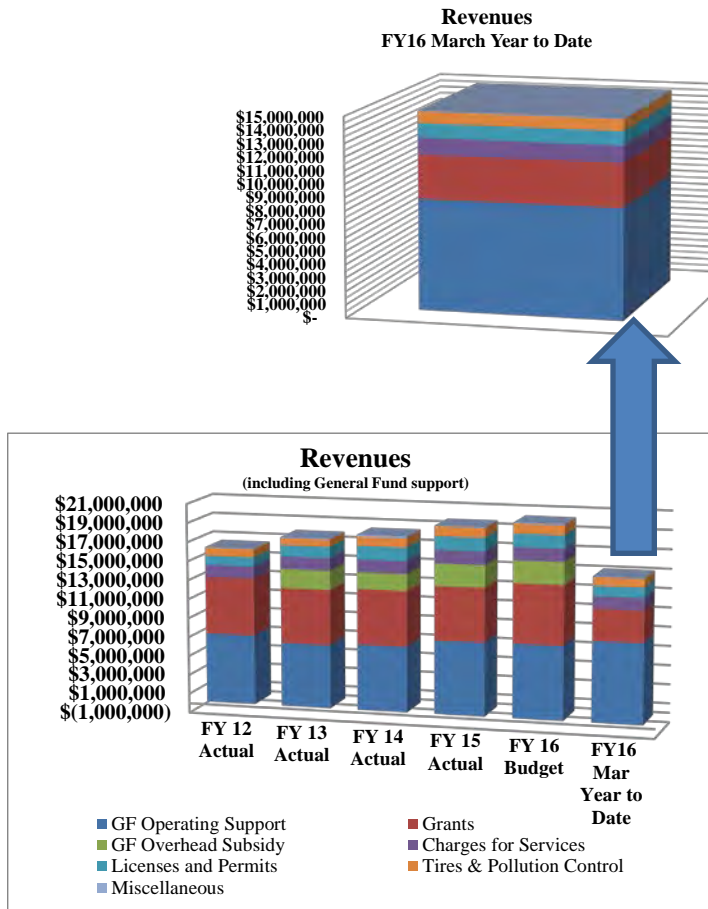
Review of Cash

The available cash at the end of March, FY16, was \$2,969,083 which was 164.0% of the average budgeted monthly cash outflow of \$1,810,512 for the fiscal year. The large cash balance is mainly due to April's General Fund transfer of \$839,738 being posted to March thus driving up the cash balance reported. This additional General Fund transfer was not due to cash flow issues but due to the timing of posting April's transfer. The encumbrances and other liability portion of the cash balance totals \$1,233,486 leaving \$1,735,597 available for future obligations.



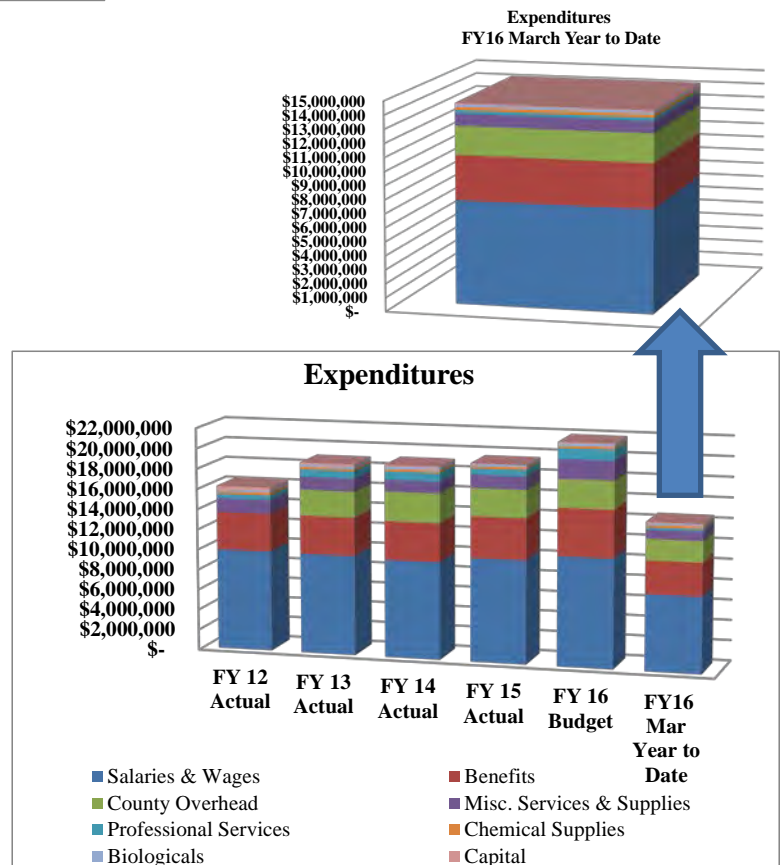
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$14,985,702 were up \$1,232,969 which was an increase of 9.0% over the same time last fiscal year and was 74.6% of budget. The single largest source of the increase is from the County General Fund support of \$8,397,380, excluding that source of revenue the fund was 5.4% or \$335,733 up from last year. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$1,072,352 were up \$34,706 or 3.3%; charges for services of \$1,275,418 were up \$335,716 or 35.7%; fines and forfeitures received \$500; miscellaneous revenues of \$50,385 were up \$18,550 or 58.3%; tire and pollution control funding of \$869,141 was up \$73,396 or 9.2%; and, the County General Fund transfer of \$8,397,380 was up \$897,236 or 12.0%. The federal and state revenues of \$3,320,526 were down by \$127,135 or 3.7%.

The total year to date **expenditures** of \$14,458,345 increased by \$124,088 or 0.9% compared to the same time frame for last fiscal year 2015. Salaries and benefits expenditures for the nine months were \$10,747,964 up \$89,403 or 0.8% over the prior year. The total services and supplies expenditures of \$3,692,278 were up \$42,109 which was a 1.2% increase. The major expenditures included in the services and supplies are: the professional services which totaled \$233,244 for the year, down \$50,969 or 17.9% over the prior year; chemical supplies were up 7.5% over last year for a total of \$249,243; the biologicals of \$182,818 were up \$27,489 or 17.7%; and, County overhead charges of \$2,096,912 were up 2% over last year. Total capital expenditures for the year were \$18,103 down \$7,424 or 29.1%.



Review of Revenues and Expenditures by Division

AQM has received \$1,619,019 or 71.8% of budget and up \$10,209 in revenue compared to FY15. CCHS received \$2,223,894 in revenue or 61.6% of budget and down \$42,429 over FY15. EHS has received \$1,482,678 which is 75.1% of budget and up \$132,692 over FY15. EPHP has received \$1,255,231 in revenue and is up \$227,913 or 22.2% over last year due to additional grant funding and an increase in birth and death certificates. The County General Fund support is the single largest source of revenue for the nine months at \$8,397,380 or 83.3% of budget.

With 75.0% of the fiscal year completed the total expenditures were \$14,458,345 which is 66.5% of budget and up \$124,089 over last fiscal year. ODHO spent \$422,575 up \$71,405 or 20.3% over FY15 due to filling a position that was vacant in FY15. AHS has spent \$752,230 down \$77,964 or 9.4% over last year due to an employee retirement payout of accrued benefits in FY15. AQM spent \$1,920,183 of the division budget and has increased \$46,620 or 2.5% over last fiscal year due to new costs for the regional permitting system and an employee retirement that cost \$31,000 in an accrued benefit payout. CCHS has spent \$5,077,450 year to date and is down \$128,987 or 2.5% over last year due to a decline in advertising and professional service costs associated with the Chronic Disease program. EHS spent \$4,488,344 and has increased \$102,926 or 2.3% over last year and includes an additional \$39,000 in costs for the regional permitting system, \$30,000 for office equipment, \$14,000 in accrued benefits costs for a retiree, and \$12,000 in overtime due to an increase in work activities. EPHP expenditures were \$1,797,565 and were \$110,088 or 6.5% over FY15 due to vacant staff positions in FY15 that have been filled this fiscal year.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2011/2012 through March 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 (audited)	March Year to Date	Adjusted Budget	March Year to Date	Percent of Budget	FY16 Increase over FY15
Revenues (all sources of funds)									
ODHO	-	-	-	-	-	15,000	7,500	50.0%	-
AHS	8	33,453	87,930	151	151	-	-	-	-100.0%
AQM	1,966,492	2,068,697	2,491,036	2,427,471	1,608,810	2,255,504	1,619,019	71.8%	0.6%
CCHS	3,706,478	3,322,667	3,388,099	3,520,945	2,266,323	3,610,928	2,223,894	61.6%	-1.9%
EHS	1,755,042	1,828,482	1,890,192	2,008,299	1,349,986	1,975,149	1,482,678	75.1%	9.8%
EPHP	1,670,338	1,833,643	1,805,986	1,555,508	1,027,319	2,154,845	1,255,231	58.3%	22.2%
GF support	7,250,850	8,623,891	8,603,891	10,000,192	7,500,144	10,076,856	8,397,380	83.3%	12.0%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$19,512,566	\$13,752,733	\$20,088,282	\$14,985,702	74.6%	9.0%
Expenditures									
ODHO	-	-	-	481,886	351,170	703,642	422,575	60.1%	20.3%
AHS	1,202,330	1,366,542	1,336,740	1,096,568	830,193	1,018,458	752,230	73.9%	-9.4%
AQM	1,955,798	2,629,380	2,524,702	2,587,196	1,873,563	3,222,502	1,920,183	59.6%	2.5%
CCHS	6,086,866	6,765,200	6,949,068	6,967,501	5,206,437	7,316,459	5,077,450	69.4%	-2.5%
EHS	4,848,375	5,614,688	5,737,872	5,954,567	4,385,417	6,535,814	4,488,344	68.7%	2.3%
EPHP	2,084,830	2,439,602	2,374,417	2,312,142	1,687,477	2,939,917	1,797,565	61.1%	6.5%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$19,399,860	\$14,334,256	\$21,736,792	\$14,458,345	66.5%	0.9%
Revenues (sources of funds) less Expenditures:									
ODHO	-	-	-	(481,886)	(351,170)	(688,642)	(415,075)		
AHS	(1,202,322)	(1,333,088)	(1,248,810)	(1,096,417)	(830,042)	(1,018,458)	(752,230)		
AQM	10,694	(560,683)	(33,666)	(159,725)	(264,753)	(966,998)	(301,164)		
CCHS	(2,380,389)	(3,442,533)	(3,560,969)	(3,446,555)	(2,940,114)	(3,705,531)	(2,853,556)		
EHS	(3,093,333)	(3,786,206)	(3,847,680)	(3,946,268)	(3,035,431)	(4,560,665)	(3,005,666)		
EPHP	(414,492)	(605,958)	(568,431)	(756,634)	(660,158)	(785,071)	(542,334)		
GF Operating	7,250,850	8,623,891	8,603,891	10,000,192	7,500,144	10,076,856	8,397,380		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ (581,524)	\$ (1,648,509)	\$ 527,357		
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%						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 March, Fiscal Year 2016.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 9 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-	45,223-	1,094-	98	46,317-	41,822-	4,495-	90
422504 Pool Permits	97,000-	58,503-	38,497-	60	97,000-	70,199-	26,801-	72
422505 RV Permits	11,000-	8,506-	2,495-	77	11,000-	8,981-	2,019-	82
422507 Food Service Permits	509,823-	361,947-	147,876-	71	420,000-	348,230-	71,770-	83
422508 Wat Well Const Perm	30,000-	36,554-	6,554	122	30,000-	27,203-	2,797-	91
422509 Water Company Permits	5,000-	13,510-	8,510	270	5,000-	9,247-	4,247	185
422510 Air Pollution Permits	477,443-	383,955	93,488-	80	474,103-	397,056-	77,047-	84
422511 ISDS Permits	75,000-	84,522-	9,522	113	75,000-	62,924-	12,076-	84
422513 Special Event Permits	90,000-	56,994-	33,006-	63	105,000-	49,618-	55,382-	47
422514 Initial Applic Fee	31,000-	22,639-	8,361-	73	31,000-	22,366-	8,634-	72
* Licenses and Permits	1,372,583-	1,072,352-	300,231-	78	1,294,420-	1,037,646-	256,774-	80
431100 Federal Grants	5,701,499-	3,041,419-	2,660,080-	53	5,271,536-	3,044,247-	2,227,289-	58
431105 Federal Grants - Indirect	291,791-	220,566-	71,226-	76	235,667-	169,905-	65,762-	72
432100 State Grants	209,951-	54,273-	155,679-	26	311,068-	224,370-	86,698-	72
432105 State Grants-Indirect	15,457-	4,268-	11,189-	28	16,026-	9,139-	6,887-	57
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-	513,262-	36,738-	93	318,667-	453,222-	134,555	142
* Intergovernmental	7,237,247-	4,189,667-	3,047,580-	58	6,621,513-	4,243,406-	2,378,107-	64
460162 Services to Other Agencies	28,421-	17,896-	10,525-	63				
460500 Other Immunizations	89,000-	23,046-	65,955-	26	89,000-	28,657-	60,344-	32
460501 Medicaid Clinical Services	8,200-	46,845-	38,645	571	8,200-	2,737-	5,463-	33
460503 Childhood Immunizations	20,000-	11,363-	8,637-	57	20,000-	10,589-	9,412-	53
460504 Maternal Child Health								
460508 Tuberculosis	4,100-	5,517-	1,417	135	4,100-	4,020-	80-	98
460509 Water Quality		354-	354					
460510 IT Overlay	35,344-	25,087-	10,257-	71	35,344-	25,339-	10,105-	71
460511 Birth and Death Certificates	470,000-	388,290-	81,710-	83	480,000-	343,210-	136,790-	72
460512 Duplication Service Fees		1,417-	1,417			307-	307	
460513 Other Healt Service Charges	10,167-	29,189-	19,022	287		359-	359	
460514 Food Service Certification	18,000-	294-	17,706-	2	18,000-	13,298-	4,702-	74
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,450-	18,270-	16,820	1,260	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-	16,134-	4,866-	77	21,000-	9,897-	11,103-	47
460519 Outpatient Services		1,505-	1,505			130-	130	
460520 Eng Serv Health	50,000-	54,089-	4,089	108	50,000-	35,964-	14,036-	72
460521 Plan Review - Pools & Spas	1,500-	7,473-	5,973	498	3,600-	3,944-	344	110
460523 Plan Review - Food Services	20,000-	18,581-	1,419-	93	20,000-	16,539-	3,461-	83
460524 Family Planning	32,000-	34,411-	2,411	108	32,000-	23,182-	8,818-	72
460525 Plan Review - Vector	42,000-	51,262-	9,262	122	42,000-	37,733-	4,267-	90
460526 Plan Review-Air Quality	60,804-	39,222-	21,582-	65	57,889-	40,193-	17,696-	69
460527 NOE-AQM	116,984-	92,264-	24,720-	79	116,984-	87,595-	29,389-	75
460528 NESHAP-AQM	99,333-	93,724-	5,609-	94	99,333-	77,909-	21,424-	78

Period: 1 thru 9 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%
460529 Assessments-AQM	51,336-	44,275-	7,061-	86	51,336-	41,292-	10,044-	80
460530 Inspector Registr-AQ	2,162-	98-	2,064-	5	2,162-	855-	1,307-	40
460531 Dust Plan-Air Quality	142,403-	232,969-	90,566	164	142,403-	93,365-	49,038-	66
460532 Plan Rvw Hotel/Motel	2,530-	646-	1,884-	26		3,490-	3,490	
460533 Quick Start								
460534 Child Care Inspection	8,514-	6,362-	2,152-	75	8,514-	6,665-	1,849-	78
460535 Pub Accomod Inspectn	19,000-	14,837-	4,163-	78	19,000-	13,958-	5,042-	73
460570 Education Revenue								
* Charges for Services	1,361,248-	1,275,418-	85,829-	94	1,329,615-	939,702-	389,913-	71
471265 Illegal Dumping		500-	500					
* Fines and Forfeitures		500-	500					
483000 Rental Income						151-	151	
484000 Donations,Contributions		3,700-	3,700					
484050 Donations Federal Pgm Income	37,550-	20,766-	16,784-	55	37,550-	20,055-	17,495-	53
484195 Non-Govt'l Grants					55,988-		55,988-	
484197 Non-Gov. Grants-Indirect	11,631-	5,967-	5,664-	51	5,125-		5,125-	
485100 Reimbursements	38,599-	18,527-	20,072-	48		10,011-	10,011	
485121 Jury Reimbursements						120-	120	
485300 Other Misc Govt Rev		51-	51			1,497-	1,497	
* Miscellaneous	87,780-	49,010-	38,770-	56	98,663-	31,835-	66,828-	32
** Revenue	10,058,858-	6,586,947-	3,471,911-	65	9,344,211-	6,252,589-	3,091,622-	67
701110 Base Salaries	9,728,309	6,735,681	2,992,628	69	9,204,374	6,812,003	2,392,371	74
701120 Part Time	398,206	267,316	130,890	67	408,927	258,731	150,196	63
701130 Pooled Positions	374,608	282,667	91,941	75	510,064	281,459	228,605	55
701140 Holiday Work	4,319	2,154	2,165	50	4,319	2,804	1,515	65
701150 xcContractual Wages								
701200 Incentive Longevity	166,775	81,149	85,626	49	155,100	81,672	73,428	53
701300 Overtime	64,681	50,798	13,883	79	62,798	42,859	19,939	68
701403 Shift Differential	302	161	142	53		85	85-	
701406 Standby Pay								
701408 Call Back	1,000	1,122	122-	112	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	10,751,325	7,489,936	3,261,388	70	10,478,015	7,614,758	2,863,257	73
705110 Group Insurance	1,602,223	1,125,952	476,271	70	1,452,108	1,066,641	385,467	73
705210 Retirement	2,870,083	1,966,181	903,903	69	2,508,521	1,810,892	697,628	72
705215 Retirement Calculation								
705230 Medicare April 1986	143,292	102,426	40,866	71	134,798	104,045	30,753	77
705320 Workmens Comp	69,143	51,857	17,285	75	68,214	50,840	17,373	75

Period: 1 thru 9 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%
705330 Unempty Comp	15,483	11,612	3,871	75	15,179	11,384	3,795	75
705360 Benefit Adjustment					21,855		21,855	
* Employee Benefits	4,700,224	3,258,028	1,442,196	69	4,200,674	3,043,803	1,156,871	72
710100 Professional Services	892,764	193,477	699,286	22	687,734	222,637	465,097	32
710105 Medical Services	9,621	3,573	6,048	37	9,323	2,631	6,692	28
710108 MD Consultants	137,971	33,518	104,453	24	83,908	31,488	52,421	38
710110 Contracted/Temp Services	7,279	2,576	4,603	37	31,581	27,458	4,123	87
710119 Subrecipient Payments								
710200 Service Contract	172,990	46,113	126,877	27	120,720	42,008	78,711	35
710205 Repairs and Maintenance	24,189	12,778	11,411	53	5,538	7,451	1,913	135
710210 Software Maintenance	16,607	12,770	3,837	77	18,083	15,210	2,873	84
710300 Operating Supplies	271,849	63,960	207,889	24	118,636	66,221	52,416	56
710302 Small Tools & Allow	23,685	794	22,891	3	22,685	443	22,242	2
710308 Animal Supplies	1,600	721	879	45	1,600	92	1,508	6
710312 Special Dept Expense						300	300	
710319 Chemical Supplies	231,900	249,243	17,343	107	231,900	231,827	73	100
710325 Signs and Markers								
710334 Copy Machine Expense	30,061	20,860	9,201	69	25,625	18,584	7,041	73
710350 Office Supplies	38,213	28,053	10,160	73	59,144	23,650	35,494	40
710355 Books and Subscriptions	6,015	7,111	1,096	118	8,059	2,577	5,483	32
710360 Postage	25,882	13,172	12,709	51	23,150	14,899	8,251	64
710361 Express and Courier	850	159	691	19	510	154	356	30
710391 Fuel & Lube	100	184	84	184	100		100	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	39,891	15,090	24,801	38	28,429	19,654	8,776	69
710502 Printing	27,568	13,597	13,971	49	22,171	8,855	13,316	40
710503 Licenses & Permits	6,770	6,510	260	96	6,331	5,320	1,011	84
710505 Rental Equipment	1,800	1,800		100	1,800		1,800	
710506 Dept Insurance Deductible		450	450			300	300	
710507 Network and Data Lines	9,755	5,968	3,787	61	11,295	6,769	4,526	60
710508 Telephone Land Lines	36,040	25,317	10,723	70	42,650	25,821	16,829	61
710509 Seminars and Meetings	52,167	22,917	29,250	44	50,633	26,810	23,824	53
710512 Auto Expense	11,582	5,393	6,189	47	14,665	4,191	10,474	29
710514 Regulatory Assessments	18,500	12,998	5,502	70	11,920	18,638	6,718	156
710519 Cellular Phone	13,709	7,218	6,491	53	15,117	10,480	4,637	69
710529 Dues	8,375	5,648	2,727	67	11,867	5,029	6,838	42
710535 Credit Card Fees	12,107	12,002	105	99	12,665	11,129	1,536	88
710546 Advertising	239,899	78,278	161,621	33	346,208	141,400	204,808	41
710551 Cash Discounts Lost		506	506			249	249	
710563 Recruitment						613	613	
710577 Uniforms & Special Clothing	9,900	1,628	8,272	16	12,350	2,086	10,264	17
710585 Undesignated Budget					90,642		90,642	

