

Washoe County District Board of Health Meeting Notice and Agenda

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

**Thursday, February 22, 2018
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 second page.)

- **Proposed Amendments to the Regulations of the Washoe County District Board of Health Regulations Governing Air Quality Management**

**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 – (For possible action)**

February 22, 2018

- 5. *Recognitions**

A. Years of Service

- i. Genine Rosa, 5 years. Hired 2/25/2013 - AQM

B. New Hires

- i. Sheila Juskiw, Advanced Practice Registered Nurse, 1/22/2018 – CCHS

- 6. Consent Items – (For possible action)**

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. Approval of Draft Minutes – **(For possible action)**
 - i. January 25, 2018
- B. Budget Amendments/Interlocal Agreements – **(For possible action)**
 - i. Retroactive approval of Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of \$8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
- C. Approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District. – **(For possible action)**
Staff Representative: Jim English
- D. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan
- 7. ***Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments**
Presented by: Brian Taylor, IHCC Chairman and Sean Applegate, Vice Chairman
- 8. ***City of Reno motel inspection program.**
Presented by: Alex Woodley, Code Enforcement Manager
- 9. **PUBLIC HEARING: Presentation, discussion and possible adoption of the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions.** – **(For possible action)**
Staff Representative: Charlene Albee
- 10. **Regional Emergency Medical Services Authority**
Presented by: JW Hodge
 - A. Review and Acceptance of the REMSA Operations Report for January, 2018 – **(For possible action)**
 - B. *Update of REMSA’s Public Relations during January, 2018
- 11. **Presentation and possible acceptance of a semi-annual progress report on the 2017-2020 Strategic Plan** – **(For possible action)**
Staff Representative: Christina Peters
- 12. **Approval of the Fiscal Year 2018-2019 Budget** - **(For possible action)**
Staff Representative: Kevin Dick
- 13. **Authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided.** – **(For possible action)**
Staff Representative: Steve Kutz

14. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County - (For possible action)

Staff Representative: Leslie Admirand

15. *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

Divisional Update – Health Information Exchange; Data & Metrics; Program Reports

C. Environmental Health Services, Chad Westom, Director

EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

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

District Health Officer Report – FY19 Budget, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

16. *Board Comment

Limited to announcements or issues for future agendas.

17. *Public Comment

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

18. Adjournment – (For possible action)

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
Downtown Reno Library, 301 S. Center 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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@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
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, January 25, 2018
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 1:01 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado (arrived 1:07 p.m.)
Michael Brown
Tom Young
Dr. George Hess
Kristopher Dahir

Members absent: None

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Chad Westom
Dr. Randall Todd
Brittany Dayton
Christina Conti
Catrina Peters
Heather Kerwin

2. *Pledge of Allegiance

Mr. Chad Westom led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

January 25, 2018

It was confirmed that item 6D would be pulled from the agenda.

Mr. Brown moved to approve the agenda, with the removal of item 6D, for the January 25, 2018, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved unanimously.

5. Recognitions

A. Promotions

- i. Sonya Smith, Public Health Nurse I to Public Health Nurse II, 12/14/2017 - CCHS

Ms. Smith was not in attendance.

- ii. Briana Johnson, Environmental Health Trainee to Environmental Health Specialist, 1/11/2018 - EHS

Mr. Dick informed that Ms. Johnson was one of the Environmental Health Trainees that the Health District is so proud of to have passed their Registered Environmental Health Specialist examination the first time. He informed that, in order to become an Environmental Health Specialist, one must pass the exam and have served as a trainee for a set period of time. Mr. Dick congratulated Ms. Johnson on her accomplishment.

- iii. Ellen Messenger-Patton, Environmental Health Trainee to Environmental Health Specialist, 1/11/2018 - EHS

Ms. Messenger-Patton was not in attendance.

B. New Hires

- i. Jeff Jeppson, from EHS Vector to Air Quality Specialist, 1/8/2018 – AQM

Ms. Albee informed that Mr. Jeppson was hired through the open recruitment process by testing and interviewing for the position of Air Quality Specialist, and that he succeeded in being the top ranked applicant. He had previously been employed in the Vector Program in Environmental Health. Ms. Albee stated that his inspection skills are apparent and that they are very appreciative of the training he received in EHS. Ms. Albee expressed they were extremely pleased Mr. Jeppson has taken interest in air quality and welcomed him to the Air Quality Management Division.

- ii. Sheila Juskiw, Advanced Practice Registered Nurse, 1/22/2018 – CCHS

Ms. Juskiw was not in attendance, but Mr. Dick informed that she will be introduced at the February District Board of Health Meeting.

C. Years of Service

- i. Cynthia Arredondo, 5 years, hired 1/23/2013 – CCHS

Ms. Arredondo was not in attendance.

- ii. Diane Freedman, 25 years, hired 1/25/1993 – CCHS

Mr. Dick informed that Ms. Freedman was not able to be in attendance today, but expressed that she is a phenomenal employee in the Tuberculosis Clinic, and congratulated her on her twenty-five years at the Health District.

6. 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. Approval of Draft Minutes

- i. December 14, 2017

B. Budget Amendments/Interlocal Agreements

- i. Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through June 30, 2018 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program – Dog Friendly Outdoor Patio Sign Project, IO 19078; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
- ii. Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through October 31, 2018 in the total amount of \$2,914 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program – Western Association of Food and Drug Officials (WAFDO) Conference and FDA Pacific Region Retail Food Seminar Project, IO 11467; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
- iii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2018 through September 30, 2018 in the total amount of \$50,000 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11413; and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns-Cummins
- iv. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2018 through December 31, 2018 in the total amount of \$72,449 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns-Cummins
- v. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,099 (no required match) retroactive to January 1, 2018 through December 31, 2018 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award.
Staff Representative: Nancy Kerns-Cummins
- vi. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 (no required match) retroactive to January 1, 2018 through December 31,

2018 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns Cummins

- vii. Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to March 29, 2017 through March 28, 2018 for an additional amount of \$12,346 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Program IO# 11238; and if approved, authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns Cummins

- viii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2018 through December 31, 2018 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns Cummins

- C. Approve the modification of the Community and Clinical Health Services Fee Schedule to add Human Papillomavirus (HPV) Genotype (16 18 45) Testing. – **(For possible action)**

Staff Representative: Nancy Kerns Cummins

- D. Approve Agreement between the Washoe County Health District and Keep Truckee Meadows Beautiful in the amount of \$100,000 for the period January 25, 2018 through December 31, 2018 in support of the Recycling and Solid Waste Management Plan program activities; Approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 on behalf of the Environmental Health Services Division of the Washoe County Health District; and if approved, authorize the Chair to execute the Agreement. - **(This item was pulled from the agenda)**

Staff Representative: Patsy Buxton

- E. Approve donation of five (5) Dell Latitude E6520 laptops with a current market value estimated at \$-0- to Amateur Radio Emergency Service (ARES). – **(For possible action)**

Staff Representative: Patsy Buxton

- F. Recommendation for the Board to Uphold Notice of Violation Citation No. 5994 Issued to Sandra Nimmo, Case No. 1199, for a violation of the District Board of Health Regulations Governing Air Quality Management with a \$3400.00 Negotiated Fine. - **(For possible action)**

- i. Sandra Nimmo, Case No. 1199, Notice of Violation No. 5594

Staff Representative: Charlene Albee

- G. Request to provide a 60 day continuance from January 25, 2018 to March 25, 2018, to the temporary program in which septic repair fees are not collected on single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley, in the instance where verification is provided in writing by the insurance carrier that permit cost for repairs is not covered by the applicable insurance policy as approved on May 25, 2017. This action applies to the owner of record as of February 1, 2017, on the following

Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or Washoe County Health District (WCHD) permit application deadline of March 25, 2018: (APN 086-303-18, 086-303-19, 086-303-22, 086-305-02). All associated costs will be covered through the Health Fund Account. - **(For possible action)**

H. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2018 – **(For possible action)**

Staff Representative: Anna Heenan

Chair Jung instructed that, for approval of the Consent Items, it needs to be noted that item number 6D is pulled from consideration at this time.

Dr. Novak moved to accept the Consent Agenda with the exception of item number 6D. Mr. Delgado seconded the motion which was approved unanimously.

7. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 (Gasoline Transfer And Dispensing Facilities) 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 February 22, 2018 at 1:00 pm. – **(For possible action)**

Staff Representative: Charlene Albee

Ms. Albee informed that this Business Impact Statement had previously been submitted to and adopted by this Board, but in preparation for submittal to EPA, it was noted that this item should have been published three times and had been published only two. Legal counsel instructed Ms. Albee to re-publish the item three times as required. Ms. Albee stated that there have been no changes to the Business Impact Statement since it was first presented to the District Board of Health, and stated that she was available to answer any questions.

Mr. Dahir inquired if there was a hardship to the gas stations as a result of this item.

Ms. Albee informed it was their understanding that the industry has wanted regulations changed in this manner for years. She explained that when the Phase One and Phase Two Gasoline Vapor Recovery Systems were implemented, that Phase Two would be an interim measure until 75% of a location's fleet of vehicles were equipped with vapor recovery. The EPA published a memo in 2014 that the 75% threshold had been attained nationwide and Phase Two could be removed. Ms. Albee stated that this step has been delayed until it could be proved that Washoe County's fleet was also at the 75% threshold. With that confirmed, Air Quality Management was confident there would not be an increase in emissions and so would now proceed with the removal of Phase Two.

Dr. Novak moved to adopt the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management. Mr. Dahir seconded the motion.

Ms. Admirand directed the Board to include setting the hearing date on the Regulations for February 22, 2018.

Chair Jung inquired if Dr. Novak and Mr. Dahir agreed with that addendum to the motion and second. Both Board Members agreed, and the vote carried unanimously.

8. Regional Emergency Medical Services Authority

Presented by: JW Hodge

A. Review and Acceptance of the REMSA Operations Report for December, 2017 – (For possible action)

Mr. Hodge stated there was nothing to add to the report, and that he was available to answer any questions.

Dr. Hess moved to accept the REMSA Operations Report for December, 2017. Mr. Brown seconded the motion which was approved unanimously.

B. *Update of REMSA's Public Relations during December, 2017

Mr. Hodge had nothing to add to the Operations Report, and stated that he was available to answer any questions.

9. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2016 through 6/30/2017. – (For possible action)

Staff Representative: Brittany Dayton

Ms. Dayton informed that the District Board of Health receives a staff presentation and recommendation annually for possible action on REMSA's Franchise Compliance Report for the previous fiscal year. This report is an assessment of REMSA's adherence to the terms of the Amended and Restated Franchise Agreement for Ambulance Service. She stated that REMSA was found to be in full compliance with the agreement, and that staff recommends that the Board to find REMSA in compliance with the terms of the Franchise Agreement for FY16-17. She stated that she would be happy to answer any questions.

Mr. Brown moved to approve the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2016 through 6/30/2017. Dr. Novak seconded the motion which was approved unanimously.

10. *Regional Emergency Medical Services Advisory Board January Meeting Summary

Staff Representative: Christina Conti

Ms. Conti informed the EMS Advisory Board Meeting was held in early January, and that the CAD to CAD update was shared in the EMS Advisory Board Update. She informed there are two data reports included in her report for the DBOH in response to special requests from the EMS Advisory Board.

Regarding the Five-Year Strategic Plan, Ms. Conti stated that the EMS Oversight Program completed an Automatic Vehicle Location (AVL) Survey. This survey had been sent to all of the Chiefs to determine their status and capabilities with AVL, and she informed the results had been included in the DBOH Meeting packets for their review.

Ms. Conti informed that the EMS Advisory Board had approved another project to determine steps necessary for regional AVL Dispatching. She stated that she has been in contact with GIS regarding this project, and that they are working on it, as well.

Ms. Conti stated that the results of the survey regarding electronic patient record platform being used by regional agencies was also included in her report.

Mr. Dahir stressed that a regional approach to Emergency Medical Services is of the utmost importance.

At the EMS Advisory Board Meeting, Mr. Dick informed that the Fire Chiefs from Truckee Meadows Fire, Sparks Fire, REMSA President and CEO, and Chief Nolan from Reno Fire Department all spoke in recognition of improvements that are important for EMS

dispatch. He explained that some challenges to achieving this goal are technical issues regarding AVL and issues regarding consolidation of dispatches. He informed that Chief Moore had addressed this issue with the Truckee Meadows Fire Protection District Board and on Face the State, and that it is encouraging to see the forward progress from the work invested in the Regional EMS Oversight Program.

Chair Jung inquired if the regional emergency responders have AVL installed on their fleet. Ms. Conti had the slide for the AVL Survey results displayed, and reviewed the results with the Board. Chair Jung inquired if Ms. Conti had communicated with these agencies to review what would be necessary for them to have AVL capability, and expressed concern that, without this technology, the responder closest to an emergency is not being dispatched. Ms. Conti explained that AVL dispatching is a long term goal in the EMS Strategic Plan for the region due to technological issues, fiscal impact, and jurisdictional decisions. She informed the project she had been tasked with is that of an unbiased review of steps necessary to accomplish AVL dispatch which includes GIS doing a door-to-door drive time analysis, and that results would be provided to the governing bodies to base decisions upon.

Chair Jung stated that she hoped Councilmen Kristopher Dahir and Oscar Delgado would take this back to their jurisdictions. She opined that this project needed to be completed sooner than later with the dispatches being consolidated, with all jurisdictions having the same software to allow the closest provider to respond in emergencies. Chair Jung stated she would take this message back to the Truckee Meadows Fire Protection District Board.

Ms. Conti informed that the report of the EMS Oversight Program would not be a deep dive into the consolidation of dispatch; but that it would be to inform on possible steps to have AVL dispatching occur. She stated that it is their intention to have this report complete by the next EMS Advisory Board Meeting for them to review and either recommend this proceeds forward to the three jurisdictions and the District Board of Health, or have the Oversight Committee provide them with more information. A follow up report to the DBOH will be heard in at the April meeting.

Chair Jung requested Ms. Conti inform the EMS Advisory Board of her strong feelings on expediting AVL dispatching.

Mr. Delgado expressed his agreement with Chair Jung and looked forward to identifying the obstacles for AVL dispatching with Reno Fire Department, to provide that information to the Reno City Council and to move toward completing the project.

Mr. Dahir opined that it is important for the details to be known in order to make informed decisions and chose the best path forward together as a region.

Chair Jung informed that the Master Plan for Fire information has been available for ten and one half years and opined it was time to push forward with completing the project. Mr. Dahir stated he had not seen this information, but would like to.

Chair Jung stated that if the County had to take over the project, they would.

Mr. Dahir stated he did not believe that all of the jurisdictions had the same perspective as they do now, and with the perspective that they have now, he opined that they are more ready to move forward. He stressed that it is wise that all the information is known by the jurisdictions to progress in the most effective way, and at the quickest pace possible.

11. *Disaster Preparedness in Washoe County

Staff Representative: Christina Conti

Ms. Conti informed that this presentation is in response to the requests of Dr. Novak and Dr. Hess. She informed that in October, Dr. Novak had requested information on the regional plans for Disaster Preparedness that are in place. In December, Dr. Hess had requested information on the health care coalition response plans, and this report is intended

to provide information on both.

Ms. Conti stated that an important point concerning emergency planning for non-electeds to know is that there are many emergency managers that are working hard for our region. She detailed the resources within the area, and informed that they all work together to integrate planning.

Ms. Conti explained that the Regional Emergency Operations Plan (REOP) is a document covering five jurisdictions, that having a larger response plan was beneficial to the whole, and that each jurisdiction would have their own operational plan associated with the REOP. She stated that other Annexes of the REOP are the Hazard Mitigation Plan which is a five year plan for mitigation of emergencies, the Hazardous Materials Plan includes the Triad Teams and Fire Partners for hazardous responses, and Continuity of Operations plans for continued governmental operation in the event of disaster.

Ms. Conti stated that the Mass Fatality Response Plan is also a regional plan that is housed at the Medical Examiner's Office. She informed that this includes a Family Assistance Center Annex.

Ms. Conti stated the Department Emergency Operations Plan approved by DBOH at the last meeting is an overarching plan that covers operations in the event the Health District is activated to support in an emergency and detailed the annexes within that plan.

Ms. Conti reviewed the plans that the District Board of Health approved specifically for the region, such as the Multi-Casualty Incident Plan and the two annexes associated with it. She stated that they are working to include an MCI Alpha Plan which would be required for a multi-location incident or one that is larger than the MCI Plan is designed to cover. She informed this concept came from the EMS Today conference attended by both she and Ms. Dayton, and it has been incorporated to improve the plan which is in review and draft form.

Ms. Conti explained the MCI Plan outlines what will happen in a mass casualty event and reviewed the triggers that would launch the Plan. If there are ten or more patients, the MCI Plan is immediately activated, but there are certain circumstances in which less than ten can trigger activation.

Ms. Conti informed that the Plan outlines notifications including those to hospital and regional response partners by utilizing a call down tree. The District Health Officer is immediately informed, and it activates the employees who do patient tracking at the Emergency Operations Center.

The Triage Procedures and Hospital Baseline Numbers are outlined in the MCI Plan. Ms. Conti explained that the Hospital Baseline Numbers are a set number of patients that the hospital has committed to care for when an MCI has been declared. This allows for seamless transport of patients in the initial stages of an incident.

Ms. Conti informed that the Communication Plan is also outlined in the MCI Plan, whereby all agencies would tune to the same radio frequency to allow communication.

Documentation is also outlined, and Ms. Conti stated that Washoe County Emergency Management led the initiative to develop a new Triage Tag System after the state-developed system was not successful at the Air Races incident.

Ms. Conti informed that the Family Service Center Annex is a new annex for the MCIP, and is the portion of the Plan that manages the emotional component of an incident by providing compassionate care to the family members of the missing, injured or deceased.

Another component of the Plan is the Mutual Aid Evacuation Annex, which provides for evacuation from healthcare facilities in Washoe County, including Skilled Nursing, Long Term Care and Mental Health facilities. Ms. Conti informed that the Evacuation Tag System has been modified by the medical professionals of the region to be specific for Washoe

County. She noted that is an indicator of the involvement of the healthcare partners in Washoe County.

Ms. Conti detailed the Inter-Hospital Coordinating Council Response Guidelines, noting that each hospital has to have their own internal emergency response plan. She informed that Washoe County's Regional Coalition is also not designed as a response coalition, that they have a seat at the EOC and are part of the planning processes, but like the IHCC, they have their role to fill with an information/coordination piece with the EOC.

Regarding the Statewide Medical Surge Plan, Ms. Conti informed that Washoe County helped take the lead for the design of this Plan based on Washoe County plans, and that it covers the West Region of Nevada. The Statewide Medical Surge Plan would be utilized if the impact of an incident was widespread throughout the region.

Dr. Novak stated he was pleased with the review of Washoe County Disaster Preparedness Plans, and that these plans are what the region needs in event of a major incident. He also expressed he was pleased the region is working on an Alpha Protocol for major disasters and in the overall progress in preparedness for the region. He commended Ms. Conti and Ms. Dayton and all of the EMS staff for the tremendous amount of work invested and all that is yet to be done. Ms. Conti stated that she would pass that along to their partners.