Period: 1 thru 9 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%
710594 Insurance Premium		5,605	5,605-					
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	79,703	62,810	16,893	79	109,115	66,410	42,705	61
710620 LT Lease-Equipment								
710703 Biologicals	242,868	182,818	60,051	75	203,743	155,328	48,415	76
710714 Referral Services						1,356	1,356-	
710721 Outpatient	96,331	66,302	30,030	69	96,370	49,383	46,987	51
710872 Food Purchases	2,170	779	1,391	36	4,889	1,433	3,456	29
711010 Utilities								
711020 Water/Sewer								
711100 ESD Asset Management	66,552	45,872	20,680	69	66,526	48,327	18,199	73
711113 Equip Srv Replace	38,039	19,774	18,265	52	27,586	20,264	7,322	73
711114 Equip Srv O & M	62,441	48,550	13,891	78	41,538	33,163	8,375	80
711115 Equip Srv Motor Pool					5,000		5,000	
711117 ESD Fuel Charge	47,382	24,402	22,980	52	48,591	33,838	14,753	70
711119 Prop & Liab Billings	75,992	56,994	18,998	75	74,502	55,877	18,625	75
711210 Travel	145,143	59,143	86,000	41	222,874	69,679	153,195	31
711300 Cash Over Short						20-	20	
711399 ProCard in Process		58	58-			65	65-	
711400 Overhead - General Fund	2,795,882	2,096,912	698,970	75	2,741,061	2,055,796	685,265	75
711504 Equipment nonCapital	136,573	59,698	76,875	44	100,055	64,296	35,760	64
* Services and Supplies	6,168,713	3,634,197	2,534,516	59	5,868,891	3,650,168	2,218,723	62
781004 Equipment Capital	105,880	18,103	87,777	17	381,454	25,527	355,927	7
781007 Vehicles Capital					25,000		25,000	
* Capital Outlay	105,880	18,103	87,777	17	406,454	25,527	380,927	6
** Expenses	21,726,142	14,400,264	7,325,878	66	20,954,034	14,334,256	6,619,778	68
485192 Surplus Equipment Sales		1,375-	1,375					
* Other Fin. Sources		1,375-	1,375					
621001 Transfer From General	10,076,856-	8,397,380-	1,679,476-	83	10,000,192-	7,500,144-	2,500,048-	75
* Transfers In	10,076,856-	8,397,380-	1,679,476-	83	10,000,192-	7,500,144-	2,500,048-	75
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-	8,340,674-	1,678,101-	83	10,000,192-	7,500,144-	2,500,048-	75
*** Total	1,648,509	527,357-	2,175,866	32-	1,609,632	581,524	1,028,108	36

DD	RT	___
DHO	___	KD ___
DA	LA	___
Risk	DME	___

Staff Report
Board Meeting Date: April 28, 2016

TO: District Board of Health

FROM: Jeff Whitesides, PHP Program Manager, Washoe County Health District
775-326-6051, jwhitesides@washoecounty.us

SUBJECT: Approval of Personal Protective Equipment donation to law enforcement, EMS transport-capable agencies, and hospitals in the total amount of \$116,417 to enhance the ability to protect against infectious disease and other health hazards.

SUMMARY

The Washoe County Health District’s Public Health Preparedness Program requests permission to provide Personal Protective Equipment (PPE) to law enforcement, EMS transport-capable agencies and hospitals to enhance the ability to protect against infectious disease and other health hazards.

Approval of this donation supports the Public Health Preparedness Program’s (PHP) objective to prepare our community for a health-related emergency and to protect responders from known and emerging infectious disease, as well as other health hazards.

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

PREVIOUS ACTION

The DBOH approved the grants allowing the purchase of this equipment on September 24, 2015 and October 22, 2015 for the CDC and ASPR grants respectively.

BACKGROUND

The Health District’s Public Health Preparedness Program has received CDC and ASPR grant funds that are to provide Personal Protective Equipment (PPE) to public health first responders, determined by the grant(s) to also include law enforcement and EMS transport-capable agencies. The DBOH approved the grants allowing the purchase of this equipment on September 24, 2015 and October 22, 2015 for the CDC and ASPR grants respectively.

In an effort to assist in adequately preparing our community to respond to a health-related community emergency, it is requested that the District Board of Health approve the donation of the following PPE to the following agencies:

Sparks Police Department

Tyvek Coveralls
Boot Covers
Biohazard Bags
Chem Tape
N-95 Masks

Washoe County Sheriff's Office

Tyvek Coveralls
Boot Covers
Biohazard Bags
Polylatex Sleeves
N-95 Masks

**Washoe County School District-
Police**

Tyvek Coveralls
Boot Covers
Chem Tape
N-95 Masks
Polylatex Sleeves
Gowns
Face Shields

Reno Police Department

Tyvek Coveralls
Boot Covers
Biohazard Bags
Chem Tape
Gloves

**Gerlach-(Currently served by
Truckee Meadows Fire Protection
District)**

Tyvek Coveralls
Chem Tape
N-95 Masks
Face Shields

The PHP Program staff worked with each community partner listed to identify their individual PPE needs based on staffing numbers and agency mission. This ensures that community partners are receiving the items that will best meet their needs to protect their staff from infectious disease based upon Centers for Disease Control and Prevention (CDC) guidelines.

The amount of PPE provided to each agency was based on staff size and response roles and responsibilities. Training needs and supplies were also taken into consideration. The agencies were provided lists of allowable PPE to purchase based on CDC guidelines with an approximate cost per unit to provide guidance on their total purchase.

A list of acceptable PPE based on CDC guidelines was generated and provided to four (4) vendors to quote: Bound Tree Medical, McKesson Medical-Surgical, Grainger and Life-Assist. One vendor did not respond (Grainger). Of the three remaining vendors:

- Bound Tree Medical provided the most comprehensive list of PPE and pricing.
- McKesson Medical-Surgical did not provide a quote for all items on the list, as there were several items that they did not regularly have available.

- Life-Assist provided quotes for many of the items, but the pricing was higher in some areas.

Based on this feedback, the decision was made that the bulk of these items would be purchased through Bound Tree Medical as they could provide the best balance of products and pricing. McKesson Medical-Surgical offered the best pricing on gloves and gowns, therefore that part of the order will be purchased from them.

Not all agencies spent their full allocation due to expected utilization and storage issues, and the initial cost estimates were higher than the eventual vendor quotes. This resulted in an unspent allocation of approximately \$30,000. In consultation with our community partners, the decision was made to direct \$30,000 towards isolations pods (photo on last page).

As the program geared up to work with the transport agencies, there was a request from REMSA that the PHP program review the availability of isolation pods for use by local EMS transport agencies. Isolation pods are used to isolate highly infectious patients and allow for safe and rapid transport and reduce the risk of infection to first responders and hospital staff. The CDC and the Nevada State Division of Public and Behavioral Health Public Health Preparedness Program confirmed that isolation pods are considered appropriate purchases utilizing emerging infectious disease funding. The PHP Program made the decision to also provide the local assessment hospitals with isolation pods, based on their participation in grant deliverables relative to the PHP program. The following agencies were identified and approved to receive isolation pods based on their roles and responsibilities:

- REMSA** (2 isolation pods)
- Saint Mary's Regional Medical Center** (1 isolation pod)
- North Lake Tahoe Fire Protection District** (1 isolation pod)
- Renown Regional Medical Center** (2 isolation pods)

Quotes for the isolation pods were requested from three vendors: Peke, Immediate Response Technologies and ProPac. Immediate Response Technologies was selected, because they provided the best pricing and product.

FISCAL IMPACT

Should the Board approve this donation, we can confirm that there is sufficient authority in the FY16 budget in grants as follows:

ASPR Ebola Supplemental 11286-710300	\$66,627
CDC Ebola Supplemental 11257-710300	\$49,790

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve the Personal Protective Equipment donation to law enforcement, EMS transport-capable agencies and hospitals in the total amount of \$116,417 to enhance the ability to protect against infectious disease and other health hazards.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Personal Protective Equipment donation to law enforcement, EMS transport-capable agencies and hospitals in the total amount of \$116,417 to enhance the ability to protect against infectious disease and other health hazards."

Isolation Pod



DD	CA	—
DHO		—
DA	NA	—
Risk	DME	—

Staff Report
Board Meeting Date: April 28, 2016

TO: District Board of Health

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

SUBJECT: Review, discussion, and adoption of the Business Impact Statement regarding the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 040.051 (Wood Stove/Fireplace Insert Emissions), 040.052 (Hydronic Heaters), and 010.000 (Definitions), with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for May 26, 2016 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations Governing Air Quality Management. Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed regulation changes.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health; and strengthen WCHD as an innovative, high-performing organization.

PREVIOUS ACTION

Section 040.051 of the Regulations was revised on May 23, 1990, amended on September 23, 1998, revised on June 19, 2002 with an effective date of January 1, 2003, revised on February 23, 2006 and August 22, 2013. The last revision clarified conditions for reinstallation of fireplaces.

Section 040.052 of the Regulations was adopted on November 11, 2006. The initial adoption was based on a complete ban of hydronic heaters in Washoe County. It was subsequently renamed and revised on August 22, 2013 to establish minimum acreage and geographic area requirements for installation of hydronic heaters.

Definitions in applicable sections of 010.000 associated with 040.051 and 040.052 have been revised at the same time those sections were revised.

BACKGROUND

Emissions from wood heaters account for up to half the wintertime pollution from particulate matter less than 2.5 and 10 microns in diameter (PM_{2.5} and PM₁₀) as well as carbon monoxide (CO) in the Truckee Meadows.

The Clean Air Act requires the EPA to set NSPS for categories of stationary sources of pollution that cause, or significantly contribute to, air pollution that may endanger public health or welfare. The law requires EPA to review these standards every eight years. EPA issued the first New Source Performance Standards (NSPS) for residential wood heaters in 1988. That rule applied to adjustable burn-rate wood stoves, which included fireplace inserts. Since then, technology has significantly improved making it possible for more efficient and less polluting wood heaters, including hydronic heaters and pellet stoves.

On May 15, 2015, the U.S. EPA's NSPS for Wood Heaters went into effect. This NSPS strengthened emission limits for wood stoves and established first ever federal emission limits for pellet stoves and hydronic heaters.

The 2015 NSPS strengthened the emission limits for wood stoves and fireplace inserts from 7.5 grams of particulate matter (PM) per hour to 4.5 grams of PM per hour. Likewise, the same limit also applies to the newly established limits for pellet stoves. Phase 2 of the 2015 NSPS will again strengthen the emission limits to 2.0 grams of PM per hour effective May 15, 2020.

The 2015 NSPS also established emission limits for hydronic heaters at a level of 0.32 pounds per million BTU (lb/mm BTU) heat output. This emission limit will be strengthened to 0.10 lb/mm BTU heat output effective May 15, 2020 by Phase 2.

These emission limits apply to new installations of wood-burning devices only. Existing devices are grandfathered from these limits until a real estate transaction or a change of ownership of the property triggers the requirement for a cleaner device. At which time, the old devices, which no longer comply with the current emission limits, must be removed or replaced with EPA-certified devices.

Due to the newly established standards for hydronic heaters, the decision was made to incorporate all of the NSPS standards into the revised Section 040.051 so that regulations for all wood-heating devices are located in one section of the Regulations. Therefore, the title of Section 040.051 will be renamed to "Wood-Burning Devices" to reflect this change and the existing Section 040.052 will be rescinded. Other changes include cleaning up the overall language to make the Regulations more consistent and updating/deleting obsolete information in Section 010.000 so that the applicable definitions are consistent with those listed in Section 040.051.

The cleaner wood-burning devices will reduce PM_{2.5}, PM₁₀, and CO emissions and protect public health. In addition, it will assist in the continued attainment of the PM₁₀ and CO NAAQS in the Truckee Meadows.

If the revisions to these regulations are adopted, they will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada CO and PM₁₀ State Implementation Plans. The draft revisions can be accessed from the “Current Topics” section of the Air Quality Management Division website (www.OurCleanAir.com). A hard copy of each draft revision is available by contacting Ms. Yann Ling-Barnes of the AQMD at (775) 784-7208 or ylbarnes@washoecounty.us.

NRS 237.080 requires that before the Board adopts any rule, that the Board “make a concerted” effort to determine whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business. The proposed revisions to the regulations qualify as a rule under NRS 237.060 as the standards established will affect the wood burning devices allowed to be sold by the industry. NRS 237.080 requires notification be made to trade associations or owners and officers of businesses about the proposed rule and that they may submit data or arguments about whether the proposed rule will impose a direct and significant economic burden upon a business or directly restrict the formation, operation or expansion of a business.

On October 20, 2015, a public workshop was held at the Health District to notify stakeholders of the upcoming Regulation changes. Three weeks prior to the workshop, announcements were sent out to all contacts on the lists of wood stove inspectors, stove dealers, and title companies. Sixteen representatives from various industries attended the workshop. Questions and concerns were addressed and comments received. The main comments received from local stove dealers indicated that they were already stocking and selling stoves that are in compliance with EPA’s new limits because the stove manufacturers were already manufacturing new EPA compliant stoves in anticipation of the NSPS.

Public notices for this Business Impact Statement review were published in the Reno Gazette Journal on March 21, April 6, and April 26, 2016.

FISCAL IMPACT

Wood stove dealers may have incurred minor losses if they had existing non-compliant inventory left after December 31, 2015; after which time, only new stoves meeting EPA’s 2015 NSPS rule could be sold. Upon real estate transactions, any stove(s) that do not meet the current standards must be removed and/or replaced with one(s) that meets the standards. If homeowners decide to replace old stoves with new ones, sales of new wood stoves will benefit stove retailers. Otherwise, there should be minimal financial impact on business owners.

RECOMMENDATION

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revision to the District Board of Health Regulations Governing Air Quality, Sections 010.000, 040.051, and 040.052 with a finding that the proposed revisions do not impose a direct and significant economic burden on a business; nor does the proposed regulation changes directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to said Regulations for May 26, 2016 at 1:00 pm.

Subject: Approval and Adoption of BIS Regarding Revisions to the DBOH Regulations Governing Air Quality Management, Sections 010.000, 040.051, and 040.052

Date: April 28, 2016

Page 4 of 4

POSSIBLE MOTION

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

“Move to approve and adopt the Business Impact Statement for the proposed revision to the District Board of Health Regulations Governing Air Quality Management, Sections 010.000 (Definitions), 040.051 (Wood Stove/Fireplace Insert Emissions), and 040.052 (Hydronic Heaters), with a finding that the proposed revisions to said regulations do not impose a direct and significant economic burden on a business; nor do the proposed regulation changes directly restrict the formation, operation or expansion of a business. Further move to set a public hearing for possible adoption of the proposed revisions to said Regulations for May 26, 2016 at 1:00 pm.”

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of EPA's New Source Performance Standards (NSPS) for Wood Heaters, in which the associated Health District Regulations Governing Air Quality for Wood Stove Fireplace Insert Emissions (040.051) and Hydronic Heaters (040.052) regulations will be updated to meet the new EPA standards.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. *(List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).*

Notification of a workshop to address the proposed regulation changes were emailed and sent by regular mail to all woodstove dealers and inspectors, the Reno-Sparks Association of Realtors, and Title Companies. One public workshop was held in October to solicit feedback and answer questions associated with the regulation changes.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: Woodstove dealers may incur minor losses if they have existing inventory left by December 31, 2015, after which time, only new stoves meeting EPA's new NSPS rule can be sold.

Beneficial effects: Upon real estate transactions, any stoves that do not meet the current standards must be removed and/or replaced with one that meets the standards. If home owners decide to replace old stoves with new ones, sales of new woodstoves will benefit stove retailers.

Direct effects: Potential for increased sales and revenues for stove retailers.

Indirect effects: The revised standards will yield \$74 to \$165 in benefits for every dollar spent to comply with the standards. These benefits include reduced asthma attacks, non-fatal heart attacks, emergency room visits for asthma, lost work days, and premature deaths.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: *(Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine).*

There should be minimal financial impact on business owners.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: N/A.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: N/A.
7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: The proposed rule will have negligible impact on businesses.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

March 21, 2016

Date

DD	RT	-
DHO	KD	-
DA	NA	-
Risk	NA	-

Staff Report
Board Meeting Date: April 28, 2016

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: Presentation, discussion and possible approval of the fiscal year 2015-2016 revisions to the Multi-Casualty Incident Plan (MCIP).

SUMMARY

On an annual basis staff reviews either the Multi-Casualty Incident Plan (MCIP) or the Mutual Aid Evacuation Annex (MAEA) for possible revisions. During fiscal year 2015 - 2016 there were several requested updates to the MCIP. Please click on the links to view electronic versions of the 1) Proposed MCIP - https://www.washoecounty.us/health/files/emergency-medical-services/MCIP_Final%20Proposed%20Draft_042116.pdf and the 2) Proposed Family Service Center Annex - https://www.washoecounty.us/health/files/emergency-medical-services/MCIP%20FSC%20Annex_Proposed%20Final%20Draft.pdf

EMS staff would like to thank all of the regional partners who assisted the WCHD throughout this process. The revisions to the MCIP could not have been completed without their input and subject matter expertise.

PREVIOUS ACTION

The MCIP was first presented to the District Board of Health in August 1986. Since then, staff has presented several updates to the plan. The DBOH last approved revisions on December 19, 2013 with an effective date of January 1, 2014.

BACKGROUND

During any declared multi-casualty incident in Washoe County, the MCIP is activated and followed by first responders and healthcare facilities. The fiscal year 2015-2016 revision process focused on refining plan details and enhancing specific plan sections to be more robust.

On November 5, 2015 EMS staff held a MCIP workshop with regional partners to brainstorm possible updates for this revision cycle. The meeting included personnel from ten regional agencies and the attendees developed the following list:

- Review/update the hospital baseline numbers.
- Develop a section on EMS Coverage for Mass Gatherings as mitigation planning.
- Add American Burn Association information as an appendix (general location of burn beds and burn bed criteria).

- Create a Family Service Center (FSC) Annex to the MCIP.
- Review ICS positions.
- Update the ICS language.
- Add references to other regional plans/MOUs/agreements, etc.
- Develop a pre-built communications plan (ICS 205).
- Enhance the section on mental health and stress management.
- Provide executive level training on the MCIP, once revised.

While creating the FSC Annex, the region determined it would be beneficial to have a form used by all locations where family members may present to get information about their loved ones involved in an incident. The FSC Annex includes a regional victim information (RVI) form that was designed to minimize the impact of questioning family members about their loved ones. This form is intended to have quadruplicate copies so that family members do not need to repeat questioning at each location they may visit during a disaster. The hospital FACs, the FSC, the FRC and WCMECO/ community FAC will maintain and use the regional form, as appropriate.

On March 3, 2016 EMS staff held a second MCIP workshop to provide a status update to the regional partners on the identified revisions, and determine if any additional modifications should be included. No additional revisions were deemed necessary at the meeting.

On April 4, 2016 the final draft of the MCIP was distributed to the regional partners for final review and input prior to the possible approval of the DBOH.

FISCAL IMPACT

Should the DBOH approve the MCIP revisions, the EPHP Division will fund the purchase of the quadruplet forms as part of the implementation of the FSC Annex. The projected cost of printing the regional victim information form is approximately \$125.00.

RECOMMENDATION

Staff recommends the DBOH approve the proposed MCIP; and if approved, authorize the Chairwoman to execute with an effective date of July 1, 2016, which will allow for processing, ordering and distribution of the new FSC Annex form.

POSSIBLE MOTION

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

“Move to approve the fiscal year 2015-2016 revisions to the Multi-Casualty Incident Plan (MCIP), effective July 1, 2016.”

DD	RT	___
DHO	___	___
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: April 28, 2016

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us

SUBJECT: Presentation, discussion and possible approval of the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area.

SUMMARY

Omegas are 911 calls that are classified through the Emergency Medical Dispatch (EMD) process as non-emergent low acuity calls that can be referred to the Nurse Health Line (NHL) for assessment and evaluation by an Emergency Communications Nurse (ECN) to determine the most appropriate care resource, other than an ambulance response.

Attached is a draft MOU for possible approval that outlines the agreement for an alternative response and release process for Omega calls within the REMSA Franchise area. The draft MOU was accepted by the EMS Advisory Board on April 7, 2016 and the Board directed staff to present to the District Board of Health (DBOH) for possible approval.

PREVIOUS ACTION

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinants codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

EMS staff presented to the DBOH concerning Omegas on October 22, 2015. The members of DBOH determined it was necessary to table the item until the EMS Advisory Board had an opportunity to discuss the topic and provide direction.

EMS staff then presented to the EMS Advisory Board on October 23, 2015. Members of the board voted unanimously to continue the item until certain legal issues are resolved.

EMS staff presented an update to the EMS Advisory Board on January 7, 2016, which included the outcome of the meeting held with the legal representatives of the EMS agencies; developing an MOU between REMSA and the jurisdictions.

EMS staff presented the final draft MOU to the EMS Advisory Board on April 7, 2016 and the Board accepted the presentation and directed staff to present to the DBOH for possible approval. During the presentation Fire partners confirmed agreement with the MOU and moving forward with the process.

BACKGROUND

In 2011 the International Academy of Emergency Dispatch (IAED) included Omegas as part of the fourth pillar of the Academy when used in the ECN system. The IAED Omega determinant is designed to identify patients who may safely be transferred to alternative care resources. These non-emergent low acuity calls do not need an ambulance response; however, if at any time a patient requests an ambulance, one will be dispatched.

The IAED has approved 200 Omega determinant codes; however, REMSA's Medical Director, Dr. Brad Lee, has initially approved 52 of the 200 for our region. The 52 selected Omega determinants have been discussed with the regional fire partners' Medical Directors and a consensus was reached on the use of these 52 Omega determinant codes.

REMSA presented to the EMS Advisory Board on June 4, 2015. The presentation reviewed the proposed use of the IAED Omega determinant codes and the procedure of referring these callers to the Nurse Health Line prior to dispatching an ambulance. The EMS Advisory Board directed EMS staff to work with regional partners to develop a comprehensive process for handling Omega calls.

At the direction of the EMS Advisory Board, EMS staff scheduled a meeting to discuss the Omega protocols for REMSA's Franchise service area. The initial meeting was held on June 30, 2015 with regional agencies including REMSA, City of Reno, City of Sparks, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protect District and Pyramid Lake Fire Rescue. During the meeting, several items were discussed to include review of EMD process to ensure accurate determination of Omega calls, communication challenges, and the most effective methods for implementing an Omega protocol in the REMSA franchise service area.

On July 21, 2015 the region met to review a draft policy and release form developed by one of the partners. During this meeting it was requested that Health District EMS staff develop a universal form for all fire agencies if a crew arrives on-scene of an Omega call, since REMSA would not be dispatching an ambulance. The group also set a target implementation date of October 1, 2015 to allow for meetings with legal, training of crews and the approval of the EMS Advisory Board and DBOH.

EMS staff reached out to other regions to learn about other agencies' responses to Omega calls and used that information to develop recommendations for our region. In separate meetings with both fire and District Attorney's Office representatives, the recommendation of a verbal release first and a form second was supported. However, each regional agency's legal personnel would need to have a final review and approval of the process and release form prior to regional implementation.

An additional meeting was held on September 16, 2015. EMS staff presented the recommendations to the regional partners in attendance and they supported the practice of verbal or written release from the scene. The group made several revisions to the draft release form to simplify the process. Finally, it was decided that the implementation date should be changed to November 1, 2015 to allow additional time for legal review and approval, and training of personnel.

EMS staff scheduled a meeting on Friday, October 16, 2015 to discuss possible next steps for implementation. During this meeting the region agreed to a tiered implementation response plan for Omegas.

EMS staff then presented to the EMS Advisory Board on October 23, 2015. Members of the Board voted unanimously to continue the item until the legal issues described above are resolved.

EMS staff met with legal representatives on December 9, 2015 to discuss the concerns related to the proposed alternative response process for Omegas. During this meeting the legal representatives agreed to work together to write an agreement/Memorandum of Understanding (MOU) for Omega calls. They also requested staff to do some additional research and analysis on Omegas, and hold an additional meeting with legal and operational staff from the EMS agencies.

EMS staff presented an update to the EMS Advisory Board on January 7, 2016, which included the outcome of the meeting held with the legal representatives of the EMS agencies; developing an MOU between REMSA and the jurisdictions.

EMS staff coordinated and facilitated a meeting on March 3, 2016 with the legal and operational representatives of the regional EMS agencies. Several adjustments were made to the Omega MOU. At the end of the meeting the only remaining item for discussion was language in Section 1, number 3 concerning Omega calls where an ambulance is sent and Fire is on-scene.

REMSA's legal representative sent a revised MOU to the group on the afternoon of March 3, 2016. Further feedback was provided and a final draft of the MOU was sent to the legal and operational personnel for review on March 30, 2016.

On April 7, 2016 the EMS Advisory Board accepted EMS staff's presentation and directed staff to present to the DBOH for possible approval.

The alternative response and release process for Omega calls within the REMSA Franchise area is addressed in Section 1 of the MOU and includes the following steps:

- Upon the transfer of a 911 call by a REMSA EMD to the REMSA Nurse Health Line, the 9-1-1 call shall be deemed cancelled and deemed an Omega call.
- REMSA will not immediately dispatch an ambulance to an Omega Call, and a REMSA ECN will be responsible for assessing the patient and determining the most appropriate care resource.
- Reno, Sparks, Truckee Meadows and Sierra Fire will not respond to or will cancel if, prior to arriving on scene and making patient contact, they have been alerted that the call is an Omega Call.
- If a Fire Department unit has arrived on scene and made patient contact prior to being alerted that the call is an Omega call, upon being alerted that the call is an Omega Call the Fire Department shall communicate with the ECN or REMSA EMD to confirm REMSA has determined that an alternative care pathway is medically appropriate according to standards established by the International Academy of Emergency Dispatch.
 - Both REMSA and the responding Fire Department shall document these communications.
 - Upon receiving such verbal confirmation from the ECN, the Fire Department shall either: i) release from the scene, and REMSA shall be legally responsible for the care of the sick or injured patient which is the subject of the Omega Call; or ii) if the Fire Department disagrees with the ECN determination based on articulable patient observations, the Fire Department shall request the dispatch of an ambulance.

- In the event the ambulance requested by the Fire Department under the preceding sentence is responding on a Priority 3 basis, REMSA shall immediately send an in-service, non-divertible alternative medical resource and the Fire Department shall release from the scene upon earlier arrival of the REMSA ambulance or other REMSA resource.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept a presentation on the proposed use of the IAED Omega determinant codes within the REMSA Franchise area.

RECOMMENDATION

EMS staff recommends the Board approve the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area, effective July 1, 2016 to allow for training of dispatchers and responders.

POSSIBLE MOTION

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

"I move to approve the use of IAED Omega determinant codes and REMSA's alternative response process within the REMSA Franchise area, effective July 1, 2016."

MEMORANDUM OF UNDERSTANDING

This MEMORANDUM OF UNDERSTANDING (this “Agreement”) is entered into effective as of _____, 2016 (“Effective Date”) by and between the Regional Emergency Medical Services Authority, a Nevada nonprofit corporation (“REMSA”), the City of Reno, a municipal corporation (“Reno”), the City of Sparks, a municipal corporation (“Sparks”) Truckee Meadows Fire Protection District, a fire district formed under NRS Chapter 474 (“Truckee Meadows”), and Sierra Fire Protection District, a fire district formed under NRS Chapter 474 (“Sierra Fire”). REMSA, Reno, Sparks, Truckee Meadows and Sierra Fire are hereinafter collectively referred to as the “Parties.”

RECITALS

WHEREAS, REMSA holds an exclusive franchise pursuant to NRS 244.187 and 268.081 for emergency and non-emergency ground ambulance transport within certain portions of Washoe County pursuant to the Amended and Restated Franchise Agreement for Ambulance Service dated May 22, 2014 between REMSA and the Washoe County Health District (“Franchise Agreement”); and

WHEREAS, Reno, Sparks, Truckee Meadows and Sierra Fire operate fire departments (each a “Fire Department”) within their respective jurisdictions that provide emergency response for fire, EMS, and rescue services;

WHEREAS, REMSA has developed a program for ambulance transport alternatives for low acuity patients pursuant to which patients initially calling in to the 9-1-1 system are ultimately transferred through an Omega protocol implemented in the REMSA Emergency Medical Dispatch (“EMD”) process to the REMSA Nurse Health Line after being classified as non-emergent low acuity calls (“Omega Calls”), where a REMSA Emergency Communications Nurse (“ECN”) will assess patients and determine the most appropriate care resource.

WHEREAS, the Parties desire to memorialize the framework for responding to and releasing from the scene of Omega Calls.

NOW THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

Section 1. Omega Response and Release Procedures.

Upon the transfer of a 9-1-1 call by a REMSA EMD to the REMSA Nurse Health Line, the 9-1-1 call shall be deemed cancelled, the call shall be deemed an “Omega Call” and REMSA shall become the party legally responsible for the care of the sick or injured patient which is the subject of the Omega Call. The Parties agree that the following procedures shall apply to Omega Calls:

1. REMSA will not be required to immediately dispatch an ambulance to an Omega Call, and a REMSA ECN will be responsible for assessing the patient and

- determining the most appropriate care resource, which may or may not include ambulance response.
2. Reno, Sparks, Truckee Meadows and Sierra Fire will not respond to or will cancel any Fire Department unit responding to the scene of an Omega Call if, prior to arriving on scene and making patient contact, they have been alerted that the call is an Omega Call.
 3. If a Fire Department unit has arrived on scene and made patient contact prior to being alerted that the call is an Omega call, upon being alerted that the call is an Omega Call the Fire Department shall communicate with the ECN or REMSA EMD to confirm REMSA has determined that an alternative care pathway is medically appropriate according to standards established by the International Academy of Emergency Dispatch. Both REMSA and the responding Fire Department shall document these communications in their respective incident reports and REMSA shall provide the responding Fire Department with a copy of the recorded communication within five (5) days upon request, unless otherwise prohibited by law in which event REMSA shall provide the Fire Department with the specific legal authority that prohibits disclosure. Upon receiving such verbal confirmation from the ECN, the Fire Department shall either: i) release from the scene, and REMSA shall be legally responsible for the care of the sick or injured patient which is the subject of the Omega Call; or ii) if the Fire Department has a good faith, medical justification for disagreeing with the ECN determination based on articulable patient observations communicated by the Fire Department to the ECN, the Fire Department shall request the dispatch of an ambulance through Fire Department dispatch, REMSA shall dispatch an ambulance to the scene in accordance with the Franchise Agreement, and the Fire Department shall remain on scene until the arrival of the REMSA ambulance. In the event the ambulance requested by the Fire Department under the preceding sentence is responding on a Priority 3 basis, REMSA shall immediately send an in-service, non-divertible alternative medical resource and the Fire Department shall release from the scene upon earlier arrival of the REMSA ambulance or other REMSA resource. REMSA ambulance response time shall be measured from the time REMSA EMD receives the Fire Department request to dispatch an ambulance.
 4. If at any time during the ECN assessment process REMSA determines that an ambulance response is required, REMSA shall dispatch a REMSA ambulance to the scene and notify the Fire Department that REMSA has dispatched an ambulance.

Section 2. Implementation Review. The parties shall meet and confer semi-annually, or upon the request of any party, to discuss any unforeseen deployment or operational issues encountered in implementing the Omega Call response procedures, including strategies to improve on-scene communications between the ECN and Fire Departments. The parties shall cooperate in good faith to attempt to informally resolve such disputes and determine a reasonable course of action satisfactory to the disputing parties and which furthers the goal of providing the public with a level of care most appropriate and cost-effective for their condition and eliminating unnecessary, non-emergency paramedic team responses on scene. If the parties are unable to resolve a dispute, the parties by mutual consent may confer with the Health District EMS Oversight Program as a third-party neutral to assist the parties in resolving the dispute.

Section 3. Effective Date. This Agreement shall become effective upon the approval of the governing boards of the District Board of Health and EMS Advisory Board, and as to each party, upon the approval of REMSA and the respective party's governing board.

Section 4. Termination. This Agreement may be terminated by mutual consent of all the Parties or any Party may unilaterally withdraw from the Agreement with or without cause upon thirty (30) days written notice to the other Parties or immediately if that Party's funding ability supporting the Agreement is withdrawn, limited or impaired. So long as REMSA is not a terminating party, the remaining Parties may continue the Agreement notwithstanding the withdrawal of one or more other Parties. Any notice of termination under this Section 4 shall be sent by certified mail to the Reno City Manager, Sparks City Manager, Washoe County Manager, and CEO of REMSA, with copies to the Fire Department Chief of each agency and the Washoe County Health District EMS Oversight Program.

Section 5. Severability. If any term or provision of this Agreement or the application thereof shall, to any extent, be held to be invalid or unenforceable, such term or provision shall be ineffective to the extent of such invalidity or unenforceability without invalidating or rendering unenforceable the remaining terms and provisions of this Agreement or the application of such terms and provisions to circumstances other than those as to which it is held invalid or unenforceable unless an essential purpose of this Agreement would be defeated by loss of the invalid or unenforceable provision.

Section 6. Entire Agreement; Counterparts. This Agreement contains the entire understanding of the Parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements and understandings, oral and written, between the Parties with respect to such subject matter. This Agreement may be amended only by a written instrument executed by the Parties or their successors in interest. This Agreement may be executed in multiple counterparts, each of which shall be an original and all of which together shall constitute one agreement.

Section 7. Successors and Assigns. This Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and assigns. This Agreement is not intended to benefit, and shall not run to the benefit of or be enforceable by, any other person or entity other than the Parties and their permitted successors and assigns.

Section 8. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada.

[Signature Page Follows]

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date written below.

Regional Emergency Medical Services Authority By: _____ Name: _____ Title: _____ Dated: _____	City of Reno By: _____ Name: _____ Title: _____ Dated: _____
City of Sparks By: _____ Name: _____ Title: _____ Dated: _____	Truckee Meadows Fire Protection District By: _____ Name: _____ Title: _____ Dated: _____
Sierra Fire Protection District By: _____ Name: _____ Title: _____ Dated: _____	
Approved: District Board of Health By: _____ Name: _____ Title: _____ Dated: _____	Recommended: EMS Advisory Board By: _____ Name: _____ Title: _____ Dated: _____

DD	RT	
DHO		KD
DA	NA	
Risk	NA	

STAFF REPORT
BOARD MEETING DATE: April 28, 2016

TO: District Board of Health
FROM: Christina Conti, EMS Program Manager
775-326-6042, cconti@washoecounty.us
Subject: Regional Emergency Medical Services Advisory Board April Meeting Summary

The Regional EMS Advisory Board (Board) held its quarterly meeting on April 7, 2016. Below is a summary of the main items discussed. CAD-to-CAD and the EMS Today conference agenda items were continued until the July 7, 2016 meeting due to quorum issues.

- **Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, to include the Regional Medical Surge Plan and Peer Support Training. Through Board questions, ILS ambulance coverage in the region was discussed as well as medical coverage for mass gathering events.
- **EMS Oversight Program Quarterly Data Submission by Fire Agencies:** The Board heard a presentation by the Program Statistician regarding identified data discrepancies that are occurring in each of the three jurisdictions. Staff presented two potential options to ensure the annual EMS performance report can be published. The Board approved the presentation and directed both jurisdictional and Program staff to meet and present a solution to the data anomalies at the July meeting.
- **Omega Determinant Codes:** The Board received an update on the possible use of the IAED Omega determinant codes and the regional alternative response process. The presentation included the draft MOU that all three jurisdictions and REMSA agree with. The Board approved the presentation and directed staff to present for approval to the District Board of Health.
- **5-Year Strategic Plan:** The Board was provided an update on the regional 5-year strategic plan. The presentation included the currently drafted mission, vision, values and two goals complete with objectives and strategies. Discussion included the strategic plan being a regional plan and that jurisdictional organizations should ensure coordination between internal strategic plans and the regional strategic plan. The Board accepted the update.
- **Allowable Exemptions to Response Time Requirements:** The Board received an update on the exemption guidelines for the ambulance franchise service area. The item was initially heard by the Board in March 2015 and was continued to allow for regional input and understanding. Discussion included support of the exemptions but an emphasis on regional operational protocols to be developed for notifications. The Board accepted the presentation.



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

March 2016

Fiscal 2016

Month	Priority 1 SystemWide 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. 26 secs	92%	96%
Feb.	6 mins. 04 secs.	92%	97%
Mar.	6 mins. 05 secs	92%	96%
Apr.			
May			
June 2016			

Year to Date: July 2015 through March 2016

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

Average Response Times by Utility				
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	5:24	5:55	8:48
	P-2	6:02	6:58	9:54
Mar. 2016	P-1	5:19	6:01	8:47
	P-2	5:31	6:37	6:34
Apr. 2016	P-1			
	P-2			
May 2016	P-1			
	P-2			
June 2016	P-1			
	P-2			

Year to Date: July 2015 through March 2016

Priority	Reno	Sparks	Washoe County
P-1	5:27	6:04	9:12
P-2	5:58	6:54	9:27



REMSA Accounts Receivable Summary
Fiscal 2016

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3813	\$4,171,875	\$1,094	\$1,094	\$394
August	3767	\$4,133,146	\$1,097	\$1,096	\$394
September	3827	\$4,220,950	\$1,103	\$1,098	\$395
October	3879	\$4,265,879	\$1,100	\$1,099	\$395
November	3667	\$4,033,496	\$1,100	\$1,099	\$396
December	3756	\$4,147,194	\$1,104	\$1,100	\$396
January	3929	\$4,334,292	\$1,103	\$1,100	\$396
February	3779	\$4,173,630	\$1,104	\$1,101	\$396
March	4110	\$4,578,934	\$1,114	\$1,102	\$397
Totals	34527	\$38,059,395	\$1,102		

Allowed ground average bill: \$1,098.00

Monthly average collection rate: 36%



GROUND AMBULANCE OPERATIONS REPORT

March 2016

1. OVERALL STATISTICS:

Total Number of System Responses	6180
Total Number of Responses in Which No Transport Resulted	2027
Total Number of System Transports	4153

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	53%
OB	0%
Psychiatric/Behavioral	8%
Transfers	10%
Trauma – MVA	6%
Trauma – Non MVA	18%
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 system calls resulting in a transport: 4153
 Total number of above calls receiving QA reviews: 1150
 Percentage of charts reviewed from the above transports: 29.92%



REMSA OCU Incident Detail Report
3/01/2016 - 3/31/2016
CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Orig Threshold	Threshold	Response Time
A-08-IC Washoe Co N-NW	Zone A	03/15/2016 22:15:07	03/15/2016 22:24:04	304	00:08:59	00:08:59	00:08:57
A-08-IC Sparks	Zone A	03/16/2016 22:51:58	03/16/2016 22:56:44	407	00:08:59	00:08:59	00:04:46
A-08-IC Reno	Zone A	03/19/2016 10:52:33	03/19/2016 10:57:35	325	00:08:59	00:08:59	00:05:02
A-08-IC Washoe Co N-NW	Zone A	03/20/2016 19:37:55	03/20/2016 19:47:09	304	00:08:59	00:08:59	00:09:14
A-08-IC Reno	Zone A	03/28/2016 23:34:08	03/28/2016 23:36:43	414	00:00:00	00:08:59	00:02:35



COMMUNITY OUTREACH

MARCH

Point of Impact

3/7/2016	Special Needs service for child in hip spica cast	
3/8/2016	Safe Kids Washoe County Coalition Meeting	1 staff
3/12/2016	Child Car Seat Checkpoint hosted by Northern Nevada Medical Group; 24 cars and 33 seats inspected.	14 volunteers, 3 staff
3/22-26/16	National Child Passenger Safety Certification Training Program; 10 students successfully completed the course; one Technicians completed Technician Assistance to apply for Instructor Candidacy	1 staff, 2 volunteers
3/26/2016	Child Car Seat Checkpoint hosted by Reno Sparks Indian Colony Injury Prevention Program at the Tribal Health Center; 11 cars and 16 seats inspected.	22 volunteers, 3 staff

Cribs for Kids

3/3/2016	C4K attend monthly Immunize Nevada Coalition meeting.	1 staff
3/8/2016	C4K presents with Call to Action with RENOWN Pediatric Advisory Board.	1 staff
3/9/2016	C4K attends statewide strategic planning meeting for Maternal Child Health, in Las Vegas	1 staff
3/10/2016	C4K attends RENOWN Youth Homeless Summit.	1 staff
3/15/2016	C4K Attends HOPES Grand Opening.	1 staff
3/16/2016	Nevada Health Rankings meeting	1 staff
3/21/2016	C4K hosts monthly Northern Nevada Maternal Child Health Coalition meeting.	1 staff
3/16/2016	C4K works with Fetal Infant Mortality Community Action Team on planning on new Go Before You Show meeting.	1 staff
3/23/2016	C4K joins CHIP Access to Health Care and Social Services Work Group.	1 staff
3/24/2016	C4K works with Social Services to Increase Impact of Safe Sleep education meeting.	1 staff

Meetings

3/17/16	CQI Steering Committee	1 staff
---------	------------------------	---------



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

MARCH 2016



REMSA Education
 Monthly Course and Student Report
 March-16

ACLS	11	55	3	24	8	31
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	3	1	3	0	0
ACLS R	19	85	7	46	12	39
ACLS S	6	13	0	0	6	13
AEMT	1	28	1	28		
AEMT T	0	0	0	0		
BLS	37	230	6	56	31	174
BLS I	0	0	0	0	0	0
BLS R	41	244	15	140	26	104
BLS S	26	65	0	0	26	65
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	1	3	1	3		
EMS I	0	0	0	0		
EMT	3	74	3	74		
EMT T	0	0	0	0		
FF CPR	1	7	1	7	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	4	65	2	45	2	20
HS CPR	24	123	4	26	20	97
HS CPR FA	58	429	5	45	53	384
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	4	24	1	6	3	18
HS PFA S	0	0	0	0	0	0
HS CPR S	3	3	0	0	3	3
HS FA	8	59	0	0	8	59
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	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	12	2	12	0	0
ITLS S	0	0	0	0	0	0
PALS	4	20	2	14	2	6
PALS I	0	0	0	0	0	0
PALS R	14	59	1	10	13	49
PALS S	4	8	0	0	4	8
PEARS	0	0	0	0	0	0
PM	1	18	1	18		
PM T	0	0	0	0		

ACLS	11	55	3	24	8	31
Legend						Classes w/ CPR
ACLS	Advanced Cardiac Life Support					194
ACLS EP	Advanced Cardiac Life Support for Experience Providers					
ACLS P	Advanced Cardiac Life Support Prep					
ACLS R	Advanced Cardiac Life Support Recert					
ACLS S	Advanced Cardiac Life Support Skills					CPR Students
ACLS I	Advanced Cardiac Life Support Instructor					
AEMT	Advanced Emergency Medical Technician					1125
AEMT T	Advanced Emergency Medical Technician Transition					
BLS	Basic Life Support					
BLS I	Basic Life Support Instructor					REMSA CPR Classes
BLS R	Basic Life Support Recert					
BLS S	Basic Life Support Skills					32
CE	Continuing Education:					
EMAPCT	Emergency Medical Patients Assessment, Care, & Transport					
EMPACT I	Emergency Medical Patients Assessment, Care, & Transport Instructor					REMSA CPR Students
EMR	Emergency Medical Responder					
EMR R	Emergency Medical Responder Recert					280
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					



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

MARCH 2016

No inquiries for MARCH 2016



Regional Emergency Medical Services Authority

REMSA

CUSTOMER SERVICE

MARCH 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

March 1, 2016 to March 31, 2016

Your Score

93.56

Number of Your Patients in this Report

203

Number of Patients in this Report

5,891

Number of Transport Services in All EMS DB

114





Executive Summary

This report contains data from **203 REMSA** patients who returned a questionnaire between **03/01/2016** and **03/31/2016**.