Mr. Young inquired what constitutes a pandemic. Dr. Todd began by explaining when there are more cases of a disease than is expected it is called an outbreak or an epidemic. A pandemic is an extremely widespread epidemic, often covering multiple continents simultaneously.

Mr. Dahir informed that Ms. Conti presented at a Rotary meeting recently, and opined that when information is shared on Disaster Preparedness it increases the feeling of safety. Because of that, he stressed the importance of making this information widely and readily available to underscore the efforts of local governments and partners working diligently to be ready to care for the populace should it become necessary.

Chair Jung thanked Ms. Conti for her work.

12. Review and possible approval of 2018-2020 Community Health Needs Assessment – (For possible action)

Staff Representative: Catrina Peters

Ms. Peters introduced Ms. Kerwin as Washoe County Health District's part-time statistician, and explained that over the past year she has crafted the Community Health Needs Assessment (CHNA). She explained that this document incorporates a tremendous amount of data to clearly define what the current health needs are in our community.

Ms. Kerwin introduced herself as Community Health Needs coordinator and author and reminded that the purpose and outcomes of the CHNA was to identify health needs within geographically defined area. She informed that, although Renown collaborated in this endeavor, the CHNA is restricted to data from Washoe County.

Ms. Kerwin informed that assets such as infrastructure, partners and relationships were identified within the community and incorporated into the report, and that the purpose of the report was to inform the community decision makers and leaders and act as the framework for the Washoe County Community Health Improvement Plan.

Ms. Kerwin stated that the CHNA includes three sections. The first section includes the 250 health indicators which are the statistics derived from outside surveys and the local community survey. The second section includes community strengths, assets and opportunities for improvement, and defines how agencies work together and the community's understanding of resources available to them. Section three is the ranking and

prioritization of health needs and topics; important as a guideline to use the information contained in the report to create an effective plan.

Ms. Kerwin detailed the Areas of Improvement and Areas of Concern, and informed the items in her presentation marked with asterisks are indicators used by the widely known Robert Wood Johnson Foundation County Health Rankings. She informed that the Health District hosts the annual forum for the Northern Nevada County Health Rankings.

Ms. Kerwin explained that the best chance for positive impact to the community is the intersection between results from exterior surveys and the results of the community survey, and explained the ranking process used to score that data.

Mr. Delgado stated it was exciting to have this platform to work from to improve public health in conjunction with other providers in the community, and stressed that it is essential for the next three years of work in collaboration with Renown. He inquired if the Health District knows what the focus areas of Renown's Community Benefit Plan will be. Ms. Kerwin stated that, in the collaborative effort, some of the community partners inquired why would there be two plans for the region. She informed that the Community Health Improvement Plan (CHIP) is the community's single improvement plan, while Renown has determined that it's best that their Community Benefit Plan aligns with the CHIP.

Mr. Delgado inquired how Renown would be contributing to the community and what their resources are. Ms. Kerwin informed that the Community Benefit Plan does have monies to disseminate throughout the community for conducting action plans related to the health topics.

Mr. Delgado inquired when the Community Benefit Plan would be created and if the DBOH would receive an update as to its content and how their resources would be directed. Ms. Kerwin responded that the Plan is in the works. Mr. Dick informed that his monthly report includes an update to the CHIP, and that an update on the Community Benefit Plan should be available from Renown as it progresses.

Mr. Delgado thanked Ms. Kerwin for providing the Community Health Needs Assessment and acknowledged the extreme effort it took to produce it. Ms. Kerwin stated that it couldn't have been done without the full two pages of acknowledgements included in the report, and expressed her thanks to all of them.

Dr. Novak expressed it appeared by the needs that emerged from the CHIP that they may have been influenced by the media and inquired if there was any way to track that type of influence. Ms. Kerwin informed that type of influence could not be measured.

Dr. Novak moved to approve the 2018-2020 Community Health Needs Assessment. Dr. Hess seconded the motion which was approved unanimously.

13. *Staff Reports and Program Updates

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

Ms. Albee informed that she would be travelling to Washington DC during the week of January 29th. She stated that the new administration of the Environmental Protection Agency has contacted the National Association of Clean Air Agencies (NACAA), and that NACAA would be meeting with the Administer and his Deputy on Wednesday the 31st. She informed that she would provide an update in her next monthly report.

Ms. Albee stated that Cooperative Federalism would be one discussion, discovering what it will mean for state and local governments to take on functions previously held by the EPA and what budget impacts that will have.

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

Divisional Update – 2017 Year in Review; Data & Metrics; Program Reports

Mr. Kutz stated that, in regards to his report's year-end review of 2017, he wanted to express how grateful he is to work with his fantastic staff, for the internal support from other Divisions, and the support of Mr. Dick, the District Health Officer.

C. Environmental Health Services, Chad Westom, Director

EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Mr. Dahir stated the Board has been informed of the good job Mr. Westom has been doing and thanked him for his expertise and efforts.

Mr. Westom thanked Mr. Dahir for his comments and stated that the Environmental Health Division would keep pressing forward to achieving positive outcomes. He expressed his thanks to the Board and to the District Health Officer, Mr. Dick, and stated that it was a pleasure to work at the Health District.

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

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

Dr. Todd informed one update to his report concerned the Altmetric report on the paper written by Dr. Chen and Dr. Todd and published in the Morbidity and Mortality Weekly Report (MMWR). He reminded the Board that, at the beginning of 2017, there had been a case of Metallo Beta Lactamase-Producing *Klebsiella pneumoniae*. He stated that the paper's Altmetric rating is currently 2,088, which is in the top one hundred for the year at number 78 out of 2.2 million published reports. Dr. Todd explained that the only other MMWR article that ranked in the top one hundred was ranked 44th and was on Opioid Involved Deaths.

Dr. Todd updated the influenza portion of his report with week three statistics that had just been received. He informed that the weeks of the flu season were counted from the 40th week of the preceding year to the 20th week of the current year, and in the current year the first week of January would be week one. He informed there were 290 patients with influenza type illness (ILI) reported in the third week by the 12 participating providers, with percentages increasing from the prior week.

Dr. Todd informed there were nineteen death certificates received for week three that listed either pneumonia or influenza as a factor contributing to the cause of death.

Dr. Todd reviewed the presentation prepared in response to Chair Jung's request, and compared influenza geographic mapping nationwide for the last five years shown at the most wide-spread point of each year. The map for 2018 at week two showed widespread influenza in every state of the continental United States, this year being the worst in the five years covered in his report. Dr. Todd also reviewed the percentage of people per state that had been vaccinated for influenza in the previous five years; the results showed Nevada as the lowest percentage in all but in the 2014-2015 flu season, in which it was second to last.

Chair Jung thanked Dr. Todd for his in-depth report and opined that possible reasons for the low immunization rate in Nevada could be the high population of retirees and possible reluctance of that age group to being immunized. Dr. Todd stated that is hard to know, but that the low immunization rate in Washoe County is not for the lack of trying.

Chair Jung agreed that was so, and opined that submitting a Bill Draft Request (BDR) to the state supporting the public receiving immunization for influenza would be beneficial due to the cost in productivity, to say nothing of lives lost.

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

District Health Officer Report – Water Projects, FY19 Budget, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Needs Assessment, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

Mr. Dick opined that there has been good progress made regarding Water Projects Plan Review. He stated that the Division of Environmental Protection has engaged the working group in the discussion of potential changes to the Nevada Administrative Code.

Mr. Dick informed that Mr. Westom and he had attended the Reno Building Enterprise Fund Advisory Committee Meeting last month where Mr. Dan Holly, Building and Safety Manager, had passed out a chart showing the various departments conducting plan review and how they were performing against the City of Reno’s 10-day goal for plan review. He stated that the Health District was the only agency that had met that goal.

Mr. Dick informed that he and Mr. Westom reported out on the work in progress to continue to address water plan review issues. He stated that Councilman McKenzie is the liaison for that committee and that he expressed his appreciation for the work the Health District was doing.

Mr. Dick informed that there have been two meetings in January with the Truckee Meadows Healthy Community (TMHC) Steering Committee, and that TMHC will develop the Community Health Improvement Plan as previously discussed with the Board.

He explained that, as they were discussing priorities in the first meeting, it was suggested they review the County Health Rankings to see where their measures for a healthy county align with the CHNA priorities, and that Ms. Kerwin and Ms. Peters worked diligently to pinpoint those similarities.

Mr. Dick informed that a meeting was held on the 24th of January to again discuss the priorities and focus areas for the Community Health Improvement Plan (CHIP). Discussed was the concept of creating the CHIP as Version 1.0; to begin with priority areas and build action plans around those while leaving open the opportunity to include additional priorities and action plans as it evolves. He stated that they also want to leave open the possibility of refining the action plans, adding new initiatives under a focus area, etc., and thereby creating a “living document” with succeeding versions as the CHIP grows and develops.

Mr. Dick informed that they had selected two priority focus areas for development of action plans under the CHIP at the January 24th meeting. He stated that those two areas were under Socio-Economic Determinates; Housing and Homelessness and Behavioral Health and Substance Abuse.

Mr. Dick addressed Mr. Delgado’s inquiry from the CHNA presentation regarding Renown and their Community Health Benefits Plan by stating that, the reason for moving quickly with the CHIP at Version 1.0 is that Renown has IRS-associated timeline constraints and is hoping to use the CHIP as a guideline for their own plan. He explained that the Community Benefits funding invested in the community will then be guided by the action plans developed for the CHIP. Mr. Dick informed that the goal is for the two plans to align to create the biggest impact for the community.

In relation to the Behavioral Health and Substance Abuse area identified for the CHIP, Mr. Dick informed that he and other members of TMHC Steering Committee were appointed to the Regional Behavioral Health Policy Board, which may present opportunities. He informed that a BDR would be presented by this Policy Board and that Ms. Ratti is the Legislative Representative for this Board. Mr. Dick noted that Mr. Hodge of REMSA who was in attendance at this DBOH Meeting had also been appointed to this Regional Behavioral Policy Board.

Mr. Dick stated that the State Attorney General has just established the Nevada Substance Abuse Working Group, and informed that Chair Jung and he had been appointed to that Group. He opined that their association with the newly-formed Group could provide opportunity for them to influence policy in this initiative.

Mr. Dick noted that the Food Protection Hearing and Advisory Board (FPHAB) met on December 20th to consider the Pignic Pub & Patio request for variance. He informed that the FPHAB provided a recommendation to him that the District Board of Health provide a variance to operate within their business model of the customer providing their own food to barbeque at their establishment. Mr. Dick informed that he did provide that variance with a number of conditions included that were recommended by the FPHAB to provide methods for the Health District to assure food safety in that environment.

Mr. Dick reminded the District Board of Health Members that, at the December meeting, Mr. Clark of Pignic had provided an update wherein he stated that Pignic is the only business of its kind in the United States that he had been able to find record of, and now the Washoe County Health District is the only agency who provides oversight for an innovative business with this unique business model.

Noted in his activities for this month, Mr. Dick informed of a meeting he had with Pignic's owners and Mr. Clark to discuss compliance issues both past and present that could have resulted in additional enforcement action. Mr. Dick informed them that, being an innovative business and the Health District having a new variance and regulatory approach, he wanted to focus on making things work moving forward. He stressed the importance of the Health District being closely engaged with Pignic as well as Pignic being closely engaged with the Health District, and for the two entities to be working cooperatively. Mr. Dick informed Pignic that the Health District would be at their facility frequently to assure their operation was working as it was intended to be. He stressed to Pignic that this in no way was retaliation or harassment of any sort, but that it was necessary for the Health District to effectively do their job in relation to their innovative business model. He also informed them that the results of this business model and its oversight could be used as a model across the nation. Mr. Dick informed that Pignic had been in contact with the National Association of County and City Health Officials who informed that there are no other permits issued for a facility with an operation such as theirs.

Mr. Dick informed the Board that there had been an article in "This is Reno" that was published regarding Pignic and the Health District on the 22nd of January wherein the article incorrectly attributed statements to Mr. Dick in a text conversation that he was not a part of. He stated that Ms. Admirand had provided the information on the text exchanges, identified who the participants were, and that the list did not include Mr. Dick. Mr. Dick informed that the Health District sent "This is Reno" a correction.

Mr. Dick informed that they had also sent "This is Reno" a correction regarding their statement that there were problems with the Health District's Public Records Request Policy. The correction informed them that the Health District uses Washoe County's

Public Record Request Policy and so those problems are not directly attributable to the Health District.

Mr. Dick stated that he did not believe as of this meeting time that the article had been corrected, but that “This is Reno” had placed the Health District’s comments in the comment string of their website.

Dr. Hess informed that he was quite anxious about the potential for health issues arising from Pignic’s unique operation. Mr. Dick expressed that he and staff share his concern and that is the reason he had made it clear to Pignic that their operation would be under close observation, while reiterating that the Health District’s motive was simply to provide for public safety and was not retaliatory in nature.

Mr. Dick also expressed that if there is negative media written about the Health District because of regulatory action on a food establishment it is responsible to oversee, it will not deter either him or staff from doing their jobs, and they will assure that the business is operating properly and fulfilling the Health District’s responsibility to protect public health.

Dr. Novak inquired if there was a time limit on the variance. Mr. Dick informed there is no time limit, but the conditions included in the variance, if breached, can result in the variance being reversed and the permit revoked.

Mr. Young complimented the Board and those involved in this issue for their work and opined that this is difficult due to the potential for liability because of the “home cooking” model that Pignic has. He stated we should applaud the Health District for moving forward and allowing Pignic the opportunity to make a success of their business model. He opined it was a good challenge.

Mr. Dick shared a photograph with those present of a Wolf Pack Coffee Mixer with the UNR School of Community Health Sciences that had been held on Friday, January 19th in the Health District’s Conference Rooms. He informed that the Wolf Pack would play Boise State on the following day and, fortunately, the Pack won that basketball game. Employees were encouraged to wear their Wolf Pack attire and the School of Community Health Sciences graciously provided coffee and breakfast snacks. Mr. Dick informed that Dr. Trudy Larsen provided a presentation and update on the School of Community Health Sciences, the elevation of the school within the University, and that she had been established as the Dean. Dr. Larsen spoke on professional development course opportunities for Health District staff which includes courses provided by the Public Health Training Center, and an online MBA program. Mr. Dick opined that this is a great partnership between the Health District and the School of Community Health Sciences and that it provides for Workforce Development as is outlined in the Strategic Plan. He expressed that he was thankful for this great resource for the Health District and will work to utilize their benefits as much as possible.

13. *Board Comment

Mr. Young informed that they had initiated the We Order Well (WOW) program at his business, the Great Basin Brewery. He stated that this is a great program to give his patrons healthier meal choices and opined the Health District has done a wonderful job promoting that program.

Chair Jung requested Mr. Young to make an announcement of the event at his brewery that evening for Conscious Containers from Truckee, CA. He informed that the group supports returning to the washable beer bottles due to the lack of options to recycle glass. He stated that the event is in collaboration with and a fund raiser for Keep Truckee Meadows Beautiful (KTMB) and provides prizes for persons bringing in empty cases of

bottles. Mr. Young applauds KTMB for their efforts.

Mr. Delgado wanted to thank Health District staff for their efforts in the establishment of a day care center at the homeless shelter, Family Shelter on Record Street. He invited those in attendance to come out to Record Street for the grand opening of the daycare center for those families that are currently there. He noted that, while a sad situation, it is a great opportunity help the twenty children that are already registered in the program. Mr. Delgado informed that this project was a collaboration between the Children's Cabinet, the Boys and Girls Club and other partners, and reiterated his thanks to Health District Staff for their efforts.

Mr. Delgado congratulated Mr. Young for his business being recognized in local media as being the go-to place in the City of Sparks.

Chair Jung informed that she had requested of the Washoe County Board of Commissioners at their last meeting to create a master plan for homelessness for the region.

Chair Jung also informed that this is the day that a count of homeless persons must be submitted to the federal program National Point in Time Count for People Experiencing Homelessness, to determine a community's funding levels. She informed that the Eddy House, which is a drop-in center for homeless youth ages 16-24, will be open for twenty-four hours to do a count. In honor of Chair Jung's birthday, she informed that she requested donations of socks, underwear, deodorant, and possibly a hot dish to provide food for the youth as they do not have a commercial kitchen. She detailed the donations already received on her behalf and expressed her gratitude for those.

14. *Public Comment

Chair Jung noted that there were requests to speak on three items from Ms. Brandhorst, but that she had left the meeting. Chair Jung closed the public comment period.

18. Adjournment

Chair Jung adjourned the meeting at 2:41 p.m.

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
Downtown Reno Library, 301 S. Center 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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@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.

DD	AH	-
DHO		KD -
DA		-
Risk		-

STAFF REPORT
BOARD MEETING DATE: February 22, 2018

TO: District Board of Health

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

SUBJECT: Retroactive approval of Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of \$8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

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

The Washoe County Health District received the award letter from NACCHO on November 16, 2017, however changes to the Subaward Agreement were required. A copy of the Subaward Agreement is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: FDA Mentorship Program for Retail Program Standards

Scope of the Project: The scope of work addresses the following:

- The Washoe County Health District (mentor) was matched by NACCHO with Mahoning County District Board of Health in Ohio (mentee). As mentor, staff will provide guidance on Standard 4 - Uniform Inspection Program. Once an assessment of the Mahoning County District Board of Health is completed, staff hopes to guide and support them in achieving goals and objectives by sharing experiences related to Program Standards implementation, and providing documents, tools and resources to help them overcome challenges.
- Funding from this award supports sending one newly hired Environmental Health Specialist Trainee to attend the 2018 NEHA Annual Educational Conference and sit for the Registered Environmental Health Specialist Exam (aids in achieving conformance with Standard 2); it also supports two other staff whose positions were recently reclassified to Environmental Health Specialists to sit for the REHS Credential Exam (aids in achieving conformance with Standard 2); and supports the purchase of promotional items and a logo table runner to be used at educational booths during outreach events (supports conformance with Standard 7).
- **Benefit to Washoe County Residents:** This Award supports the EHS Food Program effort to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award is \$8,000 (\$7,273 direct/\$727 indirect)

Grant Period: December 1, 2017 – August 31, 2018

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: National Association of County and City Health Officials (NACCHO)

CFDA Number: 93.103

Grant ID Number: 2017-120807

Match Amount and Type: None

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

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY18 budget, a budget amendment in the amount of \$7,273 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY18 budget will be increased by \$7,273 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11471	-431100 Federal Revenue	\$7,273
	Total Revenue	\$7,273
	-710300 Operating Supplies	\$3,908
	-710509 Seminars and Meetings	\$ 690
	-711210 Travel	\$2,675
	Total Expenditures	\$7,273

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of \$8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Subaward Agreement from the National Association of County and City Health Officials (NACCHO) for the period December 1, 2017 through August 31, 2018 in the total amount of \$8,000 in support of the Environmental Health Services Division (EHS) Food and Drug Administration (FDA) Mentorship Program for Retail Program Standards Grant, IO 11471; and if approved, authorize the District Health Officer to execute the Agreement."