The overall mean score for the standard questions was **93.56**; this is a difference of **1.00** points from the overall EMS database score of **92.56**.

The current score of **93.56** is a change of **1.75** points from last period's score of **91.81**. This was the **29th** highest overall score for all companies in the database.

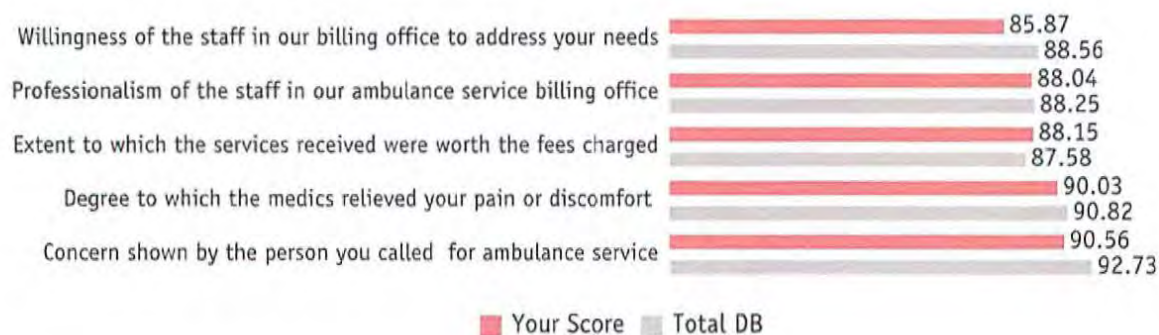
You are ranked **9th** for comparably sized companies in the system.

80.67% of responses to standard questions had a rating of Very Good, the highest rating. **98.11%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

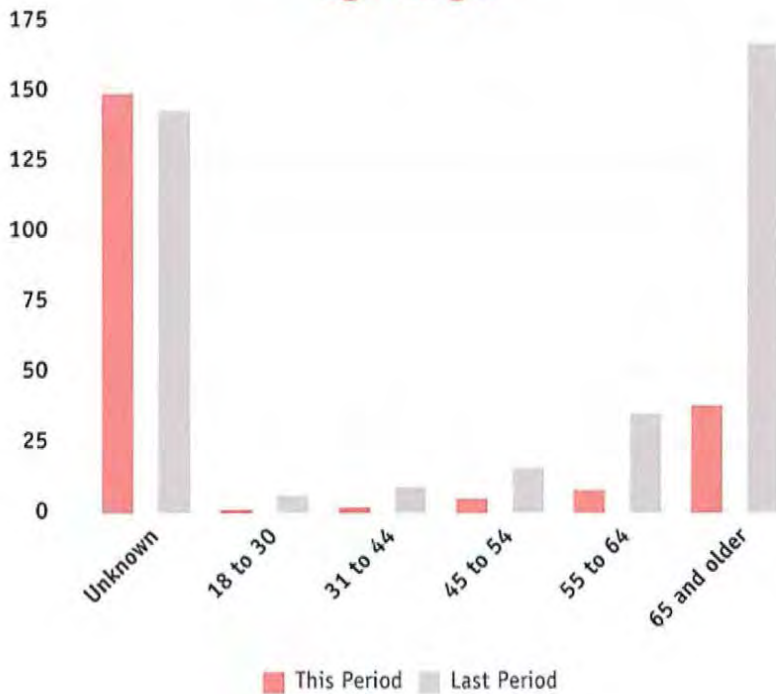




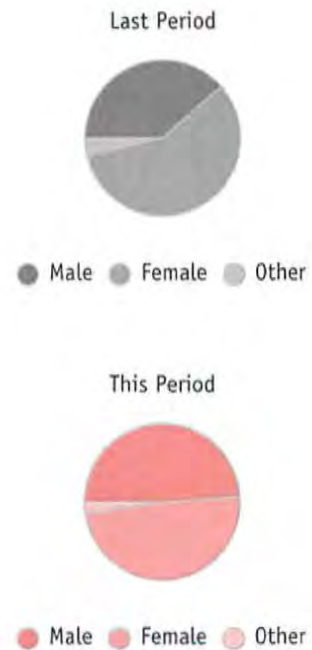
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	143	43	92	8	149	72	75	2
18 to 30	6	3	3	0	1	1	0	0
31 to 44	9	3	6	0	2	1	1	0
45 to 54	16	9	7	0	5	1	4	0
55 to 64	35	16	17	2	8	5	1	2
65 and older	167	71	92	4	38	19	18	1
Total	376	145	217	14	203	99	99	5

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.

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Helpfulness of the person you called for ambulance service	94.83	93.24	93.88	92.26	94.79	91.20	89.56	95.27	90.05	87.91	95.00	93.34	92.35
Concern shown by the person you called for ambulance service	94.83	94.40	93.88	91.25	95.31	91.20	88.98	95.27	91.28	87.15	95.00	92.64	90.56
Extent to which you were told what to do until the ambulance	96.00	92.54	91.30	91.67	93.75	87.52	86.07	96.05	92.13	85.19	91.07	91.29	91.56
Extent to which the ambulance arrived in a timely manner	95.00	94.46	90.18	91.84	96.57	91.81	87.28	95.63	89.56	93.59	94.74	93.53	94.27
Cleanliness of the ambulance	94.17	95.18	92.73	96.11	95.50	94.20	93.14	95.39	95.51	95.59	95.83	94.20	95.29
Comfort of the ride	91.67	91.96	88.21	100.00		94.20	92.67	97.30	94.26	95.71	94.12	93.39	95.48
Skill of the person driving the ambulance	95.00	94.20	92.45	94.15	94.39							95.09	
Care shown by the medics who arrived with the ambulance	92.86	92.34	96.94	94.32	95.10	92.81	93.98	97.50	97.56	91.22	95.00	93.11	93.91
Degree to which the medics took your problem seriously	94.83	91.16	96.50	94.77	95.59	93.55	94.44	96.88	96.25	91.67	93.75	92.66	93.70
Degree to which the medics listened to you and/or your family	94.64	90.74	94.50	91.86	96.08	93.44	94.44	98.13	96.88	89.86	93.75	92.21	94.44
Skill of the medics	93.52	93.85	94.39	95.35	95.59	94.41	93.52	96.79	96.88	93.06	93.75	92.38	95.77
Extent to which the medics kept you informed about your	93.27	91.25	92.93	90.63	94.50	90.37	90.87	94.74	94.59	87.50	93.42	90.60	92.00
Extent to which medics included you in the treatment decisions	91.67	90.57	94.23	95.45	93.18	88.52	90.48	94.08	93.78	84.20	93.06	89.59	91.98
Degree to which the medics relieved your pain or discomfort	92.71	88.70	91.11	91.67	93.23	90.47	91.85	93.24	91.43	83.16	90.79	87.45	90.03
Medics' concern for your privacy	90.38	91.12	94.64	93.75	94.15	90.97	92.65	96.15	95.39	85.74	95.00	90.99	95.39
Extent to which medics cared for you as a person	93.75	90.98	95.21	95.83	96.00	91.40	95.67	95.95	95.63	90.28	95.00	92.04	94.16
Professionalism of the staff in our ambulance service billing	88.24	90.91	89.13	85.87	90.15	87.10	81.90	94.44	93.75	86.11	87.50	87.31	88.04
Willingness of the staff in our billing office to address your	85.94	91.18	89.29	86.36	89.84	87.07	82.41	93.75	89.47	87.50	87.50	86.47	85.87
How well did our staff work together to care for you	92.24	92.08	94.27	93.75	94.39	90.81	91.06	94.74	96.34	87.50	96.25	92.36	94.25
Extent to which our staff eased your entry into the medical	93.10	91.83	96.11	90.70	95.41	92.54	91.06	94.74	97.37	90.03	93.75	92.82	92.52
Appropriateness of Emergency Medical Transportation treatment	92.86	92.98	94.32	94.51	96.28	92.24	93.75	94.74	95.39	89.71	96.25	92.60	94.36
Extent to which the services received were worth the fees	85.00	90.78	89.40	86.83	88.64	88.30	87.23	94.29	90.74	80.10	91.67	84.72	88.15
Overall rating of the care provided by our Emergency Medical	93.97	91.38	95.65	92.86	95.59	93.00	93.75	96.71	95.51	88.24	96.25	92.54	94.75
Likelihood of recommending this ambulance service to others	94.83	93.42	94.57	94.23	95.59	92.56	93.00	97.79	94.74	91.67	91.67	92.66	95.06
Your Master Score	92.99	92.19	93.31	92.75	94.51	91.54	91.33	95.72	94.24	89.07	93.66	91.81	93.56
Your Total Responses	33	71	58	50	55	61	56	41	47	40	22	376	203



GROUND AMBULANCE CUSTOMER COMMENTS March 2016

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
12/02/2015		"They need more proficiency in giving IVS"	
12/05/2015			
12/11/2015		"Not to move people all at once. 7 or more"	
02/01/2016		"Listen to family member and do not suggest being transported by a car instead of ambulance"	
12/10/2015	"My medics were amazing"		"This was my first time in amb as a pt and my experience was life saving comfort"
11/03/2015			"Personnel was professional and courteous"
12/10/2015		"Addressing billing info when depositing"	
12/02/2015		"Same as last time"	
11/18/2015		"Please always listen to what the pt says they want"	
12/15/2015		"See attached letter"	
12/02/2015		"You did great everytime"	"I was not charged. Ins. took care of it"
12/08/2015	"medics didn't even keep track of me. I had a pulse OX 00 that's it. Sat on side seat. No one kept track on me. Were more concerned on charting on last pt."	"Don't ignore me and make other pts charting more important than me and charge me \$750. If I could have drove myself I would"	"I would have not called 911 if I didn't think I was dying. I was ignored, very scared and stuck in lobby at St. Marys Reno NV. Ignored pretty much the whole trip"
12/04/2015		"Can't think of anything better"	
12/10/2015	"I was made comfortable as possible for trip to hosp."	"Don't need a card of REMSA membership to show them to cut down the cost?"	"I pay membership & rates you charged are very high"
11/17/2015	"Very concerned for my condition"		"All good---thank you for great service"
12/14/2015		"I can't think of one thing! Great job!"	
12/07/2015		"Not pay for the ambulance"	
11/04/2015		"Same"	
12/11/2015		"The same"	"GOOD"
12/07/2015		"Nothing"	
12/07/2015		"Excellent service"	

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
12/04/2015	"thank you you are all angels"	"Nothing"	
12/03/2015	"Good"	"Arrived on time to be safe"	"Very good"
12/09/2015			"keep up the good work & knowledge"
12/04/2015		"You do very well?"	"Very kind and considerate"
02/07/2016			"Very highly sastisfied with the service!"
02/07/2016	"Said they seemed too laid back, like they weren't really worried about him. They had him walk into the ambulance instead of carrying him."		
02/07/2016	"Female emt was very skilled with her IV, talked calmly, tried to put her at ease."		"as a former EMT she was very impressed with the service, very pleased."
02/07/2016	"Medics were very good and very skilled at moving patient without damagin home."		"Medics were very gentle and kind to patient, made sure he was warm and comfortable the entire time."
02/07/2016		"If they listened to the patients a little more."	
02/03/2016			"They're wonderful."
02/05/2016	"Said they were very mean, terrible service"		
02/07/2016			"Patient on file gave me permission to speak with her daughter. The daughter informed me that actually she had been the patient and her mother had been the mone that called for the ambulance."
02/06/2016		"More bedside manner"	
02/03/2016	"Caused more pain than they helped with"	"Must staff ambulance with qualified people that can physically handle the task"	
02/01/2016		"Do more to relieve the pain"	

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
02/01/2016	"Drivers were absolutely fabulous and wanted to commend them. It was a really bad night and the drivers were incredibly kind and cared for the patient very well"		
02/08/2016	"Very thoughtful to keep away from children (patient is a teacher)"		"Very impressed with the service- one of the EMTs even came into the hospital later to check on her and make sure she was alright. She has had to use Remsa quite a bit recently and all of the experieces have been ""marvelous""."
03/04/2016	"Your medic is actually responsible for telling the doctors to do a CT scan which found my brain cancer. My hand was paralyzed and he flashed a light in my eyes. He said there was no sign of stroke and called the doctors. The I.V. he put in lasted almost my whole hospital stay too."		"These guys were absolutely wonderful. Service exceptional. They included me. I felt like a person they cared about."
03/03/2016			"They do everything perfect. They're great. I mean every word of it."
03/03/2016			"Platinum Star"
03/03/2016	"Very kind, professional, caring, knowledgable. They knew what they were doing. They were kind and confident. Everybody from A to Z was top notch. Tell them I said thank you."		"I can't think of anything better they could have done. I felt safe and in good care."
03/03/2016	"All the guys were really good to me."		"We've always been very pleased with their service. They're very friendly."
03/04/2016	"Driver came to check on patient in the hospital"		
03/08/2016		"Don't bring me to Renoun."	

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
03/08/2016			"Husband absolutely loves Remsa, experience with them when he worked in casinos a while back was great (public) and with his wife at home (private)."
03/07/2016	"Was having anxiety attack and asked medic to hold hand on the way to the hospital, and he was very kind and did that for her."		
03/07/2016	"Said they used a little humor to try and cheer her up and it made her feel better."		
03/05/2016	"The driver was the first one to try an I.V. He was unsuccessful and I had a bruise for 10 days afterward."	"Make sure that everybody is well trained and effective on I.V. insertion."	



Regional Emergency Medical Services Authority

REMSA
PENALTY FUNDS DISTRIBUTION
MARCH 2016



REMSA PENALTY FUNDS DISTRIBUTION FOR MARCH 2016

2015-16 Penalty Fund dollars

<u>Month</u>	<u>Amount</u>
July 2015	\$6,444.90
August 2015	5,222.22
September 2015	6,004.02
October 2015	7,258.50
November 2015	5,749.50
December 2015	6,440.34
January 2016	5,772.18
February 2016	6,158.58
March 2016	5,776.74
Total as of March 31,2016	\$54,826.98

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Month Submitted</u>
Child Safety	\$7,727.94	500 Coaches First Aid Kits	March-16
Search And Rescue (SAR)	895.00	Extreme SAR Drysuit	March-16
Search And Rescue (SAR)	229.95	Rapid Rescuer PFD	March-16
Search And Rescue (SAR)	69.95	ATB Wetshoe	March-16
Search And Rescue (SAR)	33.75	Co-Pilot Knife	March-16

Total Penalty Fund dollars encumbered as of 3/31/2016	\$8,956.59
--	-------------------

Penalty Fund Balance at 3/31/2016	\$45,870.39
--	--------------------



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
MARCH 2016



March 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE

Dean Dow New President and CEO of REMSA –
coverage in Nevada Business Magazine, Reno Gazette-Journal, KTVN, Carson Now, Lake Tahoe News, This Is Reno, Northern Nevada Business Weekly

REMSA Education Center Graduates 10 Paramedics –
Carson Now, Northern Nevada Business Weekly, Nevada Business Magazine

Babysitting Class (outreach/education)
– Reno Gazette-Journal

**Scouts Learn How to Handle
Emergency Situations – KOLD**



Krys Bart Appointed to REMSA Board of Directors –
Nevada Business Magazine, Northern Nevada Business Weekly

**Report Card from Reno (Healthcare Innovation
Award) – EMS World**

**14 of the Most Influential Women in EMS (Brenda
Staffan, Director Community Health Programs)**
– EMST.com

**Area Paramedics Prep for Deadly
New Drug Threat – KOLD**

**Nevada Business Chronicles REMSA
feature story – KRNK schedule**

**Weekly Safety Tips – distributed via Nevada
Business Magazine and social media**

Can Emergency Services Find You

Workout Safety

Bicycle Safety

Allergy Safety

Food Safety

The remsa-cf.com website is being migrated to remsahealth.com. This new URL better reflects the full scope of services and care that REMSA provides throughout the community.

Staff Report
Board Meeting Date: April 28, 2016

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775.328.2415, kdick@washoecounty.us
SUBJECT: Presentation, discussion and possible adoption of proposed Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

SUMMARY

Staff has developed, and recommends approval of, a comprehensive document of proposed governing principles for District Board of Health (DBOH) meetings, replacing the previous Bylaws and Procedural Policies.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health and strengthen WCHD as an innovative, high- performing organization.

PREVIOUS ACTION

- District Board of Health Procedural Policies (Policies) were adopted November 17, 1993 and revised eight times, with the last revision occurring in 2011. Click the following link to access the document: https://www.washoecounty.us/health/files/district-board-of-health/dboh_procedural_policies.pdf
- District Board of Health Bylaws, Rules and Regulations (Bylaws) were adopted February 28, 1990 and revised in 1998, 2003 and 2006. Click the following link to access the document: https://www.washoecounty.us/health/files/district-board-of-health/dboh_bylaws.pdf

BACKGROUND

The Policies and Bylaws documents that guide the DBOH were developed decades ago. They no longer clearly address issues that the Board currently faces or support decisions that must be made when unique situations arise at meetings.

Staff reviewed documentation developed to guide other governing boards and developed the proposed compilation of Rules, Policies and Procedures (RPPs) for the Board's consideration.

FISCAL IMPACT

There is no additional fiscal impact to the FY16 budget should the Board adopt the proposed Rules, Policies and Procedures.