SUBAWARD AGREEMENT

This Contractual Agreement is entered into, effective as of the date of the later signature indicated below, by and between the **National Association of County and City Health Officials** (hereinafter referred to as "NACCHO"), with its principal place of business at 1201 (I) Eye Street NW, 4th Fl., Washington, DC 20005, and **Washoe County Health District** (hereinafter referred to as "Subrecipient"), with its principal place of business at P.O. Box 11130, Reno, NV 89520-0027.

WHEREAS, NACCHO wishes to hire Subrecipient to perform the services specified herein for NACCHO to enhance the programmatic activities of a grant; and

WHEREAS, Subrecipient wishes to perform such services for NACCHO, and

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

ARTICLE I: SPECIAL PROVISIONS

1. PURPOSE OF AGREEMENT: Subrecipient agrees to provide the goods and/or services to NACCHO to enhance the programmatic activities of FDA Mentorship Program for Retail Program Standards GRANT #5U50FD005933-02, CFDA #93.103, as described in Attachment I. The terms of Attachment I shall be incorporated into this Agreement as if fully set forth herein. Subrecipient shall act at all times in a professional manner consistent with the standards of the industry.
2. TERM OF AGREEMENT: The term of the Agreement shall begin on December 1st, 2017 and shall continue in effect until August 31st, 2018, unless earlier terminated in accordance with the terms herein. Expiration of the term or termination of this Agreement shall not extinguish any rights or obligations of the parties that have accrued prior thereto. The term of this Agreement may be extended by mutual agreement of the parties.
3. PAYMENT FOR SERVICES: In consideration for services to be performed, NACCHO agrees to reimburse the Subrecipient for eligible costs incurred up to \$8,000.00. Eligible costs are those previously approved by NACCHO. All payments will be made within 30 days of receipt of invoice(s) from Subrecipient and following approval by NACCHO for approved services, as outlined on Attachment I. The invoice(s) shall itemize all expenses with supporting documentation for each itemized expense.

Three invoices must be submitted as follows:

Invoice No.	Period of Performance	Due date
Invoice I	December 2017- March 31 st , 2018	April 15 th , 2018
Invoice II	April 1 st , 2018 – June 30 st , 2018	July 15 th , 2018

Invoice III	July 1 st , 2018 – August 31 st , 2018	September 15 th , 2018
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NACCHO award number must be included on all invoices and must be submitted on the assigned due date. Subrecipient will be given an opportunity to revise as needed but each invoice must be received no later than 30 days after the end of each the reporting period of performance to comply with NACCHO's accounting process.

ARTICLE II: GENERAL PROVISIONS

1. INDEPENDENT CONTRACTOR: Subrecipient shall act as an independent Contractor, and Subrecipient shall not be entitled to any benefits to which NACCHO employees may be entitled.
2. PAYMENT OF TAXES AND OTHER LEVIES: Subrecipient shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
3. INDEMNIFICATION: Subrecipient agrees to defend, hold harmless and indemnify NACCHO and its directors, officers, employees, representatives, agents, and contractors from and against all losses, costs, damages, claims, expenses, or other liability whatsoever (including all reasonable attorneys' fees) arising out of or connected with Subrecipient's services under this Agreement, including, but not limited to, any accident or injury to persons or property.
4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
5. ASSIGNMENT: Without prior written consent of NACCHO, Subrecipient may not assign this Agreement nor delegate any duties herein.
6. CONTINGENCY CLAUSE: This Agreement is subject to the terms of any agreement between NACCHO and its Primary Funder and in particular may be terminated by NACCHO without penalty or further obligation if the Primary Funder terminates, suspends or materially reduces its funding for any reason. Additionally, the payment obligations of NACCHO under this Agreement are subject to the timely fulfillment by the Primary Funder of its funding obligations to NACCHO.
7. INTERFERING CONDITIONS: Subrecipient shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Subrecipient's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Subrecipient of said duties and responsibilities under this Agreement.

8. OWNERSHIP OF MATERIALS: Subrecipient hereby transfers and assigns to NACCHO all right, title and interest (including copyright rights) in and to all materials created or developed by Subrecipient pursuant to this Agreement, including, without limitation, reports, summaries, articles, pictures and art (collectively, the "Materials") (subject to any licensed third-party rights retained therein). Subrecipient shall inform NACCHO in writing of any third-party rights retained within the Materials and the terms of all license agreements to use any materials owned by others. Subrecipient understands and agrees that Subrecipient shall retain no rights to the Materials and shall assist NACCHO, upon reasonable request, with respect to the protection and/or registrability of the Materials. Subrecipient represents and warrants that, unless otherwise stated to NACCHO in writing, the Materials shall be original works and shall not infringe or violate the rights of any third party or violate any law. The obligations of this paragraph are subject to any applicable requirements of the Federal funding agency.
9. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Subrecipient, the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Subrecipient and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the District of Columbia before a single arbitrator in accordance with the then-current rules of the American Arbitration Association. The arbitration award shall be final and binding upon the parties and judgment may be entered in any court of competent jurisdiction.
10. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Subrecipient for services rendered through the date of termination.
11. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties regarding the subject matter hereof and supersedes and replaces any and all previous understandings, commitments, or agreements, whether oral or written, regarding such subject matter.
12. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void,

illegal, unenforceable, or in conflict with any law, such part, term or provision shall be restated in accordance with applicable law to best reflect the intentions of the parties and the remaining portions or provisions shall remain in full force and effect and shall not be affected.

13. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia (without regard to its conflict of laws provisions).
14. ADDITIONAL FUNDING: Unless prior written authorization is received from NACCHO, no additional funds will be allocated to this project for work performed beyond the scope specified or time frame cited in this Agreement.
15. REMEDIES FOR MISTAKES: If work that is prepared by the Subrecipient contains errors or misinformation, the Subrecipient will correct error(s) within five business days. The Subrecipient will not charge NACCHO for the time it takes to rectify the situation.
16. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Subrecipient's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards, and 45 C.F.R. Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), It is the Subrecipient's responsibility to understand and comply with all requirements set forth therein.
17. EQUAL EMPLOYMENT OPPORTUNITY: Pursuant to 2 CFR 200 Subpart D, Subrecipient will comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 C.F.R. part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."
18. DEBARRED OR SUSPENDED SUBRECIPIENTS: Pursuant to 2 CFR 200 Subpart C, Subrecipient will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
19. AUDITING: Subrecipient agrees to permit independent auditors to have access to its records and financial statements for the purpose of monitoring compliance with this Agreement. If Subrecipient is not required to undergo an audit pursuant to 2 CFR 200 Subpart F because Subrecipient receives less than \$750,000 in federal direct or indirect cooperative agreement or grant funds, Subrecipient will certify to NACCHO that it is not so required. If Subrecipient is required to undergo an audit pursuant to 2 CFR 200 Subpart F, Subrecipient will undergo the required audit and agrees to send a copy of its most recent Single Audit report and any management letters to NACCHO.

20. LOBBYING RESTRICTIONS AND DISCLOSURES: Pursuant to 2 CFR 200 Subpart E, Subrecipient will certify to NACCHO using the required form that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Subrecipient will also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.
21. COMPLIANCE WITH FEDERAL ENVIRONMENTAL REGULATIONS: Pursuant to 2 CFR 200 Subpart F, Subrecipient agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.)
22. REPORTING REQUIREMENTS: If applicable, Subrecipient must comply with Subrecipient reporting requirements specified in the Federal Funding Accountability and Transparency Act (P.L. 109-282). Subrecipient shall submit the information required on the form provided by NACCHO within 15 days of execution of this agreement and prior to any payment being made against this agreement.
23. WHISTLEBLOWER PROTECTION: Pursuant to 41 U.S.C. 4712 employees of a contractor, subcontractor, or Subrecipient will not be discharged, demoted, or otherwise discriminated against as reprisal for "whistleblowing."
24. EXECUTION AND DELIVERY: This Agreement may be executed in two or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same Agreement. The counterparts of this Agreement and all Ancillary Documents may be executed and delivered by facsimile or electronic mail by any of the parties to any other party and the receiving party may rely on the receipt of such document so executed and delivered by facsimile or electronic mail as if the original had been received.
25. NOTICE: All notices, including invoices, required to be delivered to the other party pursuant to this Agreement shall be in writing and shall be sent via facsimile, with a copy sent via US mail, postage prepaid, to the parties at the addresses set forth below. Either party may send a notice to the other party, pursuant to this provision, to change the address to which notices shall be sent.

FOR NACCHO:
National Association of County and City Health Officials
Attn: Ade Hutapea, LL.M., CFCM
Lead Contracts Administrator
1201 (I) Eye Street NW 4th Fl.,

FOR NACCHO:
 National Association of County and City Health Officials
 Attn: Ade Hutapea, LL.M., CFCM
 Lead Contracts Administrator
 1201 (I) Eye Street NW 4th Fl.,
 Washington, DC 20005
 Tel. (202) 507-4272
 Fax (202) 783-1583
 Email: ahutapea@naccho.org

FOR SUBRECIPIENT:
 Washoe County Health District
 Att: Amber English
 P.O. Box 11130,
 Reno, NV 89520-0027
 Tel. 775.328.2629
 Email: aeenglish@washoecounty.us

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

NACCHO:

By: _____
 Name: Jerome Chester
 Title: Chief Financial Officer
 Date: _____

SUBRECIPIENT:

By: _____
 Name: _____
 Title: _____
 Date: _____

Federal Tax ID No.: 88-6000138
 DUNS No.:

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

SUBRECIPIENT AGREEMENT – ATTACHMENT I

SCOPE OF WORK

**Voluntary National Retail Food Regulatory Program Standards
Mentorship Program (Cohort 7)**

- Work with mentees to finalize action and work plans by December 15, 2017.
- Participate in an all-participants kick-off call/webinar of the mentorship program in December 2017. The call/webinar will include introductions of NACCHO and FDA Retail Program Standards staff, mentors, and mentees.
- Participate in sharing sessions (TBD) with NACCHO and FDA. This call will take place throughout the project period for mentors and mentees to share lessons learned, describe any challenges they may be facing, and to work with program staff to re-focus efforts (if necessary).
- Submit 1st Invoice by April 15, 2018 for expenses incurred through March 31, 2018.
- Schedule and convene at least one in-person site visit (as appropriate). Since some mentors are providing guidance to more than one local health department, it is encouraged that the mentees coordinate as much as possible in scheduling their site visits with their mentor early on in the mentorship program. Site visits are encouraged between the mentor and the mentees to visit points of interest, and meet or learn more about the tools, resources, and processes entailed in meeting the Retail Program Standards.
- Submit site visit evaluation within two weeks of completing site visit(s) with mentees.
- Participate in periodic conference calls and other electronic communications with their mentees.
- Attend possible in-person meeting of the mentorship program in August 2018 (TBD).
- Share documents (e.g. policies, forms, resources) through FoodSHIELD throughout the duration of the mentorship program.
- Submit 2nd Invoice by July 15, 2018 for expenses incurred between April 1 and June 30, 2018.
- Communicate progress and any major changes to the proposed work plan to NACCHO.
- Submit Post-Assessment Evaluation/final report by August 31, 2018 detailing the implementation and evaluation process, barriers to implementation, evaluation, and collaboration, how these barriers were addressed and lessons learned.

- Submit 3rd Invoice by September 15, 2018 for expenses incurred between July 1 and August 31, 2018.
- Serve as resources for other current and prospective Program Standards enrollees on lessons learned and all related tools and resources used that were helpful for all phases of Program Standards as appropriate.

Washoe County Health District
 NACCHO Mentorship Program
 November 2017 - August 31, 2018

(Based on 10-Month Budget)

A. Travel **Total \$3,365**

Out-of-State Travel

Original Request

Registration Fees	\$690.00 (one staff)
Exam Fees	\$175 x 3 staff = \$525
Application Fees	\$90 x 3 staff = \$270
Air Transportation	\$700.00 (one staff)
Accommodations	\$132 (5 nights @ \$132) = \$660 (one staff)
Per diem	\$64 per day (5 days) = \$320 (one staff)
Ground Transport	\$50.00 (one staff)
Parking	\$50.00 (one staff)
Baggage	\$100 (one staff)

NEHA Annual Educational Conference for one staff and NEHA REHS Credential Exam for three staff June 25-28, 2018 Total Registration fee \$690.00 Total Exam fee \$525.00 Total Application fee \$270.00 Total Flight \$700.00 Round Trip Total Hotel 5 nights @ \$660.00 Total Meals 5 days @ \$320.00

Justification

1. Food safety staff will learn about the elements of food safety along with other general environmental health principles and how to apply them when inspecting food establishments and other environmental establishments.
2. Passing of the REHS exam will aid the completion of the Environmental Health Training program.

B. Other **Total \$3,908**

Promotional Items \$3,761.76

**EHS Specific
Educational Booth
Table Runner
and Cover** **\$146.24**

Justification

1. WCHD logo items such as ball pens, sticky note pads, hand sanitizer, etc. to be handed out and used at workshops, trainings, and educational booth outreach events. Promotional items will attract the target audience and build relationships with consumers and food establishment operators. The items will encourage consumers and food establishment operators to go to the WCHD website or contact the agency.
2. WCHD, Environmental Health Specific colorful logo table runner and cover will attract a target audience of consumers and industry during educational outreach events and increase the number of contacts made during events.

C. Indirect Costs **Total \$727**

The rate is 10% and is computed on the following direct cost base of \$7,273

Total Indirect Costs = \$727

Grand Total Requested \$8,000

DD	CW	—
DHO		AD
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: February 22, 2018

TO: District Board of Health

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

SUBJECT: Approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 Priority supported by this item:

1. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

There has been no previous action taken by the board.

BACKGROUND

The Washoe County Health District proposes to partner with Keep Truckee Meadows Beautiful (KTMB) a 501 (c)(3) organization that specializes in waste reduction, illegal dumping, open space clean ups and public outreach. They have conducted these activities in Washoe County since 1989 as the only organization dedicated solely to helping keep our community clean and free of garbage, trash and litter while promoting recycling and proper waste management practices.

In October 2017, KTMB received \$50,000 to complete a project that consisted of public outreach regarding illegal dumping activities and recycling efforts and outlets within Washoe County. They used this funding for actual tools and dumpsters to facilitate cleanups within Washoe County and the Health District utilizing KTMB's network of over 3,000 local volunteers.

The purchase requisition that is being approved today will support the attached scope of work.

Should the District Board of Health approve Purchase Requisition #300034667, staff will proceed with obtaining approval of the Purchase Order from the Board of County Commissioners.

ADMINISTRATIVE HEALTH SERVICES

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



FISCAL IMPACT

There will be no additional fiscal impact for the Solid Waste Program should the Board approve the Agreement and FY18 Purchase Requisition #3000034667 as this expenditure amount was anticipated and included in the FY18 Solid Waste Program budget (Internal Order 20269) in General Ledger account 710100 (Professional Services).

RECOMMENDATION

Staff recommends that the District Board of Health approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve FY18 Purchase Requisition #3000034667 issued to Keep Truckee Meadows Beautiful in the amount of \$100,000 in support of the Recycling and Solid Waste Management Plan program activities for the period April 1, 2018 through December 31, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District."

SCOPE OF WORK

SERVICES TO BE PERFORMED:

Contractor shall perform in a competent manner the Scope of Work as follows:

Work is as outlined in the Solid Waste Management Plan and will be completed to support the Solid Waste Management Program of the Environmental Health Services Division:

1. Provide year round dumpsters, equipment and passes to support solid waste cleanup
 - a. KTMB will be responsible for the procurement, removal and tracking of dumpsters
2. Document historical illegal dump sites and conduct annual Litter Survey to evaluate and refine cleanup efforts
 - a. Expand Adopt-An-Open-Space to engage more volunteer groups at habitual dump locations
 - b. Manage and monitor Adopt-A-Spot litter removal
3. Increase awareness about the Illegal Dumping Hotline and WCSO Mobile App
 - a. Conduct public outreach to support solid waste cleanup and raise awareness about alternatives to dumping and reporting abilities to deter dumping activity
 - b. Continue coordination of the Illegal Dumping Task Force to support ongoing efforts to reduce and eliminate illegal dumping activity
4. Promote KTMB's Recycling Guide to increase public's awareness of local diversion outlets
 - a. Provide year round reduce, reuse and recycle youth and adult education through KTMB's Waste Warrior's education program
5. Coordinate regional waste minimization efforts of Sustainability Partners in Northern Nevada (SPINN)
 - a. Support and recognize local citizens and businesses that have adopted green initiatives or been involved in increasing diversion rates
6. Work in partnership with the Environmental Health Services Division to review results and design a plan for future waste minimization activities based on the results of the current waste study being conducted by the WCHD
 - a. Working in partnership with the WCHD and SPINN coordinate local efforts to implement plan to reduce waste based on the results of the waste study

Washoe County Health District will be prominently featured as the funder on all of KTMB's materials, literature and media pieces related to these programs using the language "funded by the Washoe County Health District." KTMB will provide regular updates to the Washoe County Health District Board.

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

STAFF REPORT
BOARD MEETING DATE: February 22, 2018

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, ahenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2018

SUMMARY

The seven months of fiscal year 2018, (FY18) ended with a cash balance of \$4,642,753. Total revenues of \$13,195,663 were 57.7% of budget and an increase of \$1,936,164 over FY17. The expenditures totaled \$12,992,123 or 55.0% of budget and up \$774,657 compared to FY17 mainly due to the increased costs for chemicals required for additional mosquito abatement treatments.

District Health Strategic Objective supported by this item: Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

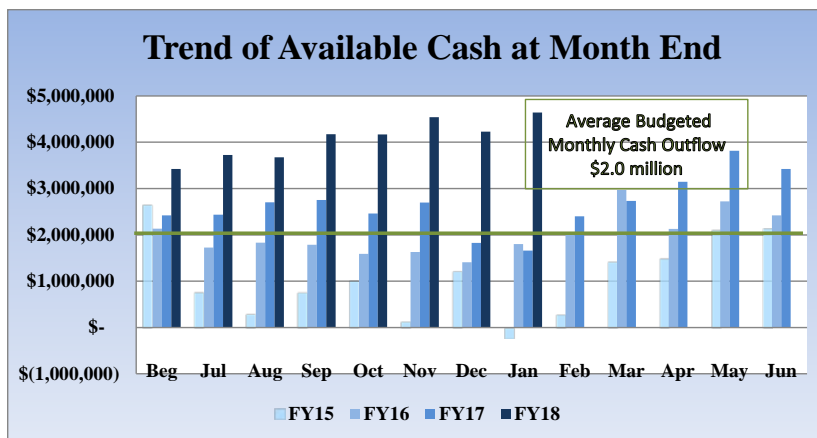
PREVIOUS ACTION

Fiscal Year 2018 Budget was adopted May 23, 2017.

BACKGROUND

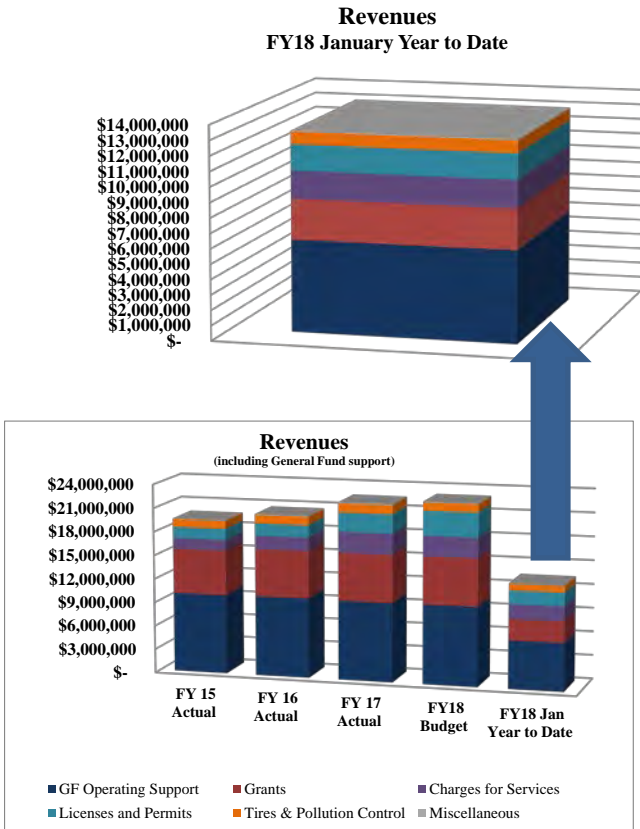
Review of Cash

The available cash at the end of January, FY18, was \$4,642,753 up 179.2% or \$2,980,080 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1.1 million; the portion of cash restricted as to use is approximately \$1.4 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$2.1 million.



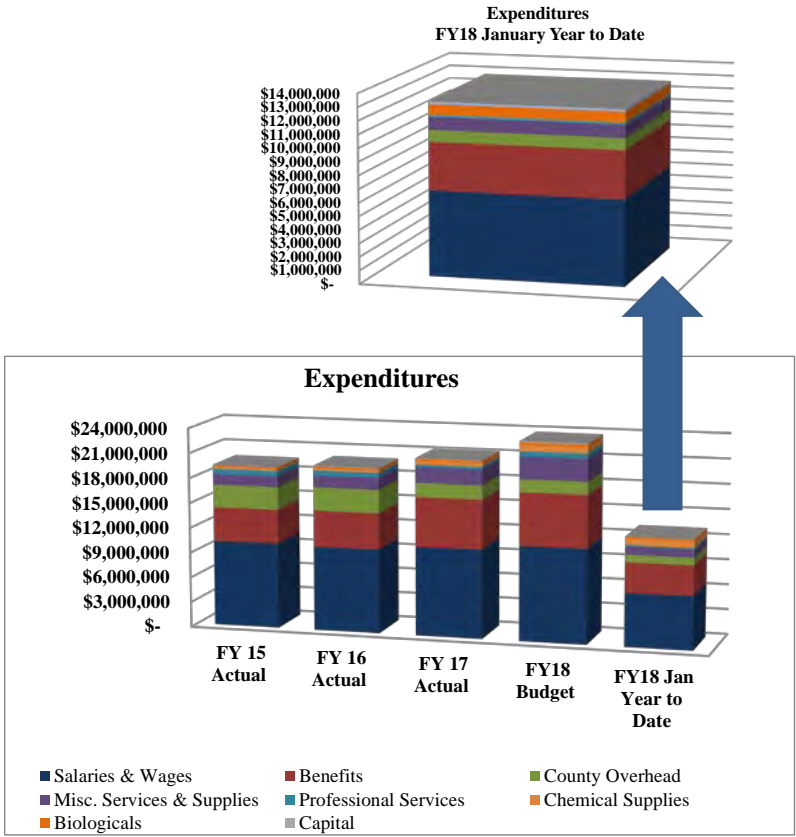
Note: January FY15 negative cash is due to no County General Fund support transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$13,195,663 were up \$1,936,164 compared to January FY17; of that increase, \$534,835 was due to the County General Fund transfer for the additional mosquito abatement required this fiscal year and \$388,875 of Air Pollution Control funds not received until the 4th quarter last fiscal year. The revenue categories up over last fiscal year are as follows: licenses and permits of \$1,706,688 were up \$512,977 or 43.0% mainly due to fee increases and an increase in work load; charges for services of \$1,837,904 up \$480,568 or 35.4%; tire and pollution control revenues of \$835,055 up \$422,943 or 102.6% due to timing of receiving the air pollution control funds; federal and state grant reimbursements of \$2,692,801 up \$148,176 or 5.8%; and, the County General Fund transfer of \$6,086,334 up \$371,502 or 6.5% due to the contingency transfer for mosquito abatement. The revenue category down was the miscellaneous revenues of \$36,881 down \$2.

The total year to date **expenditures** of \$12,992,123 increased by \$774,657 or 6.3% compared to the same period in FY17 mainly due to the \$534,816 additional chemical supplies purchased for Mosquito abatement. Salaries and benefits expenditures for the fiscal year were \$10,008,645 up \$276,146 or 2.8% over the prior year. The total services and supplies of \$2,966,562 were up \$516,935 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$158,142 and were up \$58,184 or 58.2% over the prior year; chemical supplies of \$766,309 were up 226.1% or \$531,333 over last year; the biologicals of \$176,075 were up \$24,038 or 15.8%; and, County overhead charges of \$887,029 were down 10.6% or \$105,103. There has been \$16,916 in capital expenditures down \$18,424 or 52.1% compared to FY17.



Review of Revenues and Expenditures by Division

ODHO has received grant funding of \$3,365 for workforce development initiatives and spent \$580,246 up \$135,473 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. **AHS** has spent \$672,840 up \$8,694 compared to FY17. **AQM** revenues were \$1,811,162 up \$652,340 compared to FY17 due to a lag in FY17 receipts of the Air Pollution Control Funds from the DMV and spent \$1,649,195 down \$52,579 over last fiscal year due to costs for advertisement campaigns and support for the Reno-Tahoe Clean Cities Coalition in FY17 not spent in FY18. **CCHS** revenue was \$2,148,835 up \$294,631 over FY17 mainly due to Medicaid and insurance reimbursements and spent \$4,339,349 or \$150,941 more than FY17 due to an increase in salaries and benefits costs for FY18. **EHS** revenue was \$2,204,746 up \$554,437 over FY17 mainly due to increased permitting revenue and spent \$4,305,686 that was an increase of \$572,104 over last year due to the increased chemical cost for the Vector program. **EPHP** revenue was \$941,220 up \$65,034 over last year and spent \$1,444,807 down \$39,975 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through January Year to Date Fiscal Year 2017/2018 (FY18)									
	Actual Fiscal Year			Fiscal Year 2016/2017		Fiscal Year 2017/2018			
	2013/2014	2014/2015	2015/2016	Actual Year End (audited)	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY18 Increase over FY17
Revenues (all sources of funds)									
ODHO	-	-	15,000	51,228	5,145	6,639	3,365	50.7%	-34.6%
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	1,158,822	3,197,645	1,811,162	56.6%	56.3%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	1,854,204	3,900,065	2,148,835	55.1%	15.9%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	1,650,309	3,853,077	2,204,746	57.2%	33.6%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	876,186	1,845,890	941,220	51.0%	7.4%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	5,714,833	10,051,691	6,086,334	60.6%	6.5%
Total Revenues	\$18,267,134	\$19,512,566	20,469,870	\$22,370,420	\$11,259,499	\$22,855,007	\$13,195,663	57.7%	17.2%
Expenditures (all uses of funds)									
ODHO	-	481,886	594,672	904,268	444,773	1,163,286	580,246	49.9%	30.5%
AHS	1,336,740	1,096,568	996,021	1,119,366	664,146	1,156,241	672,840	58.2%	1.3%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	1,701,774	3,439,932	1,649,195	47.9%	-3.1%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	4,188,408	7,792,124	4,339,349	55.7%	3.6%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	3,733,583	7,495,053	4,305,686	57.4%	15.3%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	1,484,783	2,590,833	1,444,807	55.8%	-2.7%
Total Expenditures	\$18,922,800	\$19,399,859	19,770,532	\$21,157,367	\$12,217,466	\$23,637,469	\$12,992,123	55.0%	6.3%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	(481,886)	(579,672)	(853,040)	(439,628)	(1,156,647)	(576,880)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(664,146)	(1,156,241)	(672,840)		
AQM	(33,666)	(159,725)	(150,184)	122,763	(542,952)	(242,288)	161,967		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(2,334,204)	(3,892,059)	(2,190,514)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(2,083,274)	(3,641,976)	(2,100,940)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(608,597)	(744,943)	(503,588)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	5,714,833	10,051,691	6,086,334		
Surplus (deficit)	\$ (655,666)	\$ 112,707	699,338	\$ 1,213,053	\$ (957,967)	\$ (782,463)	\$ 203,540		
Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897		\$ 3,398,434			
FB as a % of Expenditures	11%	12%	15%	20%		14%			

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 Fund Financial Review for January, Fiscal Year 2018.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2018.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 7 2018 P&L Accounts
 Accounts: GO-P-L Health Fund
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
422503 Environmental Permits	79,990.00-	48,948.25-	31,041.75-	61	56,527.00-	41,643.50-	14,883.50-	74
422504 Pool Permits	245,334.00-	62,002.50-	183,331.50-	25	169,246.00-	35,963.25-	133,282.75-	21
422505 RV Permits	25,783.00-	21,958.00-	3,825.00-	85	18,590.00-	13,203.00-	5,387.00-	71
422507 Food Service Permits	1,263,372.00-	698,607.03-	564,764.97-	55	805,632.00-	449,935.00-	355,697.00-	56
422508 Wat Well Const Perm	146,747.00-	84,872.26-	61,874.74-	58	78,840.00-	54,434.00-	24,406.00-	69
422509 Water Company Permits	29,941.00-	58,437.00-	28,496.00-	195	21,850.00-	2,440.00-	2,440.00-	111
422510 Air Pollution Permits	766,406.00-	392,961.54-	373,444.46-	51	608,864.00-	325,288.42-	283,575.58-	53
422511 ISDS Permits	234,031.00-	175,304.00-	58,727.00-	75	165,195.00-	124,379.00-	40,816.00-	75
422513 Special Event Permits	208,827.00-	100,715.45-	108,111.55-	48	168,108.00-	82,161.50-	85,946.50-	49
422514 Initial Applic Fee	104,711.00-	62,882.00-	41,829.00-	60	55,800.00-	42,413.50-	13,386.50-	76
* Licenses and Permits	3,105,142.00-	1,706,688.03-	1,398,453.97-	55	2,148,652.00-	1,193,711.17-	954,940.83-	56
431100 Federal Grants	5,319,135.98-	2,397,422.74-	2,921,713.24-	45	5,651,096.00-	2,301,205.04-	3,349,890.96-	41
431105 Fed. Grants-Indirect	472,592.08-	240,507.49-	232,084.59-	51	461,749.67-	201,272.94-	260,476.73-	44
432100 State Grants	220,680.69-	50,570.60-	170,110.09-	23	211,363.50-	38,920.55-	172,442.95-	18
432105 State Grants-Indirect	17,396.00-	4,300.24-	13,095.76-	25	16,597.00-	3,226.57-	13,370.43-	19
432310 Tire Fee NRS 44A.090	450,000.00-	264,402.61-	185,597.39-	59	475,000.00-	325,454.65-	149,545.35-	69
432311 Pol Ctrl 4458.830	587,827.68-	570,651.95-	17,175.73-	97	550,000.00-	86,657.17-	463,342.83-	16
* Intergovernmental	7,067,632.43-	3,527,855.63-	3,539,776.80-	50	7,365,806.17-	2,956,736.92-	4,409,069.25-	40
460162 Services O Agencies	19,000.00-	15,605.27-	3,394.73-	82	39,417.00-		39,417.00-	
460173 Reimbursements - Reno	20,000.00-	39,575.14-	19,575.14	198	42,150.00-	14,314.97-	27,835.03-	34
460500 Other Immunizations	85,500.00-	125,778.89-	40,278.89	147	59,935.00-	72,561.31-	12,626.31	121
460501 Medicaid Clinic Svcs	200.00-		200.00-		13,024.00-	115.44-	12,908.56-	1
460503 Childhood Immunizations						115.00-	115.00-	
460507 Medicaid Admin Claiming						2,141.61-	4,858.39-	31
460508 Tuberculosis	6,580.00-	4,465.75-	2,114.25-	68	7,000.00-		210.00-	142
460509 Water Quality	500.00-		500.00-		500.00-	710.00-	210.00-	142
460510 IT Overlay	48,435.00-	16,934.00-	31,501.00-	35	39,025.00-	21,550.00-	17,475.00-	55
460511 Birth Death Certific	515,000.00-	311,050.00-	203,950.00-	60	490,000.00-	323,461.00-	166,539.00-	66
460512 Duplication Service						8,245.00-	8,245.00-	
460513 Other Health Service	75,753.00-	71,810.00-	3,943.00-	95	60,908.00-	50,069.00-	10,839.00-	82
460514 Food Service Certifici						1,176.00-	1,176.00-	
460515 Medicare Reimbursement	66,000.00-	128,514.78-	62,514.78	195	16,394.00-	57,762.86-	41,368.86	352
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	25,000.00-	24,330.71-	669.29-	97	17,200.00-	19,610.31-	2,410.31	114
460519 Outpatient Services	500.00-		500.00-		1,200.00-		1,200.00-	
460520 Eng Serv Health	168,844.00-	168,665.50-	178.50-	100	120,960.00-	74,756.00-	46,204.00-	62
460521 Plan Review - Pools	1,179.00-	10,840.00-	9,661.00-	919	8,470.00-	4,716.00-	3,754.00-	56
460523 Plan Review - Food S	81,584.00-	55,008.00-	26,576.00-	67	56,150.00-	23,167.00-	32,983.00-	41
460524 Family Planning	40,000.00-	43,723.33-	3,723.33	109	35,000.00-	28,899.71-	6,100.29-	83
460525 Plan Review - Vector	99,179.00-	55,910.00-	43,269.00-	56	82,842.00-	52,705.00-	30,137.00-	64
460526 Plan Review-Air Quality	122,695.00-	47,269.20-	75,425.80-	39	79,589.00-	32,669.00-	46,920.00-	41
460527 NOE-AQM	238,433.00-	194,229.28-	44,203.72-	81	176,103.00-	109,207.00-	66,896.00-	62

Period: 1 thru 7 2018
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 202-0 Health Department
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
460528 NESHAP-AQM	225,847.00	97,123.52	128,723.48	43	153,862.00	97,147.00	56,715.00	63
460529 Assessments-AQM	106,866.00	70,785.00	36,081.00	66	81,614.00	49,039.00	32,575.00	60
460530 Inspector Registrar-AQ	6,750.00		6,750.00		4,608.00	1,656.00	2,952.00	36
460531 Dust Plan-Air Quality	334,771.00	245,266.00	89,505.00	73	257,784.00	253,188.00	4,596.00	98
460532 Plan Rvw Hotel/Motel		6,279.00	6,279.00		2,530.00		2,530.00	
460533 Quick Start						251.00	251.00	
460534 Child Care Inspection	21,169.00	13,046.00	8,123.00	62	14,904.00	10,978.00	3,926.00	74
460535 Pub Accomod Inspectn	46,666.00	25,435.25	21,230.75	55	33,060.00	22,655.00	10,405.00	69
460570 Education Revenue								
460723 Other Fees	197,528.00	66,259.14	131,268.86	34	97,142.00	24,699.00	72,443.00	25
* Charges for Services	2,553,979.00	1,837,903.76	716,075.24	72	1,991,371.00	1,357,335.21	634,035.79	68
		0.77	0.77			26.49	26.49	
481150 Interest-Non Pooled					4,000.00		4,000.00	
484000 Donations, Contributions					24,201.00		14,516.88	40
484050 Donation Fed Pgm Inc	16,050.00	6,823.64	9,226.36	43	11,367.00	5,922.67	5,444.33	52
484197 Non-Gov. Grants-Ind.	14,428.00	8,658.07	5,769.93	60	42,576.00	19,281.20	23,294.80	45
485100 Reimbursements	46,084.00	21,195.35	24,888.65	46	35,000.00	1,968.00	33,032.00	6
485300 Other Misc Govt Rev		203.01	203.01					
* Miscellaneous	76,562.00	36,880.84	39,681.16	48	117,144.00	36,882.48	80,261.52	31
** Revenue	12,803,315.43	7,109,328.26	5,693,987.17	56	11,622,973.17	5,544,665.78	6,078,307.39	48
70110 Base Salaries	10,247,215.80	5,820,481.90	4,426,733.90	57	9,864,878.53	5,639,691.38	4,225,187.15	57
701120 Part Time	230,388.39	158,023.68	72,364.71	69	314,722.78	127,265.29	187,457.49	40
701130 Pooled Positions	405,054.27	263,523.03	141,531.24	65	475,463.31	216,982.49	258,480.82	46
701140 Holiday Work	4,318.65	1,443.35	2,875.30	33	4,318.65	1,503.42	2,815.23	35
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	164,408.00	79,419.24	84,988.76	48	165,729.98	83,189.62	82,540.36	50
701200 Incentive Longevity	68,240.87	42,101.25	26,139.62	62	80,479.00	49,431.03	31,047.97	61
701300 Overtime	300.00	226.70	73.30	76	286.63	98.63	188.00	34
701403 Shift Differential	38,000.00	18,870.35	19,129.65	50	38,000.00	18,093.30	19,906.70	48
701406 Standby Pay	5,000.00	1,538.98	3,461.02	31	5,000.00	2,795.39	2,204.61	56
701408 Call Back		70.33	70.33					
701410 Detective Pay								
701412 Salary Adjustment	95,497.88	3,812.73	95,497.88	5	84,557.43	68,002.31	84,557.43	81
701413 Vac Payoff Sick Term	84,041.00	1,101.29	80,228.27		84,423.48	3,743.51	16,421.17	
701414 Vacation Denied-Payoff		3,020.28	3,020.28			0.09	4,501.24	*1478
701417 Comp Time						4.24	4.24	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,342,464.86	6,393,633.11	4,948,831.75	56	11,117,859.88	6,215,301.94	4,902,557.94	56
705110 Group Insurance	1,634,990.57	908,590.29	726,400.28	56	1,755,795.20	1,039,199.49	716,595.71	59
705115 ER HSA Contribs	66,000.00	94,573.75	28,573.75	143	528.84	528.84	528.84	
705190 OPEB Contribution	1,305,188.75	761,360.11	543,828.64	58	1,181,459.50	689,184.72	492,274.78	58
705199 Lab Cost Sav-Benef								
705210 Retirement	2,979,795.23	1,701,453.56	1,278,341.67	57	2,907,354.95	1,642,417.97	1,264,936.98	56