RECOMMENDATION

Staff recommends adoption of proposed Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

POSSIBLE MOTION

Washoe County District Board of Health
RULES, POLICIES AND PROCEDURES

Adopted

Article 1 DEFINITIONS AND GENERAL POLICIES2
 1.01 Definitions.....2
 1.02 Duties and Responsibilities.....2
 1.03 Communications outside of public hearings or meetings.....2
 1.04 Ethical Principles for Board Conduct; Disclosures and Abstentions.....3
 Article 2 QUORUM AND VOTING.....3
 2.01 Number of Members Required to Conduct Business.....3
 2.02 Voting.....3
 2.03 Motions to reconsider.....3
 Article 3 MEETINGS4
 3.01 Rules.....4
 3.02 Agenda.....4
 3.03 Regular Meetings.....4
 3.04 Special Meetings.....5
 3.05 Continued Items.....5
 3.06 General Expectations of Members During Meetings.....5
 3.07 Meeting Decorum; Removal for Disruptive Conduct.....5
 3.09 Procedures for Individual Agenda Items.....6
 Article 4 BOARD COMMENTS7
 Article 5 USES OF STAFF.....7
 Article 6 MEMBERS7
 Article 7 OFFICERS OF THE BOARD7
 7.01 Titles.....7
 7.02 Election of Officers.....8
 7.03 Terms of Office.....8
 7.04 Committees of the Board.....8

Article 8	RECORDS AND DOCUMENTS.....	8
8.01	Minutes and Audio/Video Recordings.	8
Article 9	AMENDMENT OF RULES, POLICIES AND PROCEDURES	8
9.01	Amendments.....	8
Article 1	DEFINITIONS AND GENERAL POLICIES	
1.01	Definitions. The following words have the following meanings for purposes of these rules, policies and procedures:	
a.	District means the Washoe County Health District or the department designated by the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County.	
b.	Interlocal Agreement means the Interlocal Agreement Concerning the Washoe County Health District signed by Reno, Sparks and Washoe County on August 26, 1986 and amended by the Amendment to the Interlocal Agreement Concerning the Washoe County District Health Department signed by Reno, Sparks and Washoe County and having an effective date of August 24, 1993.	
c.	District Health Officer means the District Health Officer of the Health District, or his/her designee.	
d.	General Business matter includes taking action on general business items and procedural matters such as election of officers, appointment of committees, ceremonial or administrative resolutions, and amendments to these rules.	
e.	Board Determines Rules, Policies and Procedures. The Washoe District Board of Health, under State statute and by the Interlocal Agreement, has the responsibility for policy development and leadership that fosters local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution of public resources and complementary private activities commensurate with health district needs.	
1.02	Duties and Responsibilities.	
a.	POLICY	
i	Members of the Board shall keep themselves informed on health laws, policies, procedures and trends in public health, and ethics laws of Nevada.	
ii	The seven Board members shall represent the best interests of the citizens of and visitors to Washoe County.	
iii	Board members shall endeavor to provide questions on agenda items to the managers or staff of the District a minimum of 24 hours prior to the meeting on which the agenda item is scheduled.	
b.	RULE	
i	Members shall be prompt and diligent in attendance.	
1.03	Communications outside of public hearings or meetings.	
a.	POLICY. <u>General</u> : Members should avoid ex parte communications (i.e., private communications outside a public meeting with interested parties) regarding matters coming before the Board.	

- b. RULE
 - i. A Board member will disclose on the record any exparte communication and any relevant information pertaining thereto on matters before the Board for decision.
 - ii. Members shall not solicit, offer, or accept any offer for any business relationship or arrangement with any interested party. Any preexisting, ongoing or expected business relationship with any interested party must be disclosed and may be grounds for abstention under NRS Chapter 281A.
- 1.04 Ethical Principles for Board Conduct; Disclosures and Abstentions.
- a. POLICY
 - i. The Board is governed by Nevada’s ethics laws, including NRS Chapter 281A
 - b. RULE
 - i. Potential Conflicts of Interest. In connection with matters coming before the Board, NRS 281A.420 discusses three circumstances where disclosure and abstention may be required. These three circumstances include when a Member
 - has accepted a gift or loan,
 - has a significant pecuniary interest, or
 - would reasonably be affected by the Member’s commitment in a private capacity to the interests of another person in connection with the matter.

In any of those circumstances, the Member should check current statutes and rulings of the Nevada Board on Ethics to determine what disclosures should be made and when abstention is warranted. If disclosure is required, it should be made before the matter is discussed by the Board, and at that time the Member must also discuss whether or not he/she is abstaining, and why. If abstaining, it is not necessary to leave the room during deliberation and vote, but the Member should leave his/her seat at the dais until after the vote.

 - a) If a Member has an ownership or pecuniary interest in an item being considered, the Member must abstain but may address the Board to discuss facts about the proceeding but must not ask, advocate or give any reasons for or against a vote.

Article 2 QUORUM AND VOTING

2.01 Number of Members Required to Conduct Business.

- a. A quorum of the Board shall be four members.

2.02 Voting.

- a. Unless otherwise provided by code or statute, all matters and motions may be resolved by a majority of votes of those present at the meeting.

2.03 Motions to reconsider. A motion to reconsider any action taken by the Board may be made only during the meeting at which the action was taken or at the next regularly scheduled meeting. A motion to reconsider must be made by a Member who voted on the prevailing side of the motion being reconsidered, but a motion to reconsider may be seconded by any member of the Board. A previous motion failing by virtue of a tie vote may be reconsidered upon motion of any Member. If a motion for reconsideration relates to an item requiring legal notice, only the motion itself shall be debated and, if passed, reconsideration of the item continued to a future date to allow for the provision of legal notice.

Article 3 MEETINGS

3.01 Rules

- a. The Board is a public body and must comply with the laws of Nevada regarding public and open meetings, including NRS Chapter 241 (the “open meeting law”)
- b. All meetings of the Board will be held in accordance with the open meeting law.

3.02 Agenda

- a. Items scheduled on the regular Board agenda shall ordinarily be limited to those matters that have prior staff review and are in a form suitable for Board action. . The District Health Officer will list the matters according to the order of business and furnish a copy of the agenda with background materials prior to the Board meeting to each member of the Board, the District Attorney, and Division Directors. No item may be submitted to the Board, except through the District Health Officer.
- b. In establishing the agenda, the District Health Officer may vary the order of business set forth in Section d by grouping items involving related subject matter or the same personnel, regardless of whether the items are public hearings, action items or informational items.
- c. The draft agenda is not considered final until approved by the Chair.
- d. Order of Business. Regular meetings shall be conducted substantially in the following order:
 1. *Roll Call and Determination of a Quorum
 2. *Pledge of Allegiance
 3. *Public Comment
 4. Approval of Agenda
 5. Approval of Minutes
 6. Recognitions
 7. Proclamations
 8. Consent Items
 9. Public Hearings
 10. Business Items
 11. *Staff Reports and Program Updates
 12. Board Comment
 13. *Public Comment
 14. Adjournment

Asterisks (*) are used to denote non-action items. Agenda headings will be modified to correctly indicate whether or not an item is an action (no asterisk) or a non-action action (*).

3.03 Regular Meetings

- a. Regular meetings shall be held at least once each month. Regular meetings will normally convene on the fourth Thursday of the month at 1:00 p.m., in the Board of Commission Chambers, or other properly noticed location identified by the Chair. In the months of November and December, the meetings will be held on the third Thursday.

- b. Should the regular meeting date fall on a holiday or conflict with a special event within the complex or at a neighboring facility, the meeting may be held on an alternate date and/or at an alternate meeting facility as determined by the Chair or Acting Chair.
- 3.04 Special Meetings. Special meetings may be held, as required, upon call of the Chair or Acting Chair, or upon the call of not less than three Board members.
- 3.05 Continued Items.
- a. The Board may vote to grant a continuance on an agenda item upon request of a Member, and, in addition, in the case of an Appeal, the Appellant. If the Board decides to continue an item, the Chair shall first ask if anyone in the audience wishes to testify on the matter even though it may be continued to another date, time and location certain.
- 3.06 General Expectations of Members During Meetings.
- a. Members shall treat each other and all persons at a meeting with respect before, during and after the meeting. The decorum rules stated below apply to Members as well as members of the public, and a Member may be removed by the Chair for disruptive conduct.
- 3.07 Meeting Decorum; Removal for Disruptive Conduct.
- a. Meetings of the District Board of Health are limited forums for the governmental purpose of making health policies and decisions for the community in accordance with its duties under state and local law. That governmental purpose is efficiently accomplished only when the process established by law is followed and all participants in a meeting conduct themselves within the limits established and with decorum, civic responsibility, and mutual respect.
 - b. It is the intent of the Board to maintain the highest level of decorum. The Chair is authorized to take appropriate actions to maintain such decorum to include declaring recesses, admonishing speakers and other remedies set forth below.
 - c. The viewpoint of any speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place, and manner of speech at the meeting. Remarks which are irrelevant, impertinent, unduly repetitious, or which contain personal attacks, implied or actual threats, fighting words, or profanity are not consistent with efficiently accomplishing the governmental purpose.
 - d. The Chair may remove (with or without warning) any person who willfully makes the kind of remarks described above or engages in other disorderly conduct, if such remarks or conduct makes the orderly conduct of the meeting impractical.
- 3.08 Public Hearings or Individual Agenda Items.
- a. The following rules apply to persons speaking during public hearings or individual agenda items (as opposed to speaking during general public comment periods).
 - i. Public hearings and receiving public input during individual agenda items are part of a governmental process and, in order to efficiently pursue that process, persons addressing the Board during such items are to speak only to the topic being considered. Irrelevant or overly repetitious comments by the same person delays and disrupts the process.
 - ii. Speakers must sign and deliver to the Recording Secretary a “Request to Speak” form.
 - iii. The Chair shall determine the order of speakers.
 - iv. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes for appellant 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.

- v. The speaker will also be encouraged to limit his/her comments regarding the background of the topic. When speakers have exceeded the allotted time, the Chair will endeavor to remind them that they have gone past the recommended time limits and request they conclude their remarks. The Chair may rule the speaker out-of-order should the speaker not obey the Chair's admonition.
- vi. Alterations to the above time limits may be permitted by the Chair in the following circumstances.
 - a. All public testimony. The Chair may modify speaker time limits for all public testimony during any item and will announce the modification at the beginning of the agenda item, if possible, or as soon as is practicable during the agenda item. The modified time limits will remain in effect only for that specific agenda item.
 - b. Individual time limits for public speakers. The Chair may adjust individual speaker time limits to accommodate questions by Members
 - c. Appellants and amicus organizations. Appellants or his/her representative, or a person representing an amicus group (a group with special knowledge or interest in the agenda item who desires to testify as a friend of the Board) may notify Department staff 24 hours prior to the start of a noticed meeting at which action may be taken that a longer time is requested to make a presentation. When making the notification, an approximate amount of time needed to make the presentation must be provided. The department will notify the Chair, who has the discretion to grant, modify, or deny such a request at the beginning of the agenda item.
 - d. During individual presentations by appellants, or amicus organizations, the Chair may adjust the time limit to accommodate questions by Members or if the Chair believes that extra time is essential to a complete presentation of probative and non-repetitive information.

3.09 Procedures for Individual Agenda Items.

- a. General Principles. These rules are intended to promote consistency and efficiency, maximize public input, and afford the appropriate amount of due process in the conduct of meetings of the Board. These rules apply to all proceedings before the Board.
- b. Consent Agenda.
 - i. The consent agenda may be used for matters which need not be individually discussed and acted on and may be more efficiently handled on a block vote. Examples of items typically handled on the consent agenda are Air Quality Management cases that have not been appealed, budget amendments, interlocal agreements, contracts and acceptance of donations.
 - ii. Items which require a public hearing shall not be placed on the consent agenda.
 - iii. When announcing the Consent agenda, the Chair shall ask for and allow public comments on any item. Any Member may ask for removal of an item from the consent agenda and it shall be removed and handled as a general business item under Rule C(9)(c). Otherwise, consent agenda items may be voted on as a block.
- c. Motions.
 - a. Motions must be seconded before acceptance or debate. If a motion is not seconded, it is considered moot and the Chair may call for further discussion or a new motion. Unless otherwise directed by the Chair, motions may be made and voted upon by the board members present.
- d. Vote.

- a. The Chair shall call for a vote.
- b. If a motion to approve an adjudicative matter does not receive the required number of affirmative votes, it is deemed denied.

Article 4 **BOARD COMMENTS**

- 4.01 Board comments will be limited to announcements or issue(s) for a future agenda.

Article 5 **USES OF STAFF**

- 5.01 Board members may request assistance of Department staff in research, responses to complaints, and other matters. The request must be made to the District Health Officer who will determine the appropriate level of assistance to be provided to meet the request. If the District Health Officer determines that the request will entail more than two hours of staff time and it is a request made by one Board member only, the request will have to be acted upon by the Board.

Article 6 **MEMBERS**

- 6.01 The members of the District Board of Health have been set forth under Chapter 439 of the *Nevada Revised Statutes* and the *Interlocal Agreement Concerning The Washoe County Health District*.
- 6.02. The District Board of Health shall consist of two members from each county, city or town which participated in establishing the health district, to be appointed by the governing body of the county, city or town in which they reside, together with one additional member to be chosen by the members so appointed. Washoe County Board of County Commissioners, Reno City Council and Sparks City Council shall each appoint two members of the District Board of Health, only one of who shall be an elected member of the governing body.
- 6.03. The additional member of the District Board of Health shall be a physician licensed to practice medicine in Nevada.
- 6.04. If the members of the District Board of Health appointed by Reno, Sparks and Washoe County fail to choose the additional member within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Division.
- 6.05. Members of the District Board of Health shall serve four-year terms. Each member may be re-appointed 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/her successor is appointed and qualifies. When a person appointed to the District Board of Health as a member of the governing body of Reno, Sparks or Washoe County no longer qualifies as a member of that governing body, his/her term of office on the District Board of Health expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in Section 6.02.

Article 7 **OFFICERS OF THE BOARD**

- 7.01 Titles. The officers of the Board shall be:
- a. Chair, who shall preside at all meetings, maintain order, call special meetings as they are needed, appoint committees, and generally represent the Board.
 - b. Vice Chair, who will perform all of the Chair's functions in the absence of the Chair.
 - c. Secretary (non-voting), who shall be the District Health Officer or his/her designee, and who shall maintain the Board records; Rules, Policies and Procedures; and attachments.

7.02 Election of Officers.

- a. The December Board meeting shall include on the agenda the election of officers.
- b. The Chair and Vice Chair will take office at the meeting held the following January.

7.03 Terms of Office.

- a. Each officer of the Board shall be elected by the Board and shall serve for two years or until his successor is elected and takes office.
- b. In the case the Chair does not complete his/her term of office, the Vice Chair who succeeds him/her may serve as Chair for two full terms.

7.04 Committees of the Board.

- a. The following committees and advisory boards shall act as advisors to the District Board of Health:
 - i. An Administration and Personnel Committee
 - ii. A Community and Clinical Health Services Committee
 - iii. An Environmental Health Committee
 - iv. An Air Pollution Control Hearing Board
 - v. A Sewage, Wastewater and Sanitation Hearing and Advisory Board
 - vi. Such other committees, standing or special, as deemed necessary by the District Board of Health to carry on its work and shall be appointed in a duly noticed public meeting.

Article 8 RECORDS AND DOCUMENTS

8.01 Minutes and Audio/Video Recordings.

- a. All approved minutes, including items presented at the meetings as part of public record pertaining to the work of the Board shall be kept in safe, orderly files maintained under the supervision of the District Health Officer. Said records shall be accessible to the members of the Board and to the public as required by Nevada Revised Statutes and Washoe County's Public Records Policies and Procedures.
- b. All audio and video recordings pertaining to the work of the Board shall be kept in a safe, orderly location maintained under the supervision of the District Health Officer. Said records shall be accessible to the members of the Board and to the public for one year and then will be destroyed pursuant to Nevada Revised Statutes.
- c. The District Health Officer shall provide a Recording Secretary for each meeting who shall be responsible for preparing a written record of the meeting. Said minutes will bear the name of and be executed by the Recording Secretary.
- d. Copies of unapproved minutes of the past regular meeting, or meetings, shall be furnished to the Board members in advance of a regular meeting.

Article 9 AMENDMENT OF RULES, POLICIES AND PROCEDURES

- 9.01 Amendments. The Rules, Policies and Procedures may be amended or added to by majority vote of the Members present. The proposed amendment or addition shall be placed as an action item on a Board meeting agenda, and would become effective at the next Board meeting upon a majority affirmative vote of the full Board.

Adoption:

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: April 28, 2016

DATE: April 13, 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. Green Transportation Summit & Expo and the West Coast Collaborative



The West Coast Collaborative hosted their partners meeting, in cooperation with the Green Transportation Summit & Expo, on April 5th through 7th in Tacoma, Washington. AQM was fortunate to be able to send staff to the meeting. The West Coast Collaborative (Collaborative) is an ambitious public-private partnership between leaders from federal, state, and local government, the private sector, academia, and environmental groups.

The Collaborative is committed to reducing diesel emissions and advancing clean air technologies and practices along the West Coast of North America. The Collaborative is part of the National Clean Diesel Campaign (NCDC), which seeks to advance strategies to reduce diesel emissions and move toward cleaner air by working with diesel fleet, engine and emission control technology owners, operators, developers and manufacturers; air quality professionals; environmental and community organizations; and federal, state and local officials.

To advance diesel emission reductions, Congress Authorized funding for clean diesel activities in the Diesel Emissions Reduction Act (DERA) as part of the 2005 Energy Policy Act. The Collaborative aims to reduce diesel emissions through verified and certified technologies, engines and practices, and advances innovative emission reduction technologies and practices. The Collaborative also helps coordinate regional efforts for

cleaner fuels and the Clean School Bus USA program which has benefited the Washoe County School District. EPA launched, but does not control the Collaborative.

AQM staff was able to network with EPA Region 9 staff on a variety of issues including the Ozone Advance Program which is supported by the Collaborative initiatives. Staff also received information regarding the conversion of a taxi fleet, located in Reno, to all propane vehicles and the United Parcel Service project to install a natural gas filling station in preparation for conversion of delivery trucks. Each of these projects provides critical emission reductions what will assist in our efforts to attain the 2015 ozone National Ambient Air Quality Standard.

b. National Air Quality Awareness Week

EPA has announced the 10th annual National Air Quality Awareness Week, which will be recognized Monday, May 2 through Friday, May 6, 2016. This year's theme is "Show How You Care About the Air." This event provides an annual opportunity to engage the community and provide information on the health effects of air quality.

EPA has selected four main topics for this year's event:

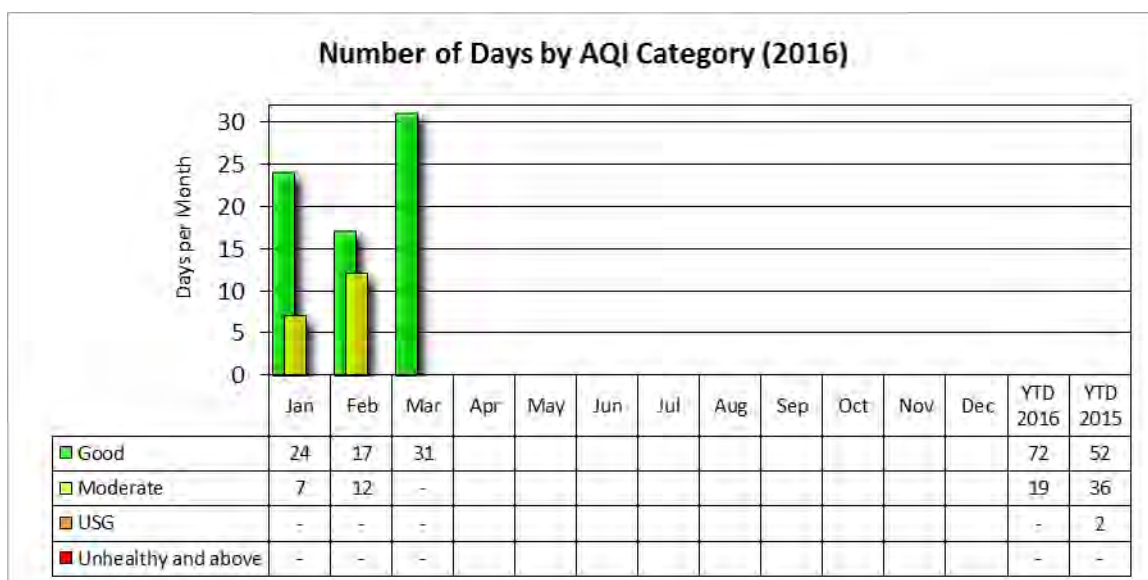
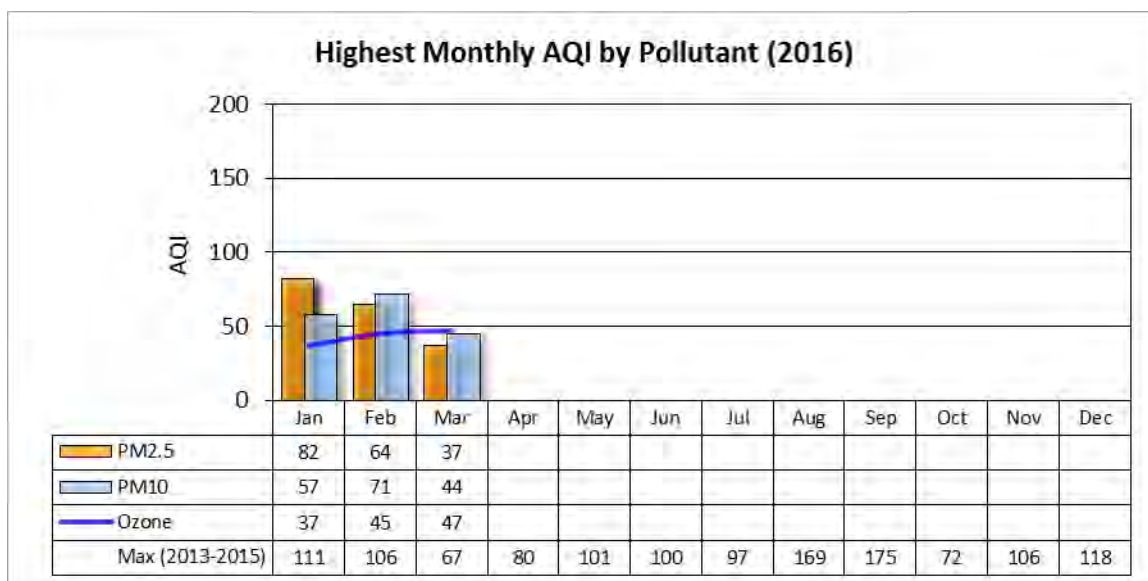
- Citizen Science
- Asthma and Air Quality
- Air Quality Around the World
- Air Quality Trends

In support of these topics, AQM will provide daily updates on our website, OurCleanAir.com, and through social media.