Period: 1 thru 7 2018 P&L Accounts
 Accounts: GO-P-L
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 202-0 Health Department
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
705215 Retirement Calculation								
705230 Medicare April 1986	147,350.99	87,889.95	59,461.04	60	143,402.90	85,305.54	58,097.36	59
705240 Insur Budgeted Incr	48,610.06		48,610.06					
705320 Workmens Comp	97,239.22	57,046.02	40,193.20	59	93,192.68	56,809.30	36,383.38	61
705330 Unemploy Comp	10,224.39	4,098.20	6,126.19	40	13,751.40	4,280.89	9,470.51	31
705360 Benefit Adjustment	28,460.70		28,460.70		21,528.82	21,528.82	21,528.82	
* Employee Benefits	6,317,859.91	3,615,011.88	2,702,848.03	57	6,117,014.29	3,517,197.91	2,599,816.38	57
710100 Professional Services	460,461.74	80,039.77	380,421.97	17	655,629.51	57,405.11	598,224.40	9
710101 Lab Testing Services								
710105 Medical Services	9,121.00	3,606.80	5,514.20	40	9,971.00	4,065.97	5,905.03	41
710108 MD Consultants	58,936.00	27,921.28	31,014.72	47	61,210.14	29,696.28	31,513.86	49
710110 Contracted/Temp Svcs	53,609.96	46,574.48	7,035.48	87	39,600.00	8,790.92	30,809.08	22
710119 Subrecipient Payments								
710155 Lobbying Services								
710200 Service Contract	61,928.65	71,700.02	9,771.37-	116	91,731.00	47,241.41	44,489.59	51
710201 Laundry Services		1,135.78	1,135.78-					
710205 Repairs and Maintenance	13,645.00	8,969.73	4,675.27	66	14,843.00	7,512.30	7,330.70	51
710210 Software Maintenance	3,000.00	3,059.42	59.42-	102	12,319.28	2,941.75	9,377.53	24
710300 Operating Supplies	144,572.04	54,656.69	89,915.35	38	178,448.91	80,058.77	98,390.14	45
710302 Small Tools & Allow	1,435.00	35.55	1,399.45	2	1,435.00	1,266.16	168.84	88
710308 Animal Supplies	1,600.00	779.86	820.14	49	1,600.00	1,049.00	551.00	66
710312 Special Dept Expense		479.55	479.55-					
710319 Chemical Supplies	767,535.00	766,308.60	1,226.40	100	438,225.00	234,975.14	203,249.86	54
710325 Signs and Markers								
710334 Copy Machine Expense	26,066.36	10,793.57	15,272.79	41	35,875.40	12,152.63	23,722.77	34
710335 Copy Mach-Copies	4,044.00	3,981.57	62.43	98	2,001.00	2,539.15	538.15-	127
710350 Office Supplies	36,397.96	18,901.81	17,496.15	52	42,667.00	24,704.53	17,962.47	58
710355 Books and Subscriptions	8,145.00	6,965.62	1,179.38	86	15,689.80	4,708.26	10,981.54	30
710360 Postage	19,259.80	9,354.21	9,905.59	49	21,774.29	9,202.96	12,571.33	42
710361 Express and Courier	100.00	13.24	86.76	13	370.00	151.63	218.37	41
710391 Fuel & Lube	125.00		125.00		125.00		125.00	
710400 Pmts to O Agencies	140,650.00	131,757.75	8,892.25	94	31,500.00	38,420.03	6,920.03-	122
710412 Do Not Use								
710500 Other Expense	27,606.00	3,096.08	24,509.92	11	105,779.58	7,207.05	98,572.53	7
710502 Printing	29,043.00	5,467.09	23,575.91	19	26,573.00	4,193.25	22,379.75	16
710503 Licenses & Permits	8,345.00	3,322.57	5,022.43	40	9,245.00	3,785.00	5,460.00	41
710504 Registration		1,400.00	1,400.00-			504.00	504.00-	
710505 Rental Equipment		1,812.00	1,812.00-		1,800.00	1,800.00		100
710506 Dept Insdeductible		300.00	300.00-			283.79	283.79-	
710507 Network and Data Lines	9,050.00	3,840.12	5,209.88	42	9,662.00	4,881.70	4,780.30	51
710508 Telephone Land Lines	35,611.17	20,551.49	15,059.68	58	36,606.00	20,412.12	16,193.88	56
710509 Seminars and Meetings	42,253.00	19,029.50	23,223.50	45	47,577.00	16,498.74	31,078.26	35
710512 Auto Expense	9,667.20	3,275.35	6,391.85	34	13,108.80	4,300.89	8,807.91	33

Period: 1 thru 7 2018
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202 Health Fund
 Fund Center: 202-0 Health Department
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710514 Regulatory Assessments	20,000.00	9,923.12	10,076.88	50	20,000.00	6,836.08	13,163.92	34
710519 Cellular Phone	14,341.00	6,540.85	7,800.15	46	14,833.00	7,898.11	7,898.11	47
710529 Dues	32,129.00	30,403.00	1,726.00	95	8,362.00	31,718.00	23,356.00	379
710535 Credit Card Fees	51,157.00	31,851.08	19,305.92	62	52,157.00	14,271.83	37,885.17	27
710546 Advertising	167,119.00	64,551.26	102,567.74	39	149,711.50	96,000.00	53,711.50	64
710551 Cash Discounts Lost		5.90	5.90			8.89	8.89	
710563 Recruitment		770.79	770.79					
710571 Safety Expense	57,891.00	21,821.00	36,070.00	38	55,000.00	4,060.00	50,940.00	7
710577 Uniforms & Special C	4,200.00	3,834.00	366.00	91	5,657.22	6,604.40	947.18	117
710585 Undesignated Budget	794,954.44		794,954.44		450,000.00		450,000.00	
710594 Insurance Premium	5,815.00		5,815.00		5,815.00		210.25	96
710600 LT Lease-Office Space	76,606.80	44,687.30	31,919.50	58	76,606.80	41,114.40	35,492.40	54
710620 LT Lease-Equipment								
710703 Biologicals	277,612.46	176,074.59	101,537.87	63	302,681.46	152,036.93	150,644.53	50
710714 Referral Services	6,780.00	2,712.00	4,068.00	40	6,780.00		6,780.00	
710721 Outpatient	114,985.08	42,438.28	72,546.80	37	108,554.84	48,417.29	60,137.55	45
710872 Food Purchases	2,744.00	669.16	2,074.84	24	2,994.00	675.50	2,318.50	23
711008 Combined Utilities	90,800.00	52,966.62	37,833.38	58	90,800.00	52,966.62	37,833.38	58
711010 Utilities								
711100 ESD Asset Management	40,091.00	24,696.00	15,395.00	62	47,382.00	27,300.00	20,082.00	58
711113 Equip Srv Replace	55,158.57	28,358.49	26,800.08	51	44,875.90	22,968.17	21,907.73	51
711114 Equip Srv O & M	64,486.11	43,010.75	21,475.36	67	66,314.69	34,350.70	31,963.99	52
711115 Equip Srv Motor Pool	5,000.00		5,000.00		5,000.00		5,000.00	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,852.21	17,743.96	10,108.25	64	34,167.20	15,418.26	18,748.94	45
711119 Prop & Liab Billings	82,007.00	47,837.43	34,169.57	58	82,007.00	45,913.00	36,094.00	56
711210 Travel	161,414.17	45,846.01	115,568.16	28	183,340.61	38,443.33	144,897.28	21
711213 Travel-Non Cnty PERS		1,944.19	1,944.19			2,147.74	2,147.74	
711300 Cash Over Short		0.10	0.10			39.99	39.99	
711399 ProCard in Process						41.24	41.24	
711400 Overhead - General Fund	1,520,621.00	887,028.94	633,592.06	58	1,700,797.00	992,131.56	708,665.44	58
711504 Equipment nonCapital	83,269.53	65,003.56	18,265.97	78	75,391.86	94,373.79	18,981.93	125
711508 Computers nonCapital	20,000.00	1,943.89	18,056.11	10				
711509 Comp Sftw nonCap	2,631.00	4,770.00	2,139.00	181				
* Services and Supplies	5,751,873.25	2,966,561.57	2,785,311.68	52	5,494,595.79	2,391,544.92	3,103,050.87	44
781004 Equipment Capital	100,000.00		100,000.00		40,472.00	35,339.51	5,132.49	87
781007 Vehicles Capital								
781009 Comp Sftw Capital								
* Capital Outlay	25,000.00	16,916.00	8,084.00	68	25,000.00	35,339.51	25,000.00	54
** Expenses	125,000.00	16,916.00	108,084.00	14	65,472.00	30,132.49	30,132.49	54
621001 Transfer From General	23,537,198.02	12,992,122.56	10,545,075.46	55	22,794,941.96	12,159,384.28	10,635,557.68	53
* Transfers In	10,051,691.00	6,086,334.31	3,965,356.69	61	10,002,381.00	5,714,832.69	4,287,548.31	57
812230 To Reg Permits-230	10,051,691.00	6,086,334.31	3,965,356.69	61	10,002,381.00	5,714,832.69	4,287,548.31	57
	100,271.33		100,271.33		58,081.34	58,081.34		100

Period: 1 thru 7 2018
 Accounts: GO-P-L P&L Accounts
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 Fund Center: 202-0 Health Department
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Accounts	2018 Plan	2018 Actuals	Balance	Actv	2017 Plan	2017 Actual	Balance	Actv
814430 To Reg Permits Capit								
* Transfers Out	100,271.33		100,271.33		58,081.34	58,081.34		100
** Other Financing Src/Use	9,951,419.67-	6,086,334.31-	3,865,085.36-	61	9,944,299.66-	5,656,751.35-	4,287,548.31-	57
** Total	782,462.92	203,540.01-	986,002.93	26-	1,227,669.13	957,967.15	269,701.98	78

IHCC 2017 Accomplishments

February 22, 2018

IHCC 2017 Goals

NEW GOALS

- No notice/low notice medical surge exercise (planning components) ✓
- IHCC Response Plan – planned for Spring/Summer 2018
- Regional triggers
 - Assets/resources – supply chain
- Regional visitation policies

REOCCURRING TRAINING GOALS:

- MAEA training ✓
- MCIP Training ✓
- ICS 300, 400 ✓
- Conditions of Participation ✓
- HICS ✓
- WebEOC Training (Patient Tracking) ✓
- Region 2 West Medical Surge Plan Training ✓
- Healthcare Requesting Form ✓

REOCCURRING PLANNING GOALS:

- Physician assignments and emergency credentialing
- MCIP plan revisions ✓
- MAEA plan revision ✓
- Hospital survey (plus coalition survey) ✓

REOCCURRING EXERCISE GOALS:

- Full-scale evacuation of hospitals (community-wide exercise)
- Full-scale Infectious Disease exercise ✓
- Communications (ARES) exercise ✓
- Water Tanks Exercise ✓
- Region 2 West Medical Surge Plan TTX ✓
- WebEOC Training (Patient Tracking) Exercise ✓
- Isolation and Quarantine TTX

OTHER GOALS:

- Increase membership
 - SNFs/LTCs ✓
 - Surgical Facilities ✓
 - Behavioral Health ✓
 - Dialysis
 - Home Health ✓
 - Hospice ✓
- Grant opportunities ✓



Exercises

- **Disaster Behavioral Health TTX** – March 14
- **NWS Social Media (Flood/ Fire)** – March 22
- **CBRNE Precautions TTX** – March 28
- **Broken Wing Exercise** – May 2
- **Recovery Workshop** – July 12
- **Balloon Race Exercise** – August 2
- **Air Race Exercise** – August 23
- **Extended Power Outage Incident Exercise** - September 19
- **IHCC Communications Drill** - September 26
- **Shake Rattle N Roll** – October 19
- **Operation My Kidneys**- October 24
- **Airport Active Shooter Tabletop Exercise** - October 26
- **Operation Treating Water** – November 3
- **Hearthstone Rehabilitation Center TTX** – November 9
- **Operation Treading Water Take 2** – November 14

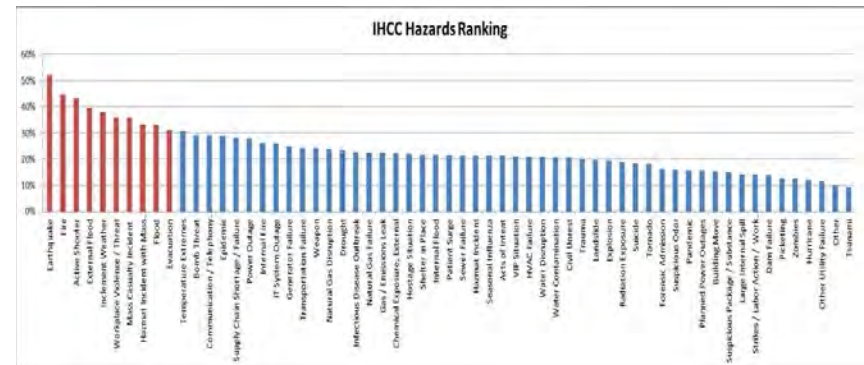


Trainings

- **Incident Command Systems (ICS) Training IMT** - January 10-11
- **Recovery Task Force Meeting** - January 10
- **Pediatrics MGT-436** – January 18-19
- **WebEOC Training** – February 7-9
- **LEPC Meeting** – February 16
- **FAST Training** – February 26-27
- **PREPARE Washoe Meeting** – March 15
- **ICS 300** – March 29-31
- **April 4-5** – NTSB Friends/ Relative Center Training;
- **Hospital Incident Command Training** – April 18-19, 2017
- **LEPC Meeting** – April 20
- **ICS 400** – April 25-26
- **Hospital Incident Command Training** – May 9-10, 2017
- **LEPC Meeting** - June 15
- **PREPARE Washoe Meeting** – June 21
- **Regional Safety and Emergency Preparedness Expo** – June 22
- **Final Recovery Wrap** – Up Meeting – September 13
- **Active Assailant Exercise** – September 27
- **Fire Shows West** – October 2-5
- **LEPC** – October 19
- **Active Assailant Exercise** – November 8
- **NV AFN Support Team** – November 15

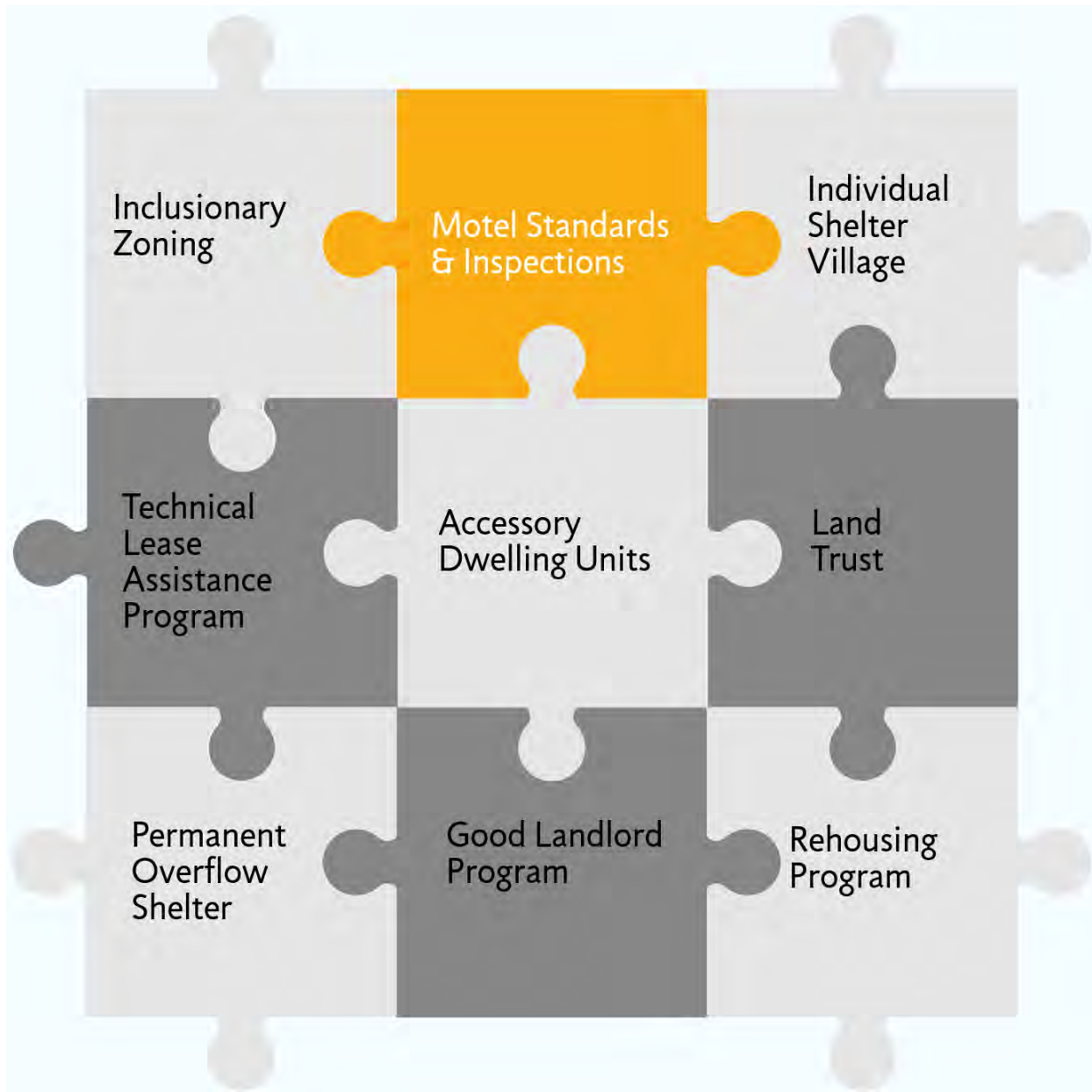
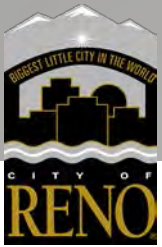
Documents/Events

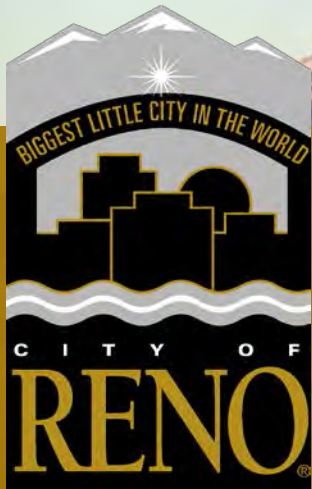
- IHCC Preparedness Planning Guidelines
- Resource and Gap Analysis
- Coalition HVA
- Regional Plans
 - [MAEA/MCIP](#)
 - [Pharmaceutical Cache](#)
- Flood 2017



Housing Initiatives

DBOH AGENDA ITEM NO. 8

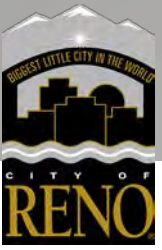




MOTEL INSPECTION PROGRAM

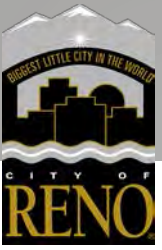
Code Enforcement Division, Community Development
February 22, 2018

Motels in Reno



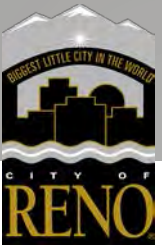
- Do not currently have an identification/ classification for “long term stay/residential motels”
- No way to identify exact number of long term motels as they may convert without notice to the city
- WC Health uses payment of lodging tax as determination to regulate
- According to the last count in time there are at least 75 motels in Reno (this number is actively fluctuating with acquisitions and demolitions)

Motels in Reno




- In 2014, 60 motels were identified in downtown RDA1 area
- 82% are approximately 60 years or older
- The remaining 18% are approximately 40 years or older

Where are they?