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 March. 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

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standards (NAAQS) during the month of March.

AQM continues to implement the approved measures contained in the DBOH-adopted resolution supporting Ozone Advance. In March 2016, the City of Reno Planning Commission established seven goals and priorities for 2016. These goals and priorities include:

1) Communication; 2) Sustainability; 3) Infill Incentives and Strategies; 4) Preparedness; 5) Area Compatibility; 6) Schools (including locational criteria); and 7) Air Quality. These directly and indirectly support the goals of Ozone Advance. The Reno City Council also adopted a resolution supporting Ozone Advance at the Council's April 13 meeting. The resolution will strengthen Reno's commitment to Policy 4.1.6 of the Truckee Meadows Regional Plan for early consideration of public health impacts related to land use decisions.

EPA Region IX will be conducting a Technical System Audit (TSA) of the AQMD Monitoring program on May 11-13, 2016. The purpose of the audit is to improve the quality and performance of the ambient air monitoring program. EPA will be reviewing quality assurance documents such as the Quality Assurance Project Plan and Standard Operating Procedures to ensure the program is meeting federal requirements. EPA conducts TSAs every three years and last audited the AQMD's program in September 2013.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2016		2015	
	March	YTD	March	Annual Total
Renewal of Existing Air Permits	100	303	105	1297
New Authorities to Construct	4	22	14	99
Dust Control Permits	21 (294 acres)	50 (760 acres)	8 (49 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	35	84	23	391
WS Dealers Affidavit of Sale	9 (5 replacements)	21 (14 replacements)	3 (3 replacements)	135 (85 replacements)
WS Notice of Exemptions	570 (2 stoves removed)	1752 (13 stoves removed)	624 (3 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	76	245	137	1077
Asbestos Demo and Removal (NESHAP)	19	70	25	150

Staff reviewed twenty-nine (29) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Air Quality Specialist Restori has completed the organic gas imaging class through FLIR. AQMD has coordinated with EPA Region 9 to perform three days of facility organic gas inspections.
- Permitting staff has transferred 146 of the approximately 1400 existing permits into the Accela Access database in preparation for the next round of Permits Plus data conversion. Additionally, 5 of 25 process emissions spreadsheets have been completed which will provide for emission calculations and billing in the Accela system.

Staff conducted forty (40) stationary source inspections in March 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	March	YTD	March	Annual Total
Asbestos	4	13	2	25
Burning	1	5	0	8
Construction Dust	1	1	3	32
Dust Control Permit	3	6	0	6
General Dust	7	16	4	48
Diesel Idling	1	2	0	3
Odor	0	4	0	30
Spray Painting	1	1	0	8
Permit to Operate	0	2	4	12
Woodstove	0	1	1	13
TOTAL	18	51	14	185
NOV's	March	YTD	March	Annual Total
Warnings	3	10	5	24
Citations	2	5	1	8
TOTAL	5	15	6	32

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

Mike Wolf
 Chief, Permitting and Enforcement



Community Development Department

MEMORANDUM

Date: March 1, 2016

To: Reno Planning Commission

Through: Claudia C. Hanson, AICP, Planning Manager *CH*

From: Nathan Gilbert, AICP, Associate Planner *N.G.*

Subject: 2016 Planning Commission Priorities
Item 8.1

Background/Analysis: The Planning Commission held its annual Priority Setting Workshop on February 17, 2016. This memorandum summarizes the outcome and includes 2016 priorities to be incorporated in the City of Reno Planning Progress and Priorities Report (Item 8.1 on March 2, 2016 Planning Commission Agenda). It was discussed that the majority of recommendations to further implementation of the Master Plan would be evaluated during development of Phase II work. The Commission requested that staff present these updates for discussion on a monthly basis. Accordingly, the 2016 priorities include Master Plan recommendations as applicable, with the expectation that additional input will be provided as work progresses. The Planning Commission will have the opportunity to modify language prior to acceptance of the report. For your reference, the adopted priorities from 2015 are also listed below.

2016 Planning Commission Priorities:

- Communication
- Sustainability
- Infill Incentives and Strategies
- Preparedness
- Area Compatibility
- Schools
- Air Quality

Communication: Continue to open the lines of communication with the City Council and Sparks/Washoe County Planning Commissions with enhanced communication with

the City Council on planning related decisions. The Planning Commission should strive to:

- Hold monthly presentations during Phase II Master Plan update with opportunities to advise on process and content;
- Encourage public participation and promote civic engagement through outreach to young people and through the Reno Citizen's Institute, Junior Achievement and similar programs;
- Research ways to enhance neighborhood outreach for reviewing development applications before Planning Commission hearings and strive to have Commissioners attend at least one NAB per year for open discussion;
- Ensure Planning Commission goals are incorporated in staff report analysis and in project applications; and
- Ensure Planning Commission and public are provided as much information as feasible regarding infrastructure capacity (e.g. Schools, Water, Sewer, etc.).

Sustainability: Support the City's broader sustainability efforts and provide recommendations during development of the Sustainability Plan and Phase II Master Plan update. The Planning Commission should strive to:

- Develop incentive and strategy policies that are sensitive to the environment, promote resource management and encourage LEED (Leadership in Energy and Environmental Design) development;
- Evaluate implementation of wetland and major drainageway development practices and their collective impact on groundwater recharge;
- Identify mechanisms and strategies to provide pedestrian/bicycle safety, pathways and amenities throughout the City; and look at urban design in terms of safety and walkability Citywide; and
- Research and identify planning and development policies that can promote healthy food access and support the local food network.

Infill Incentives and Strategies: Continue to develop infill incentives and strategies to be adopted into the Policy Plan and Municipal Code Standards. Promote a sustainable, clean and lively downtown with enhanced connectivity between the University of Nevada Regional Center and University campus.

Preparedness: Reflect on past operational experiences to determine what methods and procedures can be improved or should be in place and continue to evaluate development standards, incentives and administration to ensure successful implementation of planning objectives. Provide additional training and goal setting workshops. Take steps to ensure the timeliness of materials and revisions submitted to the Planning Commission.

Area Compatibility: Evaluate and update area compatibility standards and special use permit requirements for land uses that may have impacts on surrounding areas (e.g. 24 hour operations, pawn shops, and projects that interface with rural communities and/or are on edge of City limits).

Schools: Prioritize discussion of school facilities, school capacity, and locational criteria of all schools (including charter and private schools) during the Phase II Master Plan update.

Air Quality: Evaluate how development projects may impact regional air quality and ensure that air quality policy is incorporated into the City's Sustainability Program and Phase II Master Planning efforts.

Previously Adopted 2015 Planning Commission Priorities:

Communication: Continue to open the lines of communication with the City Council and Sparks/Washoe County Planning Commissions with enhanced communication with the City Council on planning related decisions. Encourage public participation and promote civic engagement through outreach to young people and through the Reno Citizen's Institute, Junior Achievement and similar programs. Research ways to enhance neighborhood outreach for reviewing development applications before Planning Commission hearings and strive to have Commissioners attend at least one NAB per year for open discussion. Incorporate Planning Commission goals in staff report analysis and in project applications.

Environmentally Friendly Design Incentives and Strategies: Develop incentive and strategy policies that are sensitive to the environment, promote resource management and encourage LEED (Leadership in Energy and Environmental Design) development. Evaluate implementation of wetland and major drainageway development practices and their collective impact on groundwater recharge.

Infill Incentives and Strategies: Continue to develop infill incentives and strategies to be adopted into the Policy Plan and Municipal Code Standards. Promote a sustainable, clean and lively downtown.

Pedestrian/Bicycle Safety and Amenities: Identify mechanisms and strategies to provide pedestrian/bicycle safety, pathways and amenities throughout the City; and look at urban design in terms of safety and walkability Citywide. Encourage additional meetings with the Regional Transportation Commission.

Preparedness: Reflect on past operational experiences to determine what methods and procedures can be improved or should be in place and continue to evaluate development standards, incentives and administration to ensure successful

implementation of planning objectives. Provide additional training and goal setting workshops. Take steps to ensure the timeliness of materials and revisions submitted to the Planning Commission.

On-Premise Signs and Lighting: Evaluate and update on-premise sign and lighting standards.

Food Policy: Research and identify planning and development policies that can promote healthy food access and support the local food network.

Residential Adjacency: Evaluate and update residential adjacency standards and special use permit requirements for land uses that may have residential impacts (e.g. 24 hour operations and pawn shops).

DD	SK	___
DHO	___	___

**Community & Clinical Health Services
Director Staff Report
Board Meeting Date: April 28, 2016**

DATE: April 15, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – National STD Awareness Month; Divisional Update – SNAP & Medicaid Enrollment, 2016 Training Day and Public Health Associate Program; Program Reports

1. Program Report – National STD Awareness Month



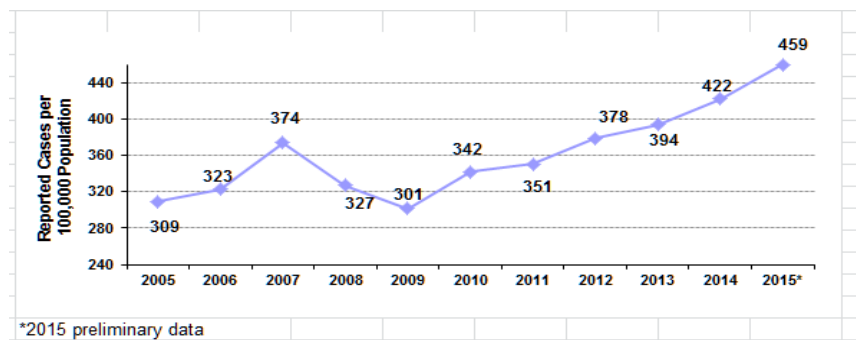
April is Sexually Transmitted Disease (STD) Awareness Month, an annual observance that focuses on ways to prevent some of the nearly 20 million new cases of STDs occurring in the United States each year. STDs affect persons of all ages and more often among young people ages 15–24, and gay, bisexual, and other men who have sex with men.

Consequences of STD infections are widespread including infertility for males and females, miscarriage, congenital transmission, and even death in some instances. STDs can also increase a person's risk for getting and giving HIV. Direct medical costs associated with STD diagnosis and treatments are estimated at over \$16 billion per year, not including HIV medical costs.

Released in November 2015, the annual national STD surveillance report released by the CDC showed that, for the first time since 2006, rates for all three of the commonly reportable STDs (chlamydia, gonorrhea, and syphilis) increased in 2014. Washoe County has experienced increases in these reportable STDs since 2010.

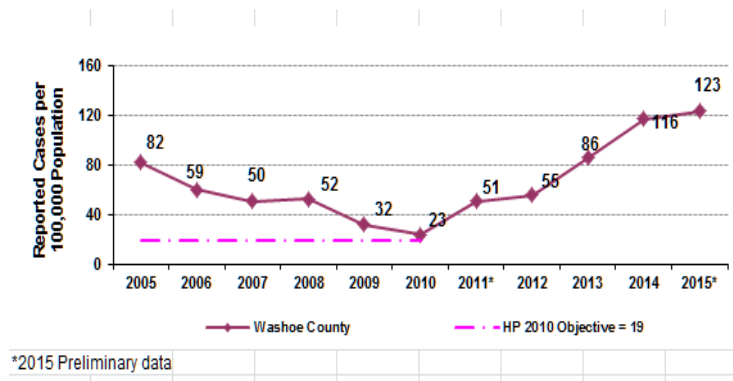
Chlamydia is the most commonly reported STD in the United States. Nevada and Washoe County mirror national trends in chlamydia and gonorrhea rates. Since 2009, Washoe County has experienced a 64% increase in chlamydia cases. Unfortunately, due to staffing limitations, high numbers of gonorrhea and continuing efforts to battle syphilis, not all clients with chlamydia receive partner services interventions, which include partner notification, interviewing, testing and treatment to stop the spread of infection. Staff continues to contact all cases to ensure they have received treatment and encourage them to tell their partners to get tested and treated. As a result of the above limitations, staff are no longer involved in contacting partners unless the client is under 25 years of age, pregnant or a man that has sex with men.

Washoe County Chlamydia Rates 2005-2015



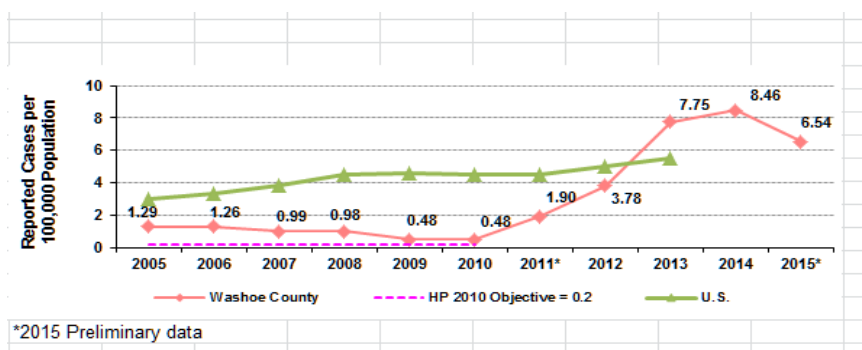
Gonorrhea is a very common infectious disease. CDC estimates that approximately 820,000 new gonorrheal infections occur in the United States each year, and that less than half of these infections are detected and reported to CDC. CDC estimates that 570,000 of them were among young people 15-24 years of age. Washoe County has seen a 317% increase in gonorrhea since 2009.

Washoe County Gonorrhea Rates 2005-2015

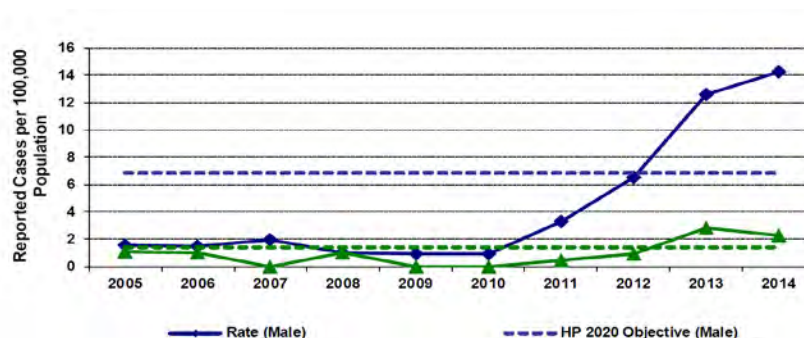


Syphilis rates are remarkably higher for Nevada and Washoe County compared to national rates. From 2009 to 2015, Washoe County primary and secondary syphilis cases increased 1300%. An outbreak was declared in August 2013, with a case definition of any case of infectious syphilis (primary, secondary, and early latent stages) reported. Sexual risk factors were not included in the case definition. Although most cases were among men, 91% of 2014 cases, especially men who have sex with men, many cases were reported among females. Some of the female cases led to congenital syphilis presented in Washoe County for the first time in decades. There have been four cases of congenital syphilis since 2014. In addition, over 25% of the infectious syphilis cases have been co-infected with HIV. Infectious syphilis cases began decreasing in 2015 with five more cases of infectious syphilis in 2014 than 2015.

Washoe County Primary & Secondary Syphilis Rates 2005-2015

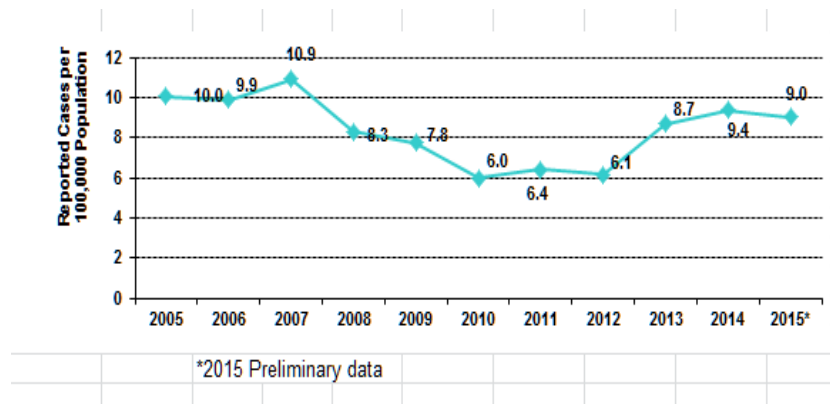


Washoe County Primary & Secondary Syphilis By Gender 2005-2014



CDC estimates that 1,218,400 persons aged 13 years and older are living with HIV infection, including 156,300 (12.8%) who are unaware of their infection. Over the past decade, the number of people living with HIV has increased, while the annual number of new HIV infections has remained relatively stable. Washoe County's HIV rate remained stable in 2015, with 30 individuals diagnosed with HIV. Important to note, some newly diagnosed HIV cases are classified as an AIDS case if they meet the diagnosis criteria upon further testing.

Washoe County HIV Rates 2005-2015



The Sexual Health Program continues to push forward on building awareness, promoting HIV and STD testing among high risk populations. Because of the complex relationship between HIV and other sexually transmitted diseases (STDs), the Sexual Health Program integrates efforts to address both areas as a means to reach the highest risk populations with more efficiency. Focus on social media outreach, enhanced advertising, outreach through the 89502 zip code area Family Health Festivals, condom distribution to venues where high risk individuals congregate, and recruiting people within high risk social networks for testing helps achieve the national standard of reaching those at highest risk with “High Impact Prevention” activities. Training staff in best practices and engaging in continuous quality improvement activities continue to move the program forward with the overarching goal of disease prevention. With the additional support of CDC Public Health Associates, program activities will continue to use the latest information to reach the providers and citizens of Washoe County, while building awareness of sexual health as a critical component to the health of our community.

2. Divisional Update –

a. SNAP & Medicaid Enrollments

Beginning in March CCHS welcomed a Food Bank of Northern Nevada staff member who will be here monthly to assist our clients in SNAP (Supplemental Nutrition Assistance Program) and Medicaid enrollment. We are excited about another assistance partnership, and this complements our current efforts of checking with our clients as to their food status (“Do you have enough food through the end of the month?”) and providing them with a community resource list, and our partnership with Community Health Alliance to enroll clients in Medicaid or a qualified ACA Health Plan.