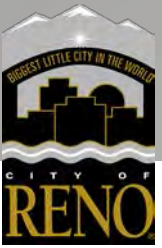
CITY OF RENO MOTEL INVENTORY

 Motels (66)

 Business Improvement District



Purpose of Motels



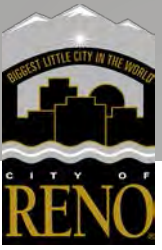
- Serve as an alternative to renting a typical apartment – no deposits, utilities, lease obligations
- Do not charge lodging tax and have weekly rates; Average up from \$150 to \$225
- Referred to as weeklies; Majority of tenants live monthly - some for years
- Average tenancy is 50% senior citizens

How are Motels currently regulated?



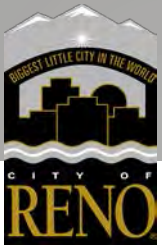
- Lodging tax is usually not collected; Self reporting
- WC Health focus is to protect the public health and safety of transient lodging
- Payment of lodging tax is currently a criteria used to classify businesses as residential rental or transient lodging
- WC Health inspects for issues similar to Reno Housing/Property Maint. Code & currently works with Reno Code Enforcement on complaints
- Code Enforcement also focuses on Public Nuisances as defined in the RMC (e.g. junk cars, zoning & building codes)

Common Code Violations in Motels



- Inoperable/broken windows
- Inadequate fire prevention (inoperable smoke detectors)
- Insufficient/no heat
- Insufficient water (no hot water)
- Unsanitary conditions
- Bed bugs
- Pest infestations (roaches, mice)
- Unsafe electrical system
- Inadequate door security (deadbolts)
- Criminal activity (prostitution, drugs)
- Over occupancy

12 Month Period Comparison



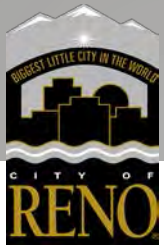
Service Costs and Fees

	Total # Rooms	Total # CFS	CFS per Room	EMS	Family Disturbance	Fight	Larceny	Sex	Suicide	Suspicious Person	Unwanted	Warrant	Welfare Check
10 Sampled Motels	816	2683	3.3	503	337	77	29	10	58	54	157	30	128
1 Sampled Hotel	1711	815	0.47	235	32	19	21	8	22	8	15	2	13

	Existing Number of Units	Current Flat Annual Business License Fees	Dispatch Calls for Service (12 Months)	*Costs for CFS. @ \$150.00
10 Sampled Motels	816	\$4,626.50	2683	\$402,450.00

* \$150.00 is based on avg.1 hr. cost of first responders; Includes equipment & support costs

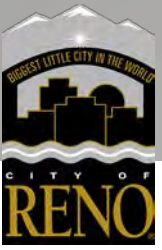
Code Enforcement Motel Inspections



Sample Motel with 36 units

- Some tenants and management do not have keys to rooms
- Electrical, heating mechanical and plumbing installed w/o building permits
- Laundry facility relocated to a new room w/o permits
- All rooms had missing smoke detectors (now installed)
- Some windows are deteriorated w/o proper insulation/sealant
- Uncapped piping sticking out from the floors (removed radiant heaters)
- Several windows missing screens/ripped
- Defective/non-functioning deadbolts
- Deterioration of ceilings in the top floor of individual rooms
- Concern w/roofing components and occupant safety
- Cabinets missing doors/hardware
- Missing fans in bathrooms
- Open junction boxes
- Missing/deteriorated caulking (bathtub, sink, toilet)
- Toilets with broken handles, seat covers, and inability to flush properly
- Large degree of cockroaches and other unidentified insects on site
- Evidence of unlawful cooking appliances in rooms (hot plates, skillets)
- Some sinks are clogged/leaking
- Using portable space heaters as permanent source of heat
- Electrical receptacles painted shut (unusable)
- Permanent use of extension cords
- Appliances improperly installed in windows
- Stairs missing railings
- Holes/cracks in walls/ceilings
- Damaged vinyl floor coverings/carpeting
- Decayed/deteriorated door frames
- Some windows cracked
- Some windows screwed/nailed shut

Motel Inspection Images



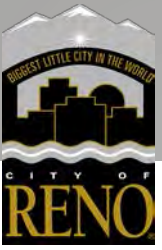
Kerosene in 55gl Drums



Kerosene fed into furnace 15' away



Motel Inspection Images



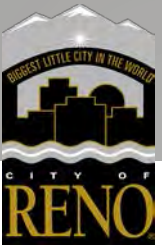
Unsafe Electrical



Non Functioning Bathroom



Motel Inspection Images



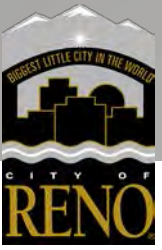
Improper Waste Storage



Bed Bug Infestation

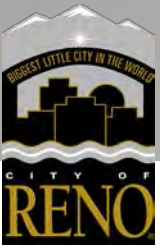


Business Model choices

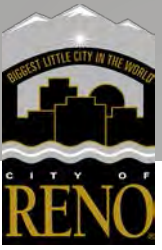


- Operate as a transient rental property with all related requirements (i.e. payment of lodging tax, comply with Health Department permits, regulations & inspections); or
- Operate as a non-transient housing rental property with all related requirements (i.e. proposed Motel Inspection Program)

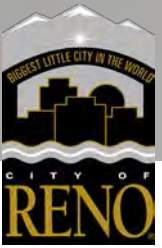
Proposed Motel Inspection Program



- New classification with a new Business License
- Annual inspection of every unit and the exterior - Ensures compliance with nuisance, building, and property maintenance codes (tied to the annual business license renewal)
- Require clean linen weekly
- Crime Prevention Through Environmental Design (CPTED) review from MIT
- Owners and property managers attend Crime Free Training and maintain Motel Crime Free certification
- Onsite manager available 24hrs
- Work cards for managers
- Proactive inspections prevent increased problems onsite and ensure properties are properly maintained



- Kitchens in each room; or
- Designating common kitchens to serve a designated number of rooms/residents (e.g., Convert a room into a common kitchen for every 10 rooms)
- Laundry facilities (e.g., Convert a room into a laundry facility)



- Staff request the Washoe County District Board of Health to Council accept the presentation
- Provide any guidance, input or suggestions
- Provide Approval for Health District Staff to continue working with Reno Staff

DD	CA	—
DHO		KD —
DA		—
Risk		—

Staff Report
Board Meeting Date: February 22, 2018

TO: District Board of Health

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

SUBJECT: Presentation, discussion and possible adoption of the Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related 010.000 Definitions.

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations Governing Air Quality Management (Regulations).

District Health Strategic Objective supported by this item: #2 - Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

On January 25, 2018, the District Board of Health adopted the Business Impact Statement 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 February 22, 2018 at 1:00 pm.

December 20, 2012. A revision to Section 040.080, Subsection C – Standards, provided for an exemption from the Phase II vapor recovery requirements for facilities that could demonstrate at least 95% of the fleet vehicles being fueled were equipped with on-road vapor recovery systems.

August 7, 2012. EPA issued a memorandum allowing air districts to remove Phase II vapor recovery requirements.

April 22, 2005. A revision to Section 040.080 brought the Regulations into compliance with the then current U.S. Environmental Protection Agency (EPA) guidelines on Phase I and Phase II vapor recovery.

BACKGROUND

Gasoline dispensing pump vapor control devices, commonly referred to as Phase II vapor recovery, are systems that control volatile organic compounds (VOCs) released during the refueling of motor vehicles. This process takes the vapors normally emitted directly into the atmosphere when pumping gas and recycles them back into the fuel storage tanks, preventing them from polluting the air. The Phase II system controls the release of VOCs, benzene and other toxics emitted from gasoline.

Since the early 2000s, new passenger cars, light-duty trucks, and most heavy-duty gasoline powered vehicles are required to be equipped with onboard refueling vapor recovery (ORVR) systems. ORVR systems are carbon canisters installed directly on automobiles to capture the fuel vapors evacuated from the gasoline tank before they reach the nozzle of a gas pump. The fuel vapors captured in the carbon canisters are then combusted in the engine when the automobile is in operation.

The phase-in of ORVR controls has essentially eliminated the need for Phase II vapor recovery systems. As such, EPA has been working with local agencies as they strive to address State legislation and/or revise State regulations aimed at phasing-out Phase II vapor recovery programs. Phase II vapor recovery was always intended by EPA as an intermediary step until most of the nationwide vehicle fleet could be equipped with ORVR.

Washoe County AQMD implemented the requirement for gasoline dispensing facilities (GDF) to install and maintain Phase II in 1997. This measure was adopted to aid in the control of the formation of ozone within the jurisdiction. The support documentation for the August 7, 2012, EPA letter references that in 2012 the national fleet is 75% ORVR compliant. In Washoe County the fleet reached 75% in 2016. Since the Washoe County fleet has had a slower rate of ORVR conversion, the WCAQMD delayed the Phase II decommissioning until the target ORVR fleet rate was achieved.

Public notice for the revisions to these Regulations was published in the Reno Gazette-Journal on December 1, 12, and 29, 2017. The proposed revisions were also made available in the "Current Topics" section of the AQMD website (www.OurCleanAir.com). All GDFs in Washoe County will potentially be affected by this rule change. Each of the affected businesses was contacted and provided with a copy of the notification and a solicitation for comments. Public workshops were scheduled on January 12, 2017 at noon and at 6 pm, to address any questions or concerns, no GDF representatives or members of the public attended either workshop. Due to the large number of affected businesses, the published notification included instructions that an additional public workshop would be scheduled upon receipt of a written request. No request for an additional workshop or any comments were received from any of the affected businesses or the general public by the January 8, 2018 deadline.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the regulations as the revisions will not require any modifications to the existing administrative duties associated with the implementation of the program.

Subject: Revisions to DBOH Regulations, Sections 040.080 & 010.000

Date: February 22, 2018

Page 3 of 3

RECOMMENDATION

Staff recommends the District Board of Health approve and adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related Section 010.000 Definitions.

POSSIBLE MOTION

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

“Move to approve and adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities and related Section 010.000 Definitions. “

040.080

GASOLINE TRANSFER AND DISPENSING FACILITIES (Adopted 2/27/91; Revised 10/22/97, 4/22/05, [12/20/12](#), [mm/dd/yy](#))

SECTION A – GENERAL

1. PURPOSE: The purpose of this regulation is to control and reduce emissions of volatile organic compounds (VOC)s from the sale and distribution of gasoline by requiring:
 - a. Control of gasoline vapors during the transfer and storage into stationary containers (Phase I)
 - ~~b. Control of gasoline vapors from the fueling of vehicles (Phase II).~~
 - ~~c.~~ b. Enhanced Vapor ~~recovery~~ Recovery (EVR)
2. APPLICABILITY: All gasoline dispensing and storage facilities within the Health District. Certain requirements, including exemptions, are defined within the rules – differing standards apply to various operations within the gasoline-dispensing infrastructure.

SECTION B – DEFINITIONS: For the purpose of these regulations, the following definitions shall apply:

- ~~1. Building, Structure, Facility, or Installation means all of the pollutant emitting activities, which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties and are under the control of the same person (or persons under common control). Pollutant emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" (i.e. which have the same first two digit code) as described in the Standard Industrial Classification Manual, 1972, as amended by the 1977 Supplement (U.S. Government Printing Office stock Number 4101-0066 and 003-005-00176, respectively).~~
- ~~2. Control Officer means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the inter local agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.~~
- ~~3.~~ 1. District Approved Vapor Control System is means a system ~~which~~ that is designed to control vapors ~~that are~~ released during gasoline transfer operations, and that is certified by either the California Air Resources Board or the New York Department of Environmental Conservation to be at least 95 percent efficient and has been approved by the Control Officer for installation and operation in Washoe County. (Adopted 2/27/91)
- ~~4.~~ 2. Enhanced Vapor Recovery (EVR) shall means equipment ~~which~~ that complies with the ~~Enhanced Vapor Recovery (EVR)~~ requirements, approved pursuant to California Air Resources Board regulation CP-201 "Certification Procedure for Vapor Recovery Systems at Gasoline Dispensing Facilities", specifically, the use of the equipment certified through Executive Order by the California Air Resources Board to meet those requirements.
- ~~5.~~ 3. Gasoline includes means any petroleum distillate having a Reid vapor pressure of four (4) pounds per square inch or greater.

- ~~64.~~ Gasoline Dispensing Facility (GDF) ~~is~~ means a facility ~~which~~ that dispenses gasoline to the end user.
- ~~7.~~ ~~Leak Free means a liquid leak no greater than three (3) drops per minute. (Adopted 2/27/91)~~
85. Major GDF Modification means the modification of an existing GDF that makes it subject to the same requirements to which a new installation is subject. This includes any modification of the ~~phase~~ Phase I vapor control system that causes any part of an underground storage tank top to be ~~unburied~~ exposed, including the addition, replacement, or removal of any underground storage tank at the facility. Major GDF modification also includes 1) any modification to the ~~phase~~ Phase II vapor control system that involves the removal, addition or replacement of 50 percent or more of the buried vapor piping; or 2) addition or replacement of 50 percent or more of the buried product piping.
- ~~9.~~ ~~ORVR (Onboard Refueling Vapor Recovery) means a vehicle emission control system that captures fuel vapors from the vehicle gas tank during refueling. The gas tank and fill pipe are designed so that when refueling the vehicle, fuel vapors in the gas tank travel to an activated carbon packed canister, which adsorbs the vapor. When the engine is in operation, it draws the gasoline vapors into the engine intake manifold to be used as fuel.~~
- ~~106.~~ Phase I means gasoline vapor recovery from stationary tanks during the transfer of gasoline from delivery vehicles to stationary tanks used for re-fueling motor vehicles or equipment. It May ~~may~~ also be referred to as Stage I vapor recovery. (Adopted 2/27/91, Revised 10/22/97)
- ~~117.~~ Phase II means gasoline vapor recovery from vehicle fuel tanks during vehicle refueling operations from stationary tanks. It May ~~may~~ also be referred to as Stage II vapor recovery. (Adopted 2/27/91, Revised 10/22/97)
- ~~128.~~ Submerged Fill Pipe means any fill pipe of which the discharge opening ~~of which~~ is entirely submerged when the liquid level is six (6) inches or more above the bottom of the tank, or when applied to a tank ~~which~~ that is loaded from the side, submerged fill pipe ~~shall~~ means any fill pipe of which the discharge opening ~~of which~~ is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.
- ~~139.~~ Topping Off ~~means to an~~ attempt to dispense gasoline to a motor vehicle fuel tank after a vapor recovery dispensing nozzle has shut off automatically. The filling of those vehicle tanks which, because of the nature and configuration of the fill pipe, causes premature shut off of the dispensing nozzle, and which are filled only after the seal between the fill pipe and the nozzle is broken, shall not be considered topping off. (Adopted 2/27/91)
- ~~1410.~~ Vapor-Tight means a reading of less than 10,000 ppm, above background, as methane, when measured at a distance of one centimeter from the leak source with a portable hydrocarbon detection instrument. Background is defined as the ambient concentration of organic compounds determined at least three meters upwind from any equipment to be inspected and ~~which~~ that is uninfluenced by any specific emission permit unit. (Adopted 2/27/91)
- ~~15.~~ ~~Volatile Organic Compounds means any volatile compound containing carbon, with the exception of the following:~~

carbon monoxide	carbon dioxide
carbonic acid	metallic carbides
metallic carbonates	ammonium carbonate
methane	ethane
acetone	CFC 11
CFC 22	CFC 23
CFC 113	CFC 114
CFC 115	HCFC 123
HCFC 124	HCFC 141b
HCFC 142b	HFC 125
HFC 125a	HFC 134
HFC 134a	HFC 143a

Non-volatile organic materials are not considered VOC. (Revised 10/25/95)

SECTION C – STANDARDS: For the purpose of these regulations, the following standards shall apply:

1. GASOLINE TRANSFER INTO STATIONARY STORAGE CONTAINERS (PHASE I).

A person shall not transfer, permit the transfer, or provide equipment for the transfer of gasoline from any tank truck, trailer, or railroad tank car into any stationary storage container with a capacity of more than 950 liters (~~251~~250 gallons) unless all of the following requirements are met:

- a. Such container is equipped with a permanent submerged fill pipe, and
- b. A "District Approved Vapor Control System" is utilized, preventing the release to the atmosphere of not less than 95 percent by weight, of organic compounds in the vapors displaced. The displaced vapors shall be recovered by a vapor control system involving ~~both the storage container and the delivery vehicle~~ transfer of fuel from the distribution vehicle to the stationary storage vessel, and
- c. The system shall contain a "leak-free" and "vapor-tight" gasoline fill connector and vapor return line to the delivery vehicle of at least 7.6 cm. (3 inches-) nominal diameter, and
- d. The vapor control equipment at the facility shall be maintained in such a way that the vapor control system meets the specifications set forth in this section at all times, and
- e. ~~Each~~ Delivery vehicles shall be designed and maintained in a leak free and vapor-tight condition. A vapor laden vehicle may only be refilled at a facility equipped with a vapor control system ~~which~~ that meets the requirements contained in ~~Section 040.075~~ Section 040.075 of these regulations.
- f. ~~All~~ Phase I vapor recovery systems shall have a poppetted drybreak on the vapor return.
- g. All newly constructed ~~Phase I~~ GDFs or existing facilities subject to a major GDF modification, as defined in this regulation, shall be required to install, operate, and maintain a certified EVR Phase I vapor recovery system upon completion of

~~construction or modification.s shall have a two point configuration, which means that the system shall have a separate connection for liquid gasoline and a separate connection for vapor recovery. Newly constructed systems shall include, for the purposes of this regulation, all construction projects where one or more underground tanks are installed or replaced.~~

2. PHASE I EXEMPTIONS:

- a. ~~Storage tanks with a capacity of less than 251 gallons~~ not more than 250 gallons.
- b. ~~Storage tanks installed prior to the date of adoption of this regulation with an annual throughput of less than 60,000 gallons that were not previously equipped with Phase I vapor recovery.~~

~~3.~~ 3. GASOLINE TRANSFER INTO VEHICLE FUEL TANKS (PHASE II).

- a. Newly constructed or existing facilities subject to a major GDF modification, as defined in this regulation, shall be exempt from the requirements to install a Phase II vapor recovery system. If an owner/operator of a new facility prefers to install a Phase II vapor recovery system, the equipment must be installed in accordance with the certification requirements and manufacturer's specifications to ensure the equipment is maintained as leak-free and vapor-tight and in good working order.
- b. Owners/Operators of existing facilities previously equipped with Phase II vapor recovery systems may:
 - (1) Decommission the Phase II vapor recovery equipment upon completion of the installation of an EVR Phase I vapor control system; or
 - (2) Continue to operate the Phase II vapor recovery equipment in accordance with the certification requirements and manufacturer's specifications to ensure the equipment is maintained as "leak-free", "vapor-tight", and in good working order.