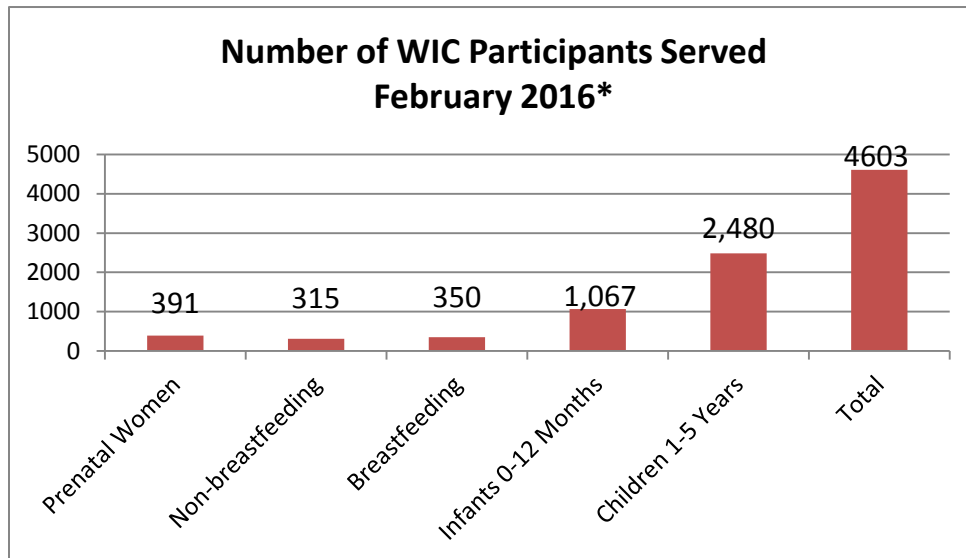
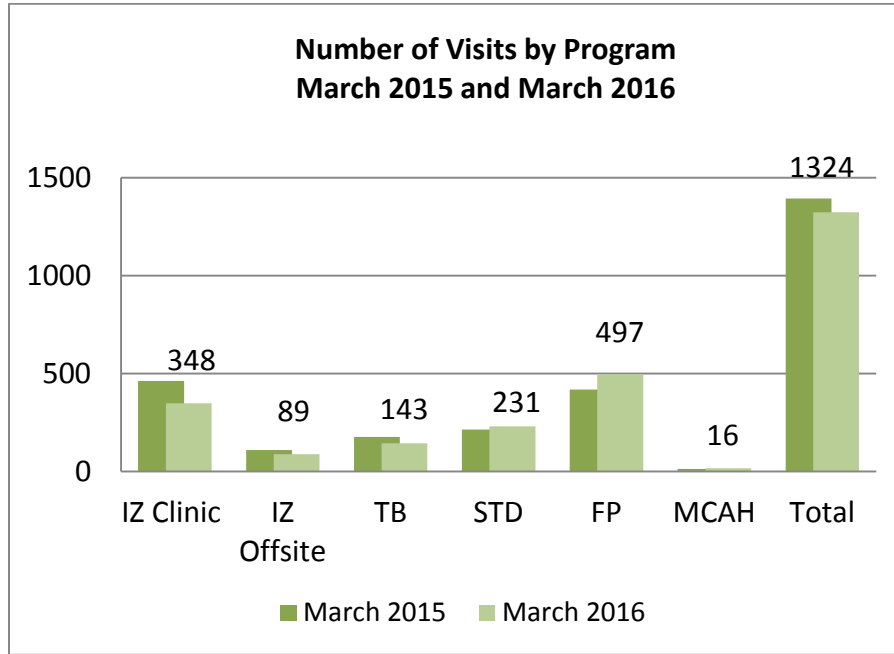
b. Training Day 2016

CCHS held its annual training day on Wednesday, April 6th. This is a day for staff to complete many of our required trainings in a minimally disruptive manner to service delivery. Sixty-two staff attended. This year's guest speakers included Becky Gebhardt, APRN, from Washoe County Social Services, speaking on Child Abuse and Neglect; Dr. Mel Minarik from UNR, speaking to us about Emotional Intelligence and working with our staff on a few exercises; and finally Wendy Ferguson who provided a lecture on Emergency Medical Responses, and then walked nursing staff through emergency medical mock scenarios to test our skills and knowledge. Besides meeting training needs for the Division, it is a great opportunity for all CCHS staff to network with those from other programs, improve morale, strengthen relationships, and enhance staff communication.

c. Public Health Associate Program

In March CCHS hosted a Public Health Associate Program (PHAP) site visit from CDC. Public Health Associates (PHAs) reviewed their time with us to date, covering their various projects and activities that have benefited public health in Washoe County. The CDC PHAP Supervisor noted that she was very appreciative of the scope and breadth of activities and experiences for the PHAs, as well as the day to day supervision and support that the PHAs receive. CCHS currently has four PHAs working in Chronic Disease, STD, HIV and TB.

d. Data/Metrics



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

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

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – See program report above. The Sexual Health Program welcomes Kelly Verling. She joined the team on April 21, 2016 as a Public Health Nurse.
- b. **Immunizations** – A total of 89 clients received 232 vaccinations at 13 different locations in partnership with the Kids to Seniors Korner program. Staff are also working with Catholic Charities of Northern and other partners to increase access to immunizations for seniors.

The Immunization Program welcomes our new Public Health Nurse Shawnette (Shawni) Andries. She joins the program on April 21, 2016.

- c. **Tuberculosis Prevention and Control Program** – There have been three cases of active Tuberculosis (TB) in 2016. Staff will be distributing information packets to Washoe County health care providers. The packets were provided by the Division of Public and Behavioral Health (DPBH) and include TB Facts, administrative code, surveillance information, TB risk assessment, and TB reporting guidelines.

The Northern Nevada International Center will be implementing a program to resettle refugees in Northern Nevada. Staff will be attending a stakeholder's meeting with the State Refugee/Health Coordinator and other local agencies on May 24, 2016.

The State of Nevada Division of Public and Behavioral Health (DPBH) released a technical bulletin on March 21, 2016, related to updates to TB laws. The summary includes:

- **Diagnosis (NAC 441A.350)** - cases of children under the age of 5 with Latent TB Infection (LTBI) are now a reportable disease; must be reported within 24 hours.
- **Testing (NAC 441A.375 & 441A.380)** - a TB screening test includes either an approved skin or blood test; employees, independent contractors and volunteers must complete all TB screening tests before beginning any employment activities; a facility may complete a risk assessment and document that determination in lieu of annual TB testing activities (it must be conducted annually); individuals who test positive for TB are exempt from annual TB testing but must complete a sign and symptom questionnaire; an individual who tests positive for TB must submit to diagnostic TB screening tests and be offered counseling and treatment options.
- **Surveillance (NAC 441A.375 & 441A.380)** - TB surveillance activities (including annual TB testing) must include healthcare workers of employees, independent contractors, and volunteers; correctional facilities must consult with their local health authority to develop and implement TB infection control plans as well as contact

investigation activities, when needed; a chest x-ray is no longer required when admitting residents/patients into a residential facility.

- d. **Family Planning/Teen Health Mall** – No program updates this month.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff followed up with DBOH suggestions related to the smoke free multi-unit housing advertisement. The ad is currently running on Washoe's Charter Cable channel 193 as well as the Cities of Reno and Sparks channels. The ad is now also available in Spanish and is on the GetHealthyWashoe.com You Tube channel.

Tobacco prevention staff participated in TMCC's Wellness Week in March and helped TMCC hold their first OneDayStand event on Kick Butts Day to encourage a tobacco free campus for one day. At these events students, faculty and staff were surveyed on their attitudes about a tobacco free campus. The online survey continues until April 11, 2016. Staff will continue to provide assistance to TMCC as they explore tobacco free campus options.

On March 1, 2016, staff participated in a State sponsored meeting with statewide tobacco prevention partners in order to develop a unified vision and goals for the Nevada Tobacco Prevention Program and receive information about priority initiatives.

Staff worked with Safe Kids Washoe County on Strategic planning for future childhood injury prevention focus areas.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff has distributed 26 Pack and Plays in 2016, which support a safer sleeping option for infants. Clients also receive safe sleep education. Fetal Infant Mortality Review (FIMR) staff has received 19 fetal/infant death cases since January 1, 2016. Staff has conducted data abstraction, summarized, and presented 16 cases to the Case Review Team. The Community Action Team will have their quarterly meeting on April 18, 2016. The team will discuss moving forward with the "Go Before You Show" campaign to promote the importance of early prenatal care.
- g. **Women, Infants and Children (WIC)** – The USDA Food & Nutrition Service (FNS) will be conducting a management review of the State WIC Office the week of April 25, 2016. Part of the review of the State office includes a site visit and observation by the Western Region FNS staff of a local agency. The Washoe County Health District WIC Program was selected for this site visit on April 26, 2016. The emphasis with this review is for eligibility certification and re-certification of clients which includes income determination and documentation, proof of residency and identification, house hold size,

complete explanation of the clients *Rights and Responsibilities*, customer service, and separation of duties.

The USDA FNS has responded to the National WIC Association's request to begin reviewing and revising the information we provide clients on how to prepare powdered infant formula in their *Infant and Nutrition Feeding: A Guide for Use in the WIC and CFS Programs*. This revision will align with recommendations from the World Health Organization and the Centers for Disease Control and Prevention and will include concerns about the water temperature for mixing powdered formula and bacterial contamination.

The WIC program continues to collaborate with the Center for Unique Business Enterprise (CUBE) to educate the community on how to maintain a healthy lifestyle and body mass index. Clients are encouraged to bring family and friends and attend a group nutrition education class on how to read and understand "Nutrition Fact labels", along with a cooking demonstration of healthy meals. The WIC program continues to promote a healthy lifestyle by nutritious eating and activity to help prevent chronic diseases.

DD	BS	_____
DHO		_____ <i>kd</i>
DA	NA	_____
Risk	NA	_____

Staff Report
Board Meeting Date: April 28, 2016

DATE: April 15, 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 and Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Staff from the school inspection program presented information to safety officers and teachers of the Washoe County School District on the proper storage and management of chemicals used in school facilities and classrooms.
- EHS staff collaborated with the Communicable Disease program to present information on Norovirus prevention and control measures to the Washoe County School District, Student Health Services staff including school nurses and clinical aids.
- Staff from the childcare inspection program met with Health and Safety Officers of the CSA Early Head Start to review the organization's disinfection policies and procedures including procedures for cleaning and disinfecting blood borne pathogen spills.
- During a Washoe County School District collegiate meeting, EHS staff presented information to School District custodial staff on the role of EHS in schools on a routine basis as well as during school outbreaks. The presentation also emphasized Norovirus prevention and control measures.
- EHS Training Program - As the training program continues to develop, four new trainees are completing the field requirements as outlined in the newly developed training manual and are starting some training in more specific subprogram areas. Standard Operating Procedures for the training to accommodate the routine area work as well as the more specific subprogram work are currently being developed. The four trainees are each currently working independently to varying degrees in various programs following the first 2-3 months of training.
- EHS Quality Improvement- Environmental Health Services Staff is presenting a continuous improvement project during the Division Directors meeting as part of a report out on May 4, 2016. Staff is also reviewing some new projects for applicability and thus submittal for Quality Improvement.

PROGRAM UPDATES

Food

- Two staff members attended the Conference for Food Protection (CFP) which is a group comprised of representatives from the food industry, government, academia and consumer organizations. Representatives of the CFP identify and address emerging problems of food safety and formulate recommendations and solutions which are then sent to the FDA for incorporation into the subsequently published Food Code. **Participation in the CFP meets criteria of Standard 7 – Industry and Community Relations**
- Staff began work on a Program Standards self-assessment to determine the overall level of conformance with the Program Standards. Information obtained from the self-assessment will identify the progress and accomplishments of the program since the last self-assessment was conducted in 2011 and will also identify gaps in the program. **Completion of a self-assessment at least every 60 months meets the criteria of Standard 9 – Program Assessment**
- Staff from three workgroups continues to work on the implementation of a new food inspection form that will emphasize a risk based inspection approach by identifying the status of each foodborne illness risk factor and intervention. **Implementation of this project meets the criteria of Standard 3 – Inspection Program Based on HACCP Principles, Standard 7- Industry and Community Relations and Standard 9 – Program Assessment**
- 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**
- **EHS Food Epidemiology** – The Food Epidemiology Program is working with the State Health Division, Carson City Health and Human Services, Southern Nevada Health District and the Nevada Division of Public and Behavioral Health in the planning stages of an interjurisdictional Table Top Exercise to be held in May. Additionally staff continues to work with Washoe County School District and is nearing an agreement on exclusion policies and disinfection protocols to be implemented during noro-type virus outbreaks.

IBD

- Staff oversaw the 14th Annual Lady Luck Tattoo and Arts Expo held at the Circus Circus Hotel & Casino on April 1-3, 2016. Lady Luck is the largest Invasive Body Decoration event held in the Washoe County area. A total of 59 permits were issued for the event and approximately 2-4 artists worked under each permit. The event served as a training opportunity for staff, as all four trainees assisted in conducting opening inspections. A total of 100 inspections were conducted over the course of the event and no major issues were observed.

Land Development

- EHS Land Development Program has updated its website to include information about the new EPA Total Coliform Rule that went into effect April 1st for water quality testing. Information has also been provided about Lead in drinking water for residents and for local public water system operators.
- As of April 1, 2016, the Revised Total Coliform Rule has been implemented by the EPA for all public water systems. Staff have been working and training on the new rule to be able to coordinate with permitted water systems on the new and updated requirements. Additionally,

Land Development is in the process of training three additional staff members to be able to help with the increasing plan submittals for residential septic systems. Development reviews have been continuing and Staff has been attending the bi-monthly planning meetings with CSD as part of their development outreach.

Vector-Borne Disease

- Staff has been interviewing to fill three public health intern positions for the Vector-Borne Diseases Program for the 2016 summer season. The interns start April 25 on a part-time schedule based on their class schedule until the completion of the spring semester and then all the interns will be fulltime.
- The annual Nevada Vector Control Association meeting is scheduled at the Nevada Department of Agriculture on April 25 with the Vector Control Districts of Nevada including Southern Nevada Health District, Carson City Health District and Washoe County Health District. The agenda will include an update on the Pollinator Protection plan for Nevada, status of bee health in Nevada, power point presentation on Zika virus, District's update and Dr. Rink's testing of adult mosquito collections for the Districts.
- The Program has been receiving a number of calls for mosquito fish for ponds and troughs after an interview with Channel 2. The interview with staff also discussed the 20,000 catch basins that are inspected using a bicycle which has increased our efficiency for the inspection and treatment of this infrastructure (see attached).
- Development projects and civil/building plans (16) are keeping us quite busy as we continue to see growth here in the Truckee Meadows Community. Four projects have been signed off receiving their C of O.

Waste Management

- BCC Commissioners directed staff to formulate an updated Garbage Franchise Agreement contract for the unincorporated areas of Washoe County to include single stream recycling after receiving an update from Waste Management. The contract will be brought to a future BCC Board meeting and will require board approval. Among the updates discussed included provisions on single-stream recycling and bear-proof containers (see agenda item attached). The original agreement with Waste Management (formerly Independent Sanitation) began on Dec. 31, 1982. The existing Garbage Franchise Agreement between Washoe County and Waste Management was approved on November 29, 2000, and was renewed at their option on December 12, 2015, for another five years.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	Yrly Avg
Child Care	8	6	7	7
Complaints	103	68	103	91
Food	217	317	454	329
General*	38	73	125	79
Developmental Review Numbers	20	26	27	24
Plan Review (Commercial Food/Pool/Spa)	11	9	6	9
Plan Review (Residential Septic/Well)	54	35	63	51
Residential Septic/Well Inspections	58	67	94	73
Temporary Food/Special Events	24	26	45	32
Well Permits	11	7	20	13
Waste Management	19	29	16	21
TOTAL	563	663	960	729

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

Nevada Gets First Case Of Zika Virus

By [Katherine Derla](#), Tech Times | March 25, 11:26 PM



Nevada confirms its first Zika case. The infected male individual is from the Clark County who recently visited Guatemala. His blood sample was sent to the CDC for Zika testing and came out positive.

(Photo : AD Teasdale | Flickr)

On Thursday, the state of Nevada confirmed its first official case of Zika virus infection.

According to local and state health officials, the infected patient was a resident of Clark County who recently visited Central America.

The male resident, who traveled to Guatemala, got sick sometime on Feb. 10 during his trip.

According to medical epidemiologist Tony Fredrick from the Southern Nevada Health District, the man tested positive for the Zika virus.

During his return to the U.S. on Feb. 16, the male Clark County resident suffered from muscle and joint pain, fever, rash and red eyes. His healthcare provider referred him to the Southern Nevada Health District.

On Feb. 23, the health district collected a blood sample, which arrived at the Centers for Disease Control and Prevention (CDC) a day later for testing. On Thursday, the health district received the patient's results which confirmed a positive test for the Zika virus.

The Nevada Division of Public and Behavioral Health confirmed it as the state's first Zika case. The identity of the male patient is withheld by the health district as well as his city residence and age.

"The health district has been actively monitoring all developments related to the Zika virus and testing potential patients in accordance with CDC guidelines," [said](#) Chief Health Officer Dr. Joseph Iser.

The Southern Nevada Health District had submitted a total of 22 blood samples for Zika virus testing to the CDC as of Thursday. So far, they had received nine results, including the one who tested positive to the Zika virus.

On the other hand, the Washoe County Health District in Northern Nevada submitted blood samples from a dozen potential Zika cases to the CDC. So far, no results have been received.

"The driving concern behind Zika is the threat to the unborn child," [said](#) Nevada State Infectious Disease Forecast Station director James Wilson from the University of Nevada in Reno.

The CDC has been advising pregnant women as well as couples who are trying to conceive to delay travel plans with local Zika outbreak areas as the virus can be transmitted from the infected mother to her unborn children. In early February, there had been confirmed Zika cases that were [transmitted](#) sexually by infected male partners. In Brazil, there were reports of Zika infection transmitted through blood transfusion that the CDC issues [guidelines](#) on how to prevent such incidents.

According to the Southern Nevada Health District, while death from the Zika infection is rare, determining it without a blood test is difficult that four out of five infected individuals won't know they have been compromised. Currently, there are no specific treatments or vaccines for the infection but World Health Organization (WHO) announced in February that the first [vaccine](#) could be 18 months away.

Posted March 28, 2016 - 12:22pm Updated March 28, 2016 - 7:29pm

Second case of Zika virus reported in Clark County



An employee examines tubes with the label 'Zika virus' at Genekam Biotechnology AG in Duisburg, Germany, February 2, 2016. (Ina Fassbender/Reuters)

RELATED

[How long CDC says men, women should wait to conceive after being exposed to Zika](#)

[Health officials say major Zika outbreak unlikely in Nevada](#)

[Zika virus the latest mosquito-borne illness tracked by local health officials](#)

[5 things to know about the Zika virus](#)

[Zika virus sexually transmitted in Texas, CDC confirms](#)

By PASHTANA USUFZY
LAS VEGAS REVIEW-JOURNAL

Clark County health officials confirmed the second case of Zika virus disease statewide and in Southern Nevada on Monday, less than a week [after the first case was reported](#).

A woman who recently visited Brazil contracted the disease and became sick March 18, Southern Nevada Health District medical epidemiologist Tony Fredrick said.

The health district collected a blood sample March 23 after the woman was referred to the district by her physician, he said. The case was confirmed through testing by the Nevada State Public Health Laboratory.

Zika virus disease, which is usually transmitted through the bite of infected *Aedes aegypti* and *Aedes albopictus* species mosquitoes, can cause fever, rash, joint pain, red eyes, muscle pain and headaches.

The virus can also be transmitted from a man to his sexual partners, from a woman to her fetus during pregnancy and from a woman to her child during delivery, according to the Centers for Disease Control and Prevention. There have also been reports of Zika spreading through blood transfusion.

Though it's rarely fatal and 80 percent of infected individuals won't show symptoms, researchers suspect a link between the disease and a rise in Brazil of reported cases of microcephaly, a neurological condition in which a baby has an unusually small head, typically signaling brain development issues.

The CDC has advised pregnant women to avoid areas where Zika has spread, which includes many countries in Central and South America.

Researchers are also investigating a potential link between Zika and Guillain-Barré syndrome, in which "a person's own immune system damages the nerve cells, causing muscle weakness, and sometimes, paralysis," according to the CDC.

The case reported Monday in Southern Nevada is the second confirmed Zika case in the state, said Martha Framsted, spokeswoman for the Nevada Division of Public and Behavioral Health.

Citing privacy concerns, the Southern Nevada Health District said it would not release the woman's name, exact age, city of residence or information on whether she is pregnant.

The district also refused to release statistics on the overall number of pregnant women whose blood they've sent to the CDC for testing.

On Thursday, the health district announced the first confirmed Zika case in Nevada. A Clark County man tested positive for the virus after visiting Guatemala.

"We do expect that we will report more positive cases in the future. However, it is important for the public to continue to understand that to date these cases have all been acquired outside of the United States," health district Chief Health Officer Joseph Iser said in a news release.

The health district has sent 22 total samples for testing, with 10 returned so far. Of those 10, two have been positive.

The Washoe County Health District said it had sent samples from 11 women and one man to the CDC for Zika testing as of Friday evening. Eight of those women are pregnant and were tested at the request of their physicians.

Karen Duus, an associate professor at Touro University who teaches microbiology and immunology, pointed out that neither of the two mosquito species known to carry the disease has been found in Southern Nevada.

She added that Nevada's climate and items such as standard screens on windows make it less likely Zika will spread far and wide in the state.

"Don't get really, really paranoid about life at home," she said.

White House to transfer Ebola funds to combat Zika



virus

By AP |

Posted: Wed 5:07 AM, Apr 06, 2016

WASHINGTON (AP) -- The Obama administration is to announce Wednesday it will transfer leftover money from the largely successful fight against Ebola to combat the growing threat of the Zika virus, congressional officials say.

Roughly 75 percent of the \$600 million or so would be devoted to the Centers for Disease Control, which is

focused on research and development of anti-Zika vaccines, treating those infected with the virus and combating the mosquitoes that spread it. The rest would go to foreign aid accounts to fight the virus overseas.