~~A person shall not transfer, permit transfer, or provide equipment for the transfer of gasoline from a stationary storage container to which gasoline has been transferred from another container subject to the provisions of paragraph C1, above, into any motor vehicle fuel tank of greater than 19 liters (5 gallons) capacity unless;~~

- a. ~~The dispensing unit used to transfer the gasoline from the stationary storage container to the motor vehicle fuel tank is equipped with a "District Approved Vapor Control System"; and~~
- b. ~~The vapor recovery system is operating in accordance with the manufacturer's specifications and shall be maintained to be "leak free", "vapor-tight", and in good working order; and~~

~~c. Equipment subject to this regulation is operated and maintained with none of the following defects:~~

~~(1) A nozzle boot which is torn in one or more of the following manners:~~

- ~~i. Triangular shaped or similar tear 1/2 inch or more to a side.~~
- ~~ii. A hole 1/2 inch or more in diameter.~~
- ~~iii. A slit 1 inch or more in length.~~
- ~~iv. Damaged face plate or flexible cone.~~

~~(2) Nozzle shut off mechanisms which malfunction in any manner.~~

~~(3) Vapor return lines (including such components as swivels, anti-recirculation valve, and underground piping) which malfunction or are blocked or restricted.~~

~~(4) A vapor processing unit which is inoperative.~~

~~Any tank may be opened for gauging or inspection when loading operations are not in progress provided that such tank is not pressurized.~~

~~The requirements of Section 040.080 do not apply to deliveries made to completely fill stationary tanks for the purpose of leak testing provided that such deliveries do not exceed 1,000 gallons at each facility.~~

~~c. Prohibition of use: Whenever the Control Officer determines that a Phase I or Phase II vapor recovery system or any component is not operating in compliance with thereof, as described by these regulations, the Control Officer shall mark such system or component "out of Order". No person shall use or permit the use of such marked component or system until it has been repaired, replaced, or adjusted, as necessary, and the Control Officer has re-inspected it or has authorized its use pending re-inspection.~~

~~4. PHASE II EXEMPTIONS:~~

~~a. Facilities with an annual throughput of less than 240,000 gallons of gasoline. Persons requesting such an exemption shall certify their eligibility annually and maintain adequate records as specified by the Control Officer.~~

~~b. Vehicle to vehicle refueling.~~

~~c. Facilities which exclusively refuel vehicles that are not motor vehicles as defined by the Nevada Revised Statute 482.135.~~

~~d. Any stationary tank with a fuel storage capacity of 1001 gallons or less.~~

~~e. Facilities which exclusively refuel fleets that are not comprised of at least 95% ORVR equipped vehicles. Persons requesting such an exemption shall provide documentation to the Control Officer on each of the fleet vehicles that may be serviced including the make, model year, gross vehicle weight, and the evaporation family code assigned to the ORVR system.~~

~~5. ENHANCED VAPOR RECOVERY (EVR) REQUIREMENTS~~

~~Facilities which are subject to the requirements of 040.080 C (3) of these regulations (Phase II vapor controls) shall be required to install equipment which meets the "Enhanced Vapor Recovery (EVR)" requirements, with the compliance dates and requirements for installation of this equipment as follows:~~

- ~~a. Gasoline Dispensing Facilities (GDFs) which undergo any major modification as defined in this regulation, shall be required to install Phase I vapor control equipment which is certified to meet the Phase I portion of the Enhanced Vapor Recovery (EVR) requirements for the entire facility upon completion of the modification.~~
- ~~b. All Gasoline Dispensing Facilities (GDFs) shall be exempt from requirements to install equipment which meets the Phase II portion of Enhanced Vapor Recovery (EVR) rules.~~

SECTION D – ADMINISTRATIVE REQUIREMENTS: For the purpose of these regulations, the following administrative requirements shall apply:

1. ~~**AUTHORITY TO CONSTRUCT REQUIREMENTS:**~~ Except as exempted in these regulations, a written Authority to Construct shall be required to construct, erect, alter or replace any equipment ~~which~~that may cause, potentially cause, reduce, control or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to Construct. An Authority to Construct is not needed for routine operation and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc. All modifications, which are major GDF modifications as defined in these regulations, shall require an Authority to Construct permit.
2. ~~**BUILDING PERMIT ISSUANCE:**~~ No local government authority within the Health District may issue a building permit to any person who wishes to operate, construct, establish, or relocate or modify any stationary source ~~which~~that requires an authority to construct or permit to operate until the Authority to Construct or Permit to Operate has been issued by the Control Officer.
3. ~~**IMPLEMENTATION:**~~ A person shall not offer for sale, sell, or install within the Health District, any Phase I or Phase II vapor recovery equipment unless such equipment is "District Approved Vapor Control System" equipment. Such equipment shall also be approved by the appropriate local fire protection agency for the jurisdiction in which it is installed.
4. A person shall not install or modify Phase I ~~or Phase II~~ gasoline vapor recovery equipment, exclusive of repair or replacement of like parts, unless an Authority to Construct has been obtained pursuant to **Section 030.002**.
5. A person shall not operate or allow the operation of Phase I ~~or Phase II~~ gasoline vapor recovery equipment prior to the submission of a Registration Application and issuance of

a Permit to Operate from the District pursuant to **Section 030.200**.

6. A person shall not install or modify Phase II gasoline vapor recovery equipment, exclusive of repair or replacement of like parts, unless an Authority to Construct has been obtained pursuant to Section 030.002.

7. A person shall not operate or allow the operation of Phase II gasoline vapor recovery equipment prior to the submission of a Registration Application and issuance of a Permit to Operate from the District pursuant to Section 030.200.

SECTION E – COMPLIANCE AND RECORDS: For the purpose of these regulations, the following compliance and record requirements shall apply:

1. **RECORD REQUIREMENTS:** All ~~Gasoline Dispensing Facilities (GDFs)~~ shall keep records of the quantities and types of fuels sold or dispensed. GDFs seeking to comply with these regulations through one or more of the various exemptions provided for under these rules shall keep records sufficient to demonstrate that compliance and shall retain them for a period of at least 3 years.

Records to demonstrate that equipment installed in compliance with required Phase I ~~or Phase II~~ vapor controls is certified and approved for such applications shall ~~also~~ be maintained by the operator for a period of at least 3 years.

All ~~records~~ maintenance logs must be maintained as required above and shall be provided to the Control Officer upon request. The maintenance logs must be maintained by the operator for a period of at least 3 years.

2. **COMPLIANCE DEMONSTRATIONS:** The Control Officer may require the operator of a source to provide any applicable data to demonstrate compliance with the conditions of the Permit to Operate. Requested data must be provided in a timely manner, as specified by the Control Officer. Failure to provide this data as requested by the Control Officer constitutes a violation of the conditions of the Permit to Operate, and the affected source would be subject to a citation under these regulations, suspension of their Permit to Operate, or both.

All ~~Gasoline Dispensing Facilities (GDFs)~~ that install new equipment ~~which~~ that alters the Phase I or Phase II vapor systems such that a new Authority to Construct permit is required, shall have 30 calendar days to perform testing to show that the system has been properly installed. The specific procedures and standards to be used for each type of system test shall be established by the Control Officer.

3. **POSTING OF OPERATING INSTRUCTIONS:** The operator of each retail facility utilizing a Phase II system shall conspicuously post operating instructions for the system in the gasoline dispensing area. The instructions shall clearly describe how to fuel vehicles correctly with vapor recovery nozzles utilized at the station, and shall include a warning that "Topping Off" may result in spillage or re-circulation of gasoline, and which is prohibited.

4. **COMPLIANCE SCHEDULE:** All new gasoline dispensing facilities, or those existing facilities commencing underground storage tank replacement ~~which~~ that receive an initial

building permit after July 1, 1991 shall be in compliance with the provisions of this rule at the time gasoline is first received or dispensed.

~~Any existing facilities which have been exempt under Subsection 040.080 C(2.) above, and later increase their annual throughput to an amount in excess of 240,000 gallons of gasoline, shall be required to install Phase II vapor controls in compliance with the provisions of this rule within one year of the date that the facility throughput exceeds the 240,000 gallon threshold. Once the annual throughput of 240,000 gallons has been exceeded, the facility can no longer be considered exempt under Subsection 040.080 C(2.).~~

~~Any existing facilities which have been required to install Phase II vapor controls under these regulations, and which later decrease their annual throughput to an amount less than 240,000 gallons, may not remove or disconnect the Phase II vapor controls.~~

DRAFT

DEFINITIONS

GENERAL: Except as otherwise specifically provided in these regulations, and except where the context otherwise indicates, words used in these regulations are defined as follows:

010.001 "ACT" shall mean the Federal Clean Air Act as amended. (Adopted 10/20/93)

010.002 "ACTUAL EMISSION" means the actual rate of emissions of a pollutant from an emission unit as determined in accordance with **Subparagraphs A - B** below.

- A. In general, actual emissions, as of a particular date, shall equal the average rate in tons per year at which the unit actually emitted the pollutant during a two-year period that precedes the particular date and that is representative of normal source operations. The Control Officer shall allow the use of a different time period upon determination that it is more representative of normal source operations. Actual emissions shall be calculated using the unit's actual operating hours, production rates, and types of materials processed, stored, or combusted during the selected time period:
- B. For any emissions unit that has not begun normal operations as of the particular date, actual emissions shall equal the potential to emit of the unit on that date. (Revised 10/25/95)

010.003 "AFFECTED SOURCE" shall mean a source made up of one or more affected units. An Affected unit shall be any unit or segment of a facility, which is subject to emissions reductions or limitations under title IV of the act. (Adopted 10/20/93)

010.004 "AFFECTED STATE" shall mean all States that are contiguous to Washoe County whose air quality may be affected or are within 50 miles of the Part 70 source under consideration. Notice of all Part 70 issuances, renewals, or modifications shall be provided to Affected States as applicable. (Adopted 10/20/93)

010.005 "AIR CONTAMINANT" shall mean any substance discharged or emitted into the atmosphere, except water vapor and water droplets.

010.010 "AIR POLLUTION" means the presence in the outdoor atmosphere of one or more air contaminants, or any combination thereof, in sufficient quantities and of such characteristics and duration, which are, or may tend to be, injurious to human health and welfare, plant or animal life, or property, or that interfere with the comfortable enjoyment of life or property or the conduct of business.

010.011 "ALLOWABLE EMISSIONS" means the specific maximum emission rate allowed under a Permit To Operate, which shall be based on the source's potential to emit (unless the source is subject to federally enforceable permit conditions that limit the emissions of the source based on use of emissions control equipment, controlled operating rates, hours of operation, or other reproducible emissions control methods as approved by the control officer) based on the most stringent of the following:

- A. Applicable standard as set forth in 40 CFR, Parts 60 and 61;
- B. The applicable state implementation plan limitation;
- C. The emission rate specified as permit condition;

- D. A federally enforceable emissions limitation established in the permit pursuant to an applicable requirement; or
- E. A federally enforceable emissions cap assumed by the source to avoid an otherwise applicable requirement.

(Amended 10/20/93)

010.012 "ALTERNATIVE METHOD" means any sampling and analyzing for an air pollutant, which is not a reference or equivalent method, but which has been demonstrated to the Control Officer's satisfaction to, in specific cases, produce results adequate for the determination of compliance.

010.0125 "ALTERNATIVE OPERATING SCENARIOS" in reference to Part 70 permits shall mean alternative methods, practices, or procedures that do not violate any applicable requirement and shall be established in the Part 70 permit upon request of the applicant in the permit application and the approval of the Control Officer. (Adopted 10/20/93)

010.013 "AMBIENT AIR" means that portion of the atmosphere surrounding people, animal life, and plant life.

010.01325 "SERPENTINE" means any form of hydrous magnesium silicate minerals including, but not limited to, antigorite, lizardite, and chrysotile. (Adopted 9/27/00)

010.01327 "SERPENTINE ROCK MATERIAL" means any rock material that contains at least ten percent (10%) serpentine by weight. (Adopted 9/27/00)

010.0135 "APPLICABLE REQUIREMENTS" in reference to part 70 permits shall mean:

1. Any standard or other requirement provided for in the applicable implementation plan approved or promulgated by EPA through rule making under Title I of the Act that implements the relevant requirements of the Act, including any revisions to that plan promulgated in 40 CFR part 52;
2. Any term or condition of any preconstruction permits issued pursuant to regulations approved or promulgated through rule making under Title I including parts C or D, of the Act;
3. Any standard or other requirement under section 111 of the Act, including section 111(d);
4. Any standard or other requirement under section 112 of the Act, including any requirement concerning accident prevention under section 112(r)(7) of the Act;
5. Any standard or other requirement of the acid rain program under Title IV of the Act or the regulations promulgated thereunder;
6. Any requirements established pursuant to section 504(b) or section 114(a)(3) of the Act;
7. Any standard or other requirement governing solid waste incineration under section 129 of the Act;
8. Any standard or other requirement for consumer and commercial products under section 183(e) of the Act;

9. Any standard or other requirement for tank vessels under section 183(f) of the Act;
10. Any standard or other requirement of the regulations promulgated to protect stratospheric ozone under Title VI of the Act, unless the Administrator has determined that such requirements need not be contained in a Title V permit; and
11. Any national ambient air quality standard or increment or visibility requirement under part C of Title I of the Act, but only as it would apply to temporary sources permitted pursuant to section 504(e) of the Act.

(Adopted 10/20/93)

010.0138 **"ASBESTOS"** means asbestiforms of the following hydrated minerals: chrysotile (fibrous serpentine), crocidolite (fibrous riebeckite), amosite (fibrous cummingtonite--grunerite), fibrous tremolite, fibrous actinolite, and fibrous anthophyllite. (Adopted 9/27/00)

010.014 **"ASPHALT"** includes any dark brown to black cementitious material of which the main constituents are bitumens, which occur naturally, or as a residue of petroleum refining.

010.015 **"ATTAINMENT AREA"** means an area, which is shown by air monitoring, calculated by air quality modeling, or is shown by other reliable methods, to have air quality that meets or exceeds minimum ambient air quality standards.

010.017 **"BASELINE AREA"** means, for each pollutant for which the baseline is established, the area that would have an impact greater than 1 ug/m³ annual average from a proposed major stationary source or major modifications (as established by monitoring and/or modeling, including the source's location, but excluding any portion of the area:

- A. that has been designated as an area of nonattainment for the pollutant; or
- B. for which a baseline date has already been established for the pollutant.

010.018 **"BASELINE CONCENTRATION"** means the level of ambient concentration, which exists within a baseline area as of the applicable baseline date, minus any concentrations of sulfur dioxide or particulate matter from major stationary sources or major modifications on which construction commenced on or after January 6, 1975. Baseline concentration includes:

- A. the actual concentrations of emissions resulting from other sources in existence on the application baseline date; and
- B. the allowed concentration of emissions resulting from major stationary sources and major modifications on which construction was commenced before January 6, 1975, but which were not in operation by the applicable baseline date.

010.019 **"BASELINE DATE"** means, for each baseline area, the date of the first complete application after August 7, 1977, to construct a major stationary source or major modification for which a permit is required under Part C of Title 1 of the Clean Air Act (42 U.S.C. 7401 et seq., as amended) as it exists on the effective date of this definition, as whose emissions would effect that area. The date of the first complete application after August 7, 1977, establishes the baseline date for each pollutant for which increments or other equivalent measures have been established if:

- A. in the case of a major stationary source, the pollutant would be emitted in significant amounts; or

B. in the case of a major modification, there would be a significant net increase in emission of the pollutant.

- 010.020 **"BEST AVAILABLE CONTROL TECHNOLOGY" (BACT)** means an emissions limitation (including a visible emission standard) based on the maximum degree of reduction for each pollutant, subject to regulation under the Federal Clean Air Act, (including toxic and hazardous air pollutants), which would be emitted from any proposed stationary source or modification subject to BACT under District Regulations, which the Control Officer, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such source or modification through application of production processes, or available methods, systems, and techniques, including fuel cleaning, treatment, or innovative fuel combustion techniques for the control of such pollutant. In no event shall application of BACT result in emissions of any pollutant that would exceed the emissions allowed by any applicable standard under 40 CFR Parts 60 and 61, which includes the New Source Performance Standards (NSPS) and the National Emission Standards for Hazardous Air Pollutants (NESHAPS). If the Control Officer determines that technological or economic limitations on the application of emission standards are infeasible, a design, equipment, work practice, operational standards, or combination thereof, may be prescribed instead to satisfy the requirements for the application of BACT. Such standard shall, to the degree possible, set forth the emissions reduction achievable by implementation of such design, equipment, work practice, or operation, and shall provide for compliance by means that achieve equivalent results. (Amended 3/25/92)
- 010.021 **"BEGIN ACTUAL CONSTRUCTION"** means in general, initiation of physical on-site construction activities on an emissions unit that is of a permanent nature. Such activities include, but are not limited to, installation of building supports and foundations, laying of underground pipework, and construction of permanent storage structures. With respect to change in method of operation, this term refers to those on-site activities other than preparatory activities, which mark the initiation of the change.
- 010.023 **"BOARD OF HEALTH"** means the District Board of Health of the Washoe County Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and by the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.
- 010.024 **"BTU - BRITISH THERMAL UNIT"** means the quantity of heat required to raise the temperature of one pound of water by one degree Fahrenheit at or near its point of maximum density (39.1°F).
- 010.025 **"BUILDING, STRUCTURE, FACILITY OR INSTALLATION"** means all of the pollutant emitting activities, which belong to the same industrial grouping, are located on one or more contiguous or adjacent properties and are under the control of the same person (or persons under common control). Pollutant emitting activities shall be considered as part of the same industrial grouping if they belong to the same "Major Group" (i.e. that have the same first two-digit code) as described in the Standard Industrial Classification Manual, 1972, as amended by the 1977 Supplement (U.S. Government Printing Office stock Number 4101-0066 and 003-005-00176, respectively).
- 010.0255 **"CERTIFIED"** means a wood-burning device that has been certified in accordance with current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ (Revised 05/26/16)
- 010.026 **"COLD CLEANER"** includes any batch loaded, non-boiling solvent degreaser.
- 010.027 **"COMBUSTIBLE REFUSE"** means any waste material that can be consumed by combustion.