The officials spoke on condition of anonymity because they were not authorized to publicly discuss the matter before the White House announcement.

Researchers fear Zika causes microcephaly, a serious birth defect in which a baby's head is too small, as well as posing other threats to the children of pregnant women infected with it.

President Barack Obama has asked for about \$1.9 billion in emergency money to fight Zika but the request has stalled in the GOP-controlled Congress.

While the administration has acknowledged that substantial Ebola funding is left over, it has already committed much of it to helping at least 30 other countries prevent, detect and respond to future outbreaks and epidemics. It also wants to preserve money to keep fighting Ebola should it flare up again.

The impending move comes as there's greater urgency to battle the Zika virus as summer weather leads to mosquito season and a broader spread of the virus.

Republicans on Capitol Hill had suggested the administration consider reshuffling existing funds and have said they are open to paying the money back in future legislation if it's needed for Ebola or some other purposes.

Action on a stand-alone emergency spending bill is virtually impossible in the bitterly partisan atmosphere in Washington, though such funding could be attached to larger legislation later in the year. At the same time, both the White House and top Republicans have tried to work cooperatively despite the difficult environment.

"I told the White House I'd be supportive of a supplemental if they could show me where the money goes and what it could do," said Lindsey Graham, R-S.C., chairman of the Senate subcommittee responsible for foreign aid.

John Cornyn, the No. 2 Republican in the Senate, said he fears a Zika outbreak in his home state of Texas, but said he hopes "reason would prevail and we'd use the money that's already been appropriated and then we'd talk about what additional money would be needed, perhaps for either Ebola or Zika."

Congress approved about \$5 billion in 2014 to combat Ebola. Voters' fears regarding Ebola were seen as hurting Obama's party in the 2014 midterm landslide.

Mosquito Season is Just Around the Corner

Posted: Apr 08, 2016 4:09 PM PDT

By Erin Breen, KTVN Channel 2



Our wet winter could easily translate into big mosquito season ahead of us here in Northern Nevada. So health officials are already mapping the storm drain system here and treating areas they feel will attract mosquitoes this year.

"We have mapped 20,000 sewer drains and we are treating them by bike," said Jeff Jeppson with Vector Control. "We are saving time getting to the drains on bikes and we're saving fuel. And really we're saving time too because we don't waste time parking and then walking. We can ride right up to them with GPS devices and check them and treat them if we need to."

The Zika virus has not been detected here. That's not to say it can't get here but officials say they are prepared.

"It's been detected in Las Vegas and a mosquito could hop a ride with a car or on a produce truck or something and get here but we don't think they could even survive here at our altitude," said Phil Ulibarri with the Washoe County Health District.

The department did purchase two special traps for the Zika mosquito they may need later in the year but for now they feel they have things under control. And they are asking all of us to take precautions to keep mosquitoes outside.

"A lot of our residents have water features in their yards. Just a few of these mosquito fish can take care of mosquito larvae with no pesticides," said Jeff Jeppson with Vector Control. They are currently breeding those fish and offering them for free.

They say use bug spray with DEET in it. Also, wear long sleeves in the morning and the evening when the bugs are out and check to make sure you don't have any tears in your screens.

First Zika case confirmed in Washoe County

Posted: Mon 11:20 AM, Apr 11, 2016 |

Updated: Mon 7:13 PM, Apr 11, 2016

RENO, Nev.-- Health officials confirmed today the Zika virus has made it way to Washoe County.



12 people have been tested for the virus and one has come back positive. Officials with Washoe County Health District say it was a woman who recently traveled to El Salvador. The Zika virus can be transmitted by a mosquito bite or sexual contact.

Officials say the woman, whose name they have not released, contacted the virus by mosquito bite but she is now symptom free.

"Most people will not have any symptoms at all and those who do have symptoms have relatively mild symptoms so that is the good news. The bad news is there is evidence to demonstrate that

pregnant women can transmit this to their fetus," said Dr. Randall Todd, Washoe County Health District.

Pregnant women exposed to the virus can have children with a syndrome called Microcephaly. The brains are highly underdeveloped and often fatal. According to local health officials, the mosquitoes known to carry Zika virus are not indigenous to our area. Even if that particular mosquito finds its way to Northern Nevada. Scientists don't know whether the insect can survive in our climate.

White House: Zika Virus impact more substantial than first thought

KOLO 8

By Alex Miller |

Posted: Tue 4:33 PM, Apr 12, 2016

WASHINGTON (Gray DC) – The White House is reiterating concerns about the Zika virus in the continental United States, saying the troubles ahead are likely more serious than originally predicted.

The virus, most seriously known to affect pregnant women and their fetuses, has been most common in South America and surrounding areas. Now, the White House says Americans can expect more cases of the virus to pop up in the continental United States as north as New York or New Jersey.

Experts have now determined that not only is the range of the mosquito broader, but the birth defects and neurological disorders are more stark than once believed. Additionally, experts are looking into the possibility of the virus being transmitted sexually.

The White House says it submitted a request for emergency supplemental funding to Congress back in February but have not seen any action yet. The administration does say they have been in contact with individual members.

They are asking for \$589 million for prevention, mainly vaccine research. Since vaccines take years to develop and the administration feels the timing is urgent, they are hoping to expedite the process but trying out multiple options.

"That means if one doesn't work well have another one," said White House Deputy National Security Advisor Amy Pope. "If we have a slow trickle of funding were slowing down our vaccine research."

Pope, who also oversees the White House's involvement with Ebola in West Africa says the administration has already moved \$500 million in Ebola money to Zika. But, she says it is a temporary fix as more cases of Ebola are still popping up.

Several Zika- related fringe bills have been introduced in Congress but none addresses the specific funding the White House is requesting.

Zika Virus in Northern Nevada



KOLO 8
By Terri Russell |
Posted: Wed 6:50 PM, Apr 13, 2016

A nine month pregnancy could be the most joyous time in a woman's life. But with news from the C-D-C the Zika Virus causes birth defects, pregnant women, or those who want to become pregnant in the near future, this could be one of the scariest times of life.

The virus was confirmed in Washoe County from a woman who had returned from Central America.

Dr. James Wilson says we can expect more of those cases here.

The problem will arise if the woman at any time during her pregnancy travels to an impacted country and is bitten by an infect mosquito.

"This is a disease or issue for fertile couples. So man or woman, folks who are planning on having a baby. Or even having a baby by surprise this is an issue for them," says Dr. James Wilson with the Nevada State Infectious Disease Forecast Center.

Men can sexually transmit the disease if bitten by a Zika carrying mosquito as well, and researchers don't know how long the virus stays in semen.

Here in Nevada, the mosquito that transmits Zika is not here yet.

Some have asked, "If a mosquito here bites a local resident with Zika, can that mosquito then transmit the disease?"

"No," says Jim Shaffer with Washoe County Vector Control.

Shaffer says the *Ades Aegypti*, the mosquito that carries the virus, doesn't live here at this time.

But because we are such a mobile society it could make its way here through a truck carrying tires, or an RV with stagnant water.

"But I mean for them to over winter, our temperatures are too cold for that to occur," says Shaffer.

His staff has, and continues to, analyze mosquito pools and larvae identifying the kinds of mosquitos that are in Northern Nevada.

Mosquito abatement programs will continue this spring and summer, meantime residents should take precautions with mosquito repellent, proper clothing, and disposing of any stagnant water around the house.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: April 28, 2016**

DATE: April 20, 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 April 2, 2016 (CDC Week 13) 11 participating sentinel providers reported a total of 125 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 11 providers was 2.3% (125/5497) which is below the regional baseline of 2.6%. During the previous week (CDC Week 12), the percentage of visits to U.S. sentinel providers due to ILI was 2.9%. This percentage is above the national baseline of 2.1%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.7% to 4.5%.

Thirteen death certificates were received for week 12 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 12 was 109. This reflects a P&I ratio of 11.9% which is above the epidemic threshold set by CDC for week 12 at 7.2%. The national P&I ratio for week 12 was above the epidemic threshold at 7.7%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 184. This reflects an overall P&I ratio of 8.4% (184/2200).

Outbreaks – Since the last board meeting, there have been four Hand Foot & Mouth Disease (HFMD) outbreaks in four child care facilities. Three of these outbreaks are still active as of April 20, 2016.

Zika Virus Disease Evaluation and Testing – As of April 20, 2016, 12 individuals have been referred by local healthcare providers for an evaluation of possible Zika virus infection. Of these 12 individuals, eight were pregnant women with travel histories to areas with ongoing Zika transmission and four were non-pregnant symptomatic persons with travel histories to areas with ongoing Zika transmission. One of four symptomatic persons had a laboratory confirmed Zika virus test. The case was a female adult, not pregnant and recovered within a week. Seven of eight pregnant women had negative serology result. The remaining tests are still pending at CDC as of April 20, 2016.

Public Health Preparedness (PHP)

General

- The Medical Reserve Corps (MRC) volunteer program and the Washoe County Senior Center are collaborating to provide an additional blood pressure screening examination day. The Senior Center Director, Leslie Williams, is pleased that the MRC is now providing a blood pressure screening day at the Washoe County Senior Center. The MRC licensed medical volunteers are providing this service at no charge on Wednesdays throughout the month of April.
- PHP staff attended the 2016 Preparedness Summit in Dallas, TX.
- PHP staff completed and submitted the quarterly reports for the CDC and ASPR Collaborative Agreement and CDC and ASPR Ebola grants.
- Staff supported Incident Command System 400 training on April 12-13 at the Regional Emergency Operations Center.
- Staff participated in a meeting with the Nevada Retail association and pharmaceutical representatives from Walgreens, CVS and Wal-Mart to review survey documents that will assist in the pharmaceutical cache assessment project. This meeting resulted in minor changes to the survey tool to make it easier to complete. The representatives from Walgreens, CVS and Wal-Mart will now provide the survey tool and concept for requesting medications to their respective emergency response departments to get their input.
- The Public Health Preparedness Emergency Response Coordinator:
 - Completed a Memorandum of Understanding for the Point of Dispensing plan with the Reno Sparks Indian Colony. The official signing will be on June 1st, 2016 at 10:30 at the Reno Sparks Tribal Health Center
 - Finalized the required quote requisitions and planning for the purchase of Personal Protective Equipment for law enforcement, EMS transport capable agencies, and hospitals to enhance the ability to protect against infectious disease and other health hazards

Healthcare Preparedness

The Public Health Emergency Response Coordinator for Healthcare:

- Facilitated the Second Mid-Term Planning Meeting for the full-scale infectious exercise on June 9th which all Washoe County Hospitals will participate in.

- Participated in the Crisis Standards of Care public engagement workshops on April 14th at the Downtown Library and the American Red Cross. The purpose of the workshops is to obtain the public's feedback on implementation of alternate standards of care during a catastrophic disaster.
- Participated in the Western Region Medical Surge workgroup led by Washoe County EMS Coordinator.
- Conducted ten assessments of skilled nursing, memory care, assisted living and independent living facilities to enhance alternate care site planning, continuity of operations planning and increase relationships among healthcare partners.

Emergency Medical Services (EMS) –

The EMS Coordinator continues to participate on the Statewide Medical Surge Working Group and attended the initial planning meeting on March 24, 2016 for an upcoming tabletop that will test the newly revised plan.

The EMS Program Manager and EMS Coordinator attended the REMSA Board meeting on March 25, 2016 to present the Annual Report and the FY 14/15 Compliance Report.

The West Region planning group met on April 1, 2016 to discuss the final revisions to the Medical Surge, Healthcare Evacuation and Multi-Casualty Incident (MCI) plans that will be annexes of the Statewide Medical Surge Plan. The regional response will be tested in June with a tabletop exercise based on an MCI occurring during Night in the Country, which is held in Yerington, NV.

The EMS Coordinator met with REMSA personnel on April 6, 2016 to discuss the proposed updates to the REMSA Compliance Checklist that will be presented to the Board for possible approval in May 2016 to be used for future compliance reporting.

The EMS Advisory Board held their quarterly meeting on April 7, 2016. During the meeting, the Board heard several different items including a data presentation, a strategic planning update, Omega implementation and REMSA exemptions.

On April 12 and 13 the EMS Coordinator and EMS Statistician attending ICS 400 training which focused on the management of complex incidents and best practices for multiagency disaster response.

**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*	92%	95%	97%	100%	96%	92%
February 2016*	92%	96%	96%	100%	96%	93%
March 2016*	92%	98%	96%	100%	97%	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*
February 2016	8:34	13:05	17:52	N/A*
March 2016	8:42	12:19	17:26	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	5509	100.0%	5043	91.5%	5406	98.1%	5479	99.5%	30	0.5%
Priority 1	2226	40.4%	2031	91.2%	2188	98.3%	2215	99.5%	11	0.5%
Priority 2	2257	41.0%	2083	92.3%	2214	98.1%	2244	99.4%	13	0.6%
Priority 3	928	16.8%	843	90.8%	907	97.7%	922	99.4%	6	0.6%
Priority 9	98	1.8%	86	87.8%	97	99.0%	98	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	5509	100.0%	5392	97.9%	5449	98.9%	60	1.1%
Priority 1	2226	40.4%	2193	98.5%	2210	99.3%	16	0.7%
Priority 2	2257	41.0%	2200	97.5%	2230	98.8%	27	1.2%
Priority 3	928	16.8%	903	97.3%	911	98.2%	17	1.8%
Priority 9	98	1.8%	96	98.0%	98	100.0%	0	0.0%

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: April 28, 2016**

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Budget, Strategic Planning, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Quality Improvement, Other Events and Activities and Health District Media Contacts

Budget

A tentative FY 17 budget was submitted to the State by Washoe County on April 15 that included the DBOH approved FY 17 budget for the Health District. The budget will require approval by the BCC in May. It will then be submitted to the Department of Taxation as a portion of the overall County budget.

Strategic Planning

The Health District Strategic Planning process is moving forward according to schedule.

Sara Dinga, Anna Heenan and I worked with the OnStrategy Team to organize the strategic planning event. I appreciated the Board's engagement and the quality of discussion that occurred during the DBOH retreat on April 14, and the direction provided through the Strategic Objectives and goals. During the second half of April 14 and for the full day on April 15, management and fiscal staff worked together to identify specific areas of focus within each of the Board-defined priorities, and further developed specific goals and identified strategies and initiatives. The OnStrategy team facilitated the discussion and I will work with them to further develop into a draft strategic plan for the Health District. Once completed, the draft strategic plan will be presented to the Board for review and possible approval.

Community Health Improvement Plan (CHIP)

CHIP Workgroups are moving forward with prioritizing CHIP goals and objectives, and implement strategies. An update of each workgroup is listed below:

The **CHIP Access to Healthcare and Social Services Workgroup** discussed the importance of prioritization of CHIP objectives to ensure a focused effort and to direct resources to the most critical access issues. The Workgroup moved forward with making Objective 1.3 its first priority. Objective 1.3 states: By December 31, 2018, increase the percentage of Washoe County residents who have a usual primary care provider. The 2014 Washoe County baseline is 68.1% and the Healthy People 2020 target is 83.9%. The Workgroup chose to make this objective a priority for the following reasons:

- Healthy People (HP) 2020 provides a set of 10-year, national goals and objectives for improving the health of all Americans. HP 2020 provides a list of more than 1,200 objectives, and of these, 26 objectives have been identified as Leading Health Indicators (LHIs). LHIs have been selected to communicate high-priority health issues. “Persons with a Usual Care Provider” is one of the HP 2020 twenty-six LHIs, because, according to HP 2020, regular and reliable access to health services can: prevent disease and disability; detect and treat illness or other health conditions; increase quality of life; reduce the likelihood of premature (early) death; and increase life expectancy. Having a usual care provider is associated with: greater trust in the provider; good patient-provider communication; increased likelihood patients will receive appropriate care.
- Recently (see April 2015 Report Brief), the Institute of Medicine selected 15 core health measures believed to matter most when focusing on better health and well-being for all Americans. “Care Access” (with a focus on “Usual Source of Care” and “Delay of Needed Care”), is listed as one of these 15 core metrics. The Institute of Medicine reports that a person’s ability to access care when needed is a critical precondition for a high quality healthcare system.

The **CHIP Food Security Workgroup** discussed the importance of prioritization of CHIP objectives to ensure a focused effort. The Workgroup moved forward with making Objective 8.5 its first priority. Objective 8.5 states: “By December 31, 2016, develop a Washoe County Community Garden Plan to identify goals, objectives, and strategies for Community Gardens in low-income communities.” Community Gardens in low-income communities were chosen as a priority for the Workgroup because:

- Lack of access to nutritional foods in low-income communities has led to poor diets which are high in caloric intake but inadequate in nutrients. One important step towards stemming chronic diseases linked to poor or inadequate diet is ensuring access to healthy, nutritious foods in the most vulnerable communities. Community gardens supplement food security efforts by increasing the availability of nutritious foods to low-income urban residents. Additional benefits of community gardens include: environmental benefits such as turning vacant parcels into resources, reductions in crime, vandalism and healthcare costs, promotion of neighborhood clean-up and watch efforts, as well as increased social cohesion.
- A study by the CDC also shows that those involved with gardening programs are more willing to try healthy and unfamiliar foods. Additional studies have found an association between gardening and fruit and vegetable consumption.

Truckee Meadows Healthy Communities (TMHC)

A TMHC Steering Committee meeting was held on April 6. Representatives from the One River Project provided a presentation of their initiative and we discussed linkages with TMHC and community collective impact. A representative from Community Health Alliance presented regarding Let’s Go, an initiative to engage children in healthy eating and an active lifestyle. TMHC decided to explore how this initiative could be implemented collectively across the community.

A PhotoVoice event took place on Monday, April 18th at the Health District from 5:00-7:00 pm. Twenty-one youth from 89502 took photos over the past month, identifying things in their community they felt promoted or threatened their health in their community. Youth presented their photos and

Subject: District Health Officer Report

Date: April 28, 2016

Page 3 of 3

discussed the project during a panel discussion, allowing community leaders to see what a healthy community means to youth through their own eyes.

The 89502 (Access to Services) Subcommittee met on April 20 and discussed plans for upcoming Health Festivals, expansion of delivery of services, work with planning improvements to the State 2-1-1 system, engaging additional organization Boards in discussion of commitment to the TMHC coalition, and materials developed for training interns/volunteers to provide assistance/navigation services to community members.

An Executive Committee conference call is scheduled for April 22 to discuss plans for securing staff support for TMHC.

Quality Improvement

The Q-Team continues to meet monthly. Currently, the Q-Team is planning for the first Staff QI Project report-out session on May 4th, followed by bi-monthly report-outs during the first 15 minutes of each Division Director/Supervisor meeting. During these report-outs, three QI Project Teams will have the opportunity to spend five minutes each presenting their QI project findings to date. For the May 4th session, QI Project Teams from AQM, EHS, and CCHS will report out.

The Q-Team is also in the process of analyzing survey results to assist in writing goals and objectives for the FY 2016-2017 QI Plan that will soon be drafted.

Other Events and Activities

Chaired a TMHC Steering Committee meeting April 6.

Participated in a Nevada Public Health Foundation conference call on April 6.

Participated in the EMSAB meeting on April 7.

Participated in the Nevada Health Authorities Call on April 7.

Attended Department Heads meeting April 13.

Attended Silver Syringe Awards presentation at Red Hawk April 15.

Met with TRIAD Fire Chiefs regarding HazMat response on April 18.

Provided welcome remarks at the PhotoVoice event April 18.

Chaired an 89502 Subcommittee meeting on April 20.

Interviewed by Channel 2 on April 21 for Face the State.

Attended REMSA Board meeting on April 22.

Met with Food Policy Council Leadership on April 22.

Attended REMSA Board meeting April 22.

I met with the Division Directors on April 6 and April 20. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: March 1 - 31, 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
3/31/2016	KTVN CH2- CBS Reno	Angela Schilling	Review of Burn Code Season and AQM information - Inouye/Peterson
3/23/2016	KOLO CH8 - ABC Reno	Terri Russell	E-cigarettes/vaping banned from Washoe County buildings - Dick
3/22/2016	KUNR 88.7 FM - PBS Reno	Ahn Gray	E-cigarettes/vaping banned from Washoe County buildings - Dick
3/9/2016	ESPN Deportes - 1459 AM	Laura Calzada	Sexual Health & STDs - Seals

Press Releases/Media Advisories/Editorials/Talking Points

3/16/2016	Washoe County Health Rankings (II)	Ulibarri
3/11/2016	Influenza on the rise	Ulibarri
3/10/2016	Washoe County Health Rankings (I)	Ulibarri
3/1/2016	Burn Season ends with fewer unhealthy days	Ulibarri

Social Media Postings

Facebook	Ulibarri/Schnieder/Barker/ Howell	72
Twitter	Schnieder/Howell	45

Fundamental Review Recommendation Status

Legend:

April 28, 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 aproved 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.	Second CHA will begin January 2017
	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