- 010.028 "COMMENCE" as applied to construction of a major stationary source or major modification, means to commence the construction after the owner or operator has obtained all necessary approvals or permits required before construction under the Federal, State and local laws and regulations on air quality, and:
- A. has begun a continuous program of construction on the site of the source, to be completed within a reasonable time; or
 - B. has entered into binding agreements or contractual obligations, which cannot be canceled or modified without substantial loss to himself, to undertake construction and complete it within a reasonable time.
- 010.030 "COMMERCIAL FUEL OIL" means a liquid or liquefiable petroleum product normally produced, manufactured, used, or sold for the purpose of creating heat for human use or consumption or any other useful purpose.
- 010.032 "COMPLETE" means in reference to an application for a permit that the application contains all of the information necessary for processing the application.
- 010.034 "CONDENSED FUMES" means minute solid particles, which are generated by the condensation of vapors from solid matter after volatilization from the molten state, or which are generated by any sublimation distillation, calcination, or chemical reaction, when these processes create airborne particles.
- 010.035 "CONSTRUCT" means the erection, fabrication, or installation of an affected facility.
- 010.036 "CONSTRUCTION" means any physical change in the method of operation (including fabrication, erection, installation, demolition, or modification of any emissions unit) that would result in a change in actual emissions.
- 010.038 "CONTIGUOUS PROPERTY" means any property under single or joint ownership or operation, which is in physical contact, touching, near or adjoining. Public property or public right-of-way shall not be deemed as a break in any contiguous property.
- 010.040 "CONTROL EQUIPMENT" means any equipment, device, or contrivance, or any combination thereof, which has the function of controlling or eliminating emissions into the atmosphere.
- 010.042 "CONTROL OFFICER" means the District Health Officer of the Washoe County Health District or the person designated by said District Health Officer to enforce these local air pollution control ordinances and regulations as approved by said District Board of Health created pursuant to the interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada.
- 010.044 "CONVEYORIZED DEGREASER" means any continuously loaded, conveyORIZED solvent degreaser, either boiling or non-boiling.
- 010.045 "COOK STOVE" means a wood-stove installed in a kitchen area, which is designed and used for cooking and has a stove-top and an oven. It may also be equipped with gas burners. This wood stove is exempt from the emission standards and requirements of Section 040.051. (Revised 05/26/16)
- 010.046 "CUTBACK ASPHALT" includes any asphalt, which has been liquefied by blending with petroleum solvents (diluent) or which has been produced directly from the distillation of

petroleum.

- 010.047 "DEVELOPMENT" is a group of multifamily dwelling structures built on a parcel of land with common amenities. Examples of a development include but are not limited to, condominiums, apartments, and townhouses. (Adopted 5/23/90)
- 010.048 "DISTRICT HEALTH OFFICER" is the person appointed by the District Board of Health of the Washoe County Health District to administer activities of the Health District of said Health District in all matters directly or indirectly affecting public health, pursuant to the authority of state and local health laws, ordinances, and regulations.
- ~~010.049 "DISTRICT APPROVED VAPOR CONTROL SYSTEM" means a system that is designed to control vapors that are released during gasoline transfer operations and that is certified by either the California Air Resources Board or the New York Department of Environmental Conservation to be at least 95 percent efficient and has been approved by the Control Officer for installation and operation in Washoe County. (Adopted 2/27/91)~~
- 010.0495 "DRAFT PERMIT" shall mean the version of a Part 70 permit that the District offers for public participation or affected State review under District Regulations for Part 70 permits. (Adopted 10/20/93)
- 010.050 "DUST" means minute solid particles released into the atmosphere by natural forces or by mechanical processes such as crushing, grinding, milling, drilling, demolishing, shoveling, conveying, covering, bagging, sweeping, land leveling, or any combination thereof.
- 010.052 "EMISSION" means that act of passing into the atmosphere any air contaminant or a gas stream, which contains any air contaminants, or the air contaminants so passed into the atmosphere.
- 010.054 "EMISSION UNIT" means a discrete part of a stationary source, which emits, or has the potential to emit, any pollutant regulated under these regulations.
- 010.055 "EPA ADMINISTRATOR" shall mean the Administrator of the U.S. Environmental Protection Agency or his designee. (Adopted 10/20/93)
- 010.056 "EQUIVALENT METHOD" means any method of sampling and analyzing for an air pollutant, which has been demonstrated to the satisfaction of the Control Officer to have a consistent and quantitatively known relationship to the reference method, under specified conditions.
- 010.058 "EXCESS EMISSIONS" means an emission rate, which exceeds any applicable emission limitation prescribed by these regulations. The averaging time and test procedures for determining excess emission must be as specified in the applicable emissions limitation.
- 010.059 "EXCESS RISK" means the increase in the risk of both cancer and genetic damage as well as non-cancer related health damage above existing background levels. Units of excess risk for cancer will be reported as a probability of occurrence. For pollutants not characterized as cancer causing, ambient levels sufficiently low to establish no observable adverse effects on public health must be demonstrated. (Adopted 6/27/90)
- 010.0595 "FACILITY" (Related to asbestos abatement, assessment, and control) means any institutional, commercial, or industrial structure, installation, or building (excluding apartment buildings having no more than four dwelling units). (Adopted 6/27/90)
- 010.060 "FEDERAL LAND MANAGER" means with respect to any lands in the United States, the

secretary of the department with authority over such lands.

- 010.062** "FEDERALLY ENFORCEABLE" means all limitations and conditions that are enforceable by the EPA Administrator, and citizens under section 304 of the Act including those requirements developed pursuant to the Standards of Performance for New Stationary Sources (NSPS), of the National Emission Standards for Hazardous Air Pollutants (NESHAPS), requirements of any applicable State Implementation Plan, and permit requirements established pursuant to EPA New Source Review (NSR) regulations in nonattainment areas and/or PSD regulations in the attainment areas. (Amended 10/20/93)
- 010.063** "FIREPLACE" means an open hearth or fire chamber or similar prepared place in which a fire may be made and that is built in conjunction with a chimney. It may have doors, provided they are not designed with gaskets, air intake controls or other modifications, which create an air starved operating condition. Wood-burning devices initially classified as a wood heater (**Section 010.200**) may not be modified to meet the fireplace definition. (Amended 11/16/94, Revised 05/26/16)
- 010.064** "FREEBOARD HEIGHT" means:
- A. for cold cleaning tanks, the distance from the top of the solvent or solvent drain to the top of the tank; or
 - B. for vapor degreasing tanks, the distance from the solvent vapor-air interface to the top of the basic degreaser tank.
- 010.066** "FREEBOARD RATIO" means the freeboard height divided by the width of the degreaser tank.
- 010.068** "FUEL BURNING EQUIPMENT" means any device, except internal combustion engines, used for the primary purpose of producing heat or power by indirect heat transfer in which the products of combustion do not come into direct contact with any process material.
- 010.070** "FUGITIVE EMISSIONS" means emission of any pollutants, including fugitive dust, which could not reasonably pass through a stack, chimney, vent, or a functionally equivalent opening. (Amended 7/28/93)
- 010.072** "GARBAGE" means putrescible animal or vegetable waste.
- 010.074** "GAS" means matter that has no definite shape or volume.
- 010.076** "GASOLINE" includes means any petroleum distillate having a Reid vapor pressure of four (4) pounds per square inch or greater.
- 010.077** "HAZARDOUS AIR POLLUTANT" shall mean any air pollutant listed pursuant to section 112(b) of the Act. (Adopted 10/20/93)
- 010.078** "HEALTH DISTRICT" means the Washoe County Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and interlocal agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada and includes all the incorporated cities and unincorporated areas within the geographic boundaries of Washoe County, Nevada.
- 010.080** "HEARING BOARD" is that Board created by the District Board of Health of the Washoe County Health District, pursuant to the authority of Chapter 445 of the Nevada Revised Statutes to perform the functions set forth therein, including those functions enumerated in NRS 445.481 and in those

members appointed by said District Board of Health.

010.082 "HIGH TERRAIN" means any area whose elevation is 900 feet or more above the base of the stack facility.

010.083 "INDEPENDENT SMALL BUSINESS MARKETER OF GASOLINE" is a person engaged in the marketing of gasoline who would be required to pay for the procurement and installation of vapor recovery equipment under Section 040.080 of these regulations, unless such person:

1. a. is a refiner, or
 - b. controls, is controlled by, or is under common control with, a refiner; or
 - c. is otherwise directly or indirectly affiliated (as determined by the Control Officer) with a refiner or with a person who controls, is controlled by, or is under common control with a refiner (unless the sole affiliation referred to herein is by means of a supply contract or an agreement or contract to use a trademark, trade name, service mark, or other identifying symbol or name owned by such refiner or any such person), or
2. receives less than 50 percent of his annual income from refining or marketing of gasoline.

For the purpose of this definition, the term "refiner" shall not include any refiner whose total refinery capacity (including the refinery capacity of any person who controls, is controlled by, or is under common control with, such refiner) does not exceed 65,000 barrels per day. For purposes of this definition, "control" of a corporation means ownership of more than 50 percent of its stock.

This definition has been adopted for use in these regulations from the definition cited in the Clean Air Act Amendment of 1977, Section 325, paragraph c. (Adopted 2/27/91)

010.084 "INCINERATOR" is a specially designed waste burner that is engineered and constructed for the sole purpose of burning refuse. Incinerators must meet criteria set forth in **Section 040.046**.

010.085 "LEAK-FREE" means a liquid leak no greater than three (3) drops per minute. (Adopted 2/27/91)

010.086 "LOWEST ACHIEVABLE EMISSION RATE" means for any source, that rate of emission based on the following, whichever is the most stringent:

- A. The most stringent emission limitation that is contained in the Implementation Plan for any state for such class or category of source, unless the owner or operator of the proposed source demonstrates that such limitations are not achievable; or
- B. The most stringent emission limitation that is achieved in practice by such class or category of source.

"Lowest Achievable Emission Rate," as applied to a major modification, means the lowest achievable emission rate for the new and modified facilities within the source. In no event may the application of this term permit a proposed new or modified facility to emit any pollutant in excess of the amount allowed under the applicable New Source Performance Standards or National Emission Standards for Hazardous Air Pollutant.

010.088 "LOW TERRAIN" means any area whose elevation is less than 900 feet above the base of the stack of a facility.

010.089 "MAXIMUM ACHIEVABLE CONTROL TECHNOLOGY OR MACT" shall in reference to the provisions of Section 112 of the Act mean:

- 1) any MACT standard developed by the EPA if such a standard has been promulgated for the source under consideration; or
- 2) if no standard has been promulgated for that source by EPA, the Control Officer shall determine MACT under the provisions for determining the Lowest Achievable Emission Rate (LAER) as defined in District regulations.

(Adopted 10/20/93)

010.090 "MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE" means any stationary source (or group of stationary sources located within a contiguous or adjacent area and under common control or ownership), which generally belong to the same industrial grouping and are any one of the following depending upon location and category:

Stationary sources that are major for volatile organic compounds (VOC) or Nitrogen Oxides (NOx) shall be considered major for ozone; stationary sources that are major for condensable volatile organic compounds (VOC), Sulfur Oxides (SOx) or Nitrogen Oxides (NOx) shall be considered major for particulate matter.

A. Attainment areas:

1. Any stationary source of air pollutants, which emits, or has the potential to emit, one hundred tons per year or more of any air contaminant. Fugitive emissions shall not be counted in determining applicability unless the source belongs to one or more of the following categories of operations:
 - a. Fossil fuel-fired steam electric plants of more than 250 million British Thermal Units of heat input per hour are regulated under NRS 445.546.
 - b. Coal cleaning plants (thermal dryers),
 - c. Kraft pulp mills,
 - d. Portland cement plants,
 - e. Primary zinc smelters,
 - f. Iron and steel mills,
 - g. Primary aluminum ore reduction plants,
 - h. Primary copper smelters,
 - i. Municipal incinerators capable of charging more than 250 tons of refuse per day,
 - j. Hydrofluoric, sulfuric, and nitric acid plants,
 - k. Sulfur recovery plants,
 - l. Carbon black plants (furnace process),
 - m. Primary lead smelters,
 - n. Fuel conversion plants,
 - o. Sintering plants,
 - p. Secondary metal production facilities,
 - q. Chemical processing plants,
 - r. Fossil fuel-fired boilers (or combinations thereof) of more than 250 million British Thermal Units of heat input per hour,
 - s. Petroleum storage and transfer facilities with a capacity exceeding 300,000 barrels,
 - t. Taconite ore processing plants,

- u. Charcoal production facilities,
- v. Glass fiber processing plants,
- w. Petroleum refineries,
- x. Lime plants,
- y. Phosphate rock processing plants,
- z. Coke oven batteries

2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under A.1., if the change itself would constitute a major stationary source.

B. Nonattainment areas:

- 1. Any stationary facility or source which directly emits, or has the potential to emit, 100 tons or more per year of any nonattainment pollutant other than particulate matter. Any stationary facility or source which directly emits, or has the potential to emit, 70 tons or more per year of PM₁₀; or
- 2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under B.1., if the change itself would constitute a major stationary source.

C. Hazardous Air Pollutants:

- 1. Any stationary facility or source which directly emits, or has the potential to emit, 10 tons or more per year of any single listed hazardous air pollutant, or 25 tons or more of any combination of any listed hazardous air pollutants. If the EPA Administrator has established any major source definition for any hazardous air pollutants at amounts less than those listed above, those lesser amounts shall apply. Fugitive emissions will be included for determining potential emissions for sources of Hazardous Air Pollutants.

D. Procedures for Limiting Potential to Emit:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V under these regulations, may choose to seek exemption from the provisions of the Title V (Part 70) regulations by establishing procedures to limit actual emissions. Any source that seeks to limit actual emissions under this regulation must have emissions below the following thresholds, and remain in compliance during all 12-month periods as calculated on a rolling basis beginning the first of each month. In every 12-month period, emissions shall not exceed:

- 1. 50 tons per year for all regulated air pollutants (excluding PM₁₀ and Hazardous Air Pollutants); 35 tons per year of PM₁₀; 5 tons per year of any single Hazardous Air Pollutant; 12.5 tons per year of any combination of Hazardous Air Pollutants and 50 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule.

Any source that is able to meet the limitations established in this regulation and comply with the provisions of this regulation shall not be designated as a major source. The owner or operator of the source may take into account the operation of air pollution control equipment on the capacity of the source to emit an air contaminant if the

equipment is required by Federal, State or District rules and regulations or permit terms and conditions.

Sources seeking exemption under this regulation shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal, including records for each permitted emission unit or group of emissions units. The operator shall also maintain the following records as applicable:

- I. A current listing of all coatings, solvents, organic cleaning solutions, thinners, reducers, inks, adhesives or other volatile organic chemicals in use at the source. The list shall include the VOC and HAPS content in lbs per gallon or grams per liter.
- II. Equipment information including equipment types, makes, models, sizes, maximum designed throughput rates and process methods.
- III. Emission control systems including pollutants controlled, control effectiveness, operational temperatures, rated capacity, concentrations of pollutants controlled, and any stack test data.
- IV. Purchase orders, invoices and other documents to support information in the monthly log.

Operational information shall be summarized in a monthly log containing the following as applicable: fuels consumed including fuel types, fuel usage, fuel heating value and percent sulfur for coal and oil fuels; consumption of each VOC-containing product such as inks, coatings, thinners and adhesives (including those solvents used in clean-up and surface preparation); volumes and throughputs of volatile liquids stored in tanks, hours of operation; system failures including control device failures, upset conditions, equipment breakdowns and any other information as specifically requested by the Control Officer. The information in this log shall be maintained on site for five years, and shall be made available to the Control Officer upon request. The owner or operator of each source seeking exemption under this regulation shall submit a process statement each year at the time of permit renewal containing all the information required in the monthly log and certify under penalty of perjury that the process statement is accurate and true. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations. Any source seeking exemption under the provisions of this regulation must request such exemption in writing and provide a plan or demonstration of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log.

If the operator will exceed any limitation specified in part D(1) above, the operator shall notify the Control Officer at least 30 calendar days in advance of such exceedance and shall submit a complete application for a Part 70 permit or otherwise obtain federally enforceable emission limits within 12 months of the date of notification. The operator of a stationary source subject to this rule shall obtain the necessary permits prior to commencing any physical or operational change or activity which will result in actual emissions that exceed the limits specified in section D(1) above. Exceedance of the limitations specified in this regulation without the notice required above shall be considered a violation of District regulations and each day of violation shall constitute a separate offence.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process. Failure on the part of the operator to comply with the provisions of this section shall constitute a

violation, and the source shall be designated as a major source and shall be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT standards.

The District shall maintain and make available to the public upon request a listing of sources permitted under section D of this regulation and provide information identifying the applicable provisions of the rule for each source.

E. Synthetic Minor Source Rule:

Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V or Part 70 requirements under this regulation, may choose to seek exemption from designation as a major source by establishing federally enforceable emission limitations. Any source that seeks to limit potential emissions under this regulation must meet all of the following requirements:

1. Any source that is able to meet the limitations established in this regulation and qualify as a synthetic minor shall not be designated as a major source. Sources seeking exemption from Title V as a synthetic minor shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal. Such information shall be summarized in a monthly log, maintained on site for five years, and be made available to the Control Officer upon request. The owner or operator shall certify that this log is true and correct. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations.
2. Any source seeking Synthetic Minor status under the provisions of this regulation must request such exemption in writing and provide the following information:
 - a. The identification and description of all existing emission units at the source and a calculation of the actual and maximum emissions of regulated pollutants;
 - b. A plan of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log;
 - c. The source must also demonstrate that actual emissions will not exceed: 95 tons per year for all regulated air pollutants (excluding PM-10 and Hazardous Air Pollutants); 70 tons per year of PM-10; 9 tons per year of any single Hazardous Air Pollutant; 23 tons per year of any combination of Hazardous Air Pollutants and 90 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule;
 - d. The source will propose federally enforceable permit conditions, which limit source-wide emissions to below major source thresholds, are at least as stringent as any applicable requirement and are permanent, quantifiable and include short term standards, i.e., no longer than monthly production or other operational limits as necessary to be enforceable as a practical matter in addition to emission limitations.

If the Control Officer determines the request to be incomplete, he shall notify the applicant within 30 days. If a request is not deemed incomplete within 30 days, it will be considered complete by default. A request for synthetic minor status shall not relieve a source of its responsibility to comply with application deadlines and other requirements under Part 70.

3. If the operator will exceed any limitation specified in any federally enforceable permit condition, the operator shall notify the Control Officer and shall submit an application for a Part 70 permit at least 30 days in advance of such exceedance or otherwise obtain federally enforceable emission limits. All upset or breakdown conditions will be reported in compliance with Sections 020.075 and 020.076.
4. The Control Officer shall, after determining an application for synthetic minor status is complete, prepare a draft permit. The draft permit shall include the following:
 - a. Annual reporting of operational and emissions data, or more frequent if requested;
 - b. Specific record-keeping requirements for operations, emissions and production;
 - c. Federally enforceable limits as specified in section 2(d) above;
 - d. A compliance plan to verify compliance with applicable limitations and regulations;
5. Any requirements or operational limitations relied on to meet synthetic minor status.

After the draft permit has been prepared, the Control Officer shall:

- a. publish notice of the draft permit in a newspaper qualified under NRS 238, make the draft permit available for public review, and allow at least 30 days for public review and comment;
- b. provide a copy of the draft permit to the EPA and allow the Administrator at least 30 days for review and comment.

Any source that has been granted synthetic minor status in accordance with this regulation shall, for any planned modification, which will increase the source's potential to emit, submit a request for modification of their synthetic minor permit conditions at least 180 days before the modification is made. For any modification, the source shall comply with all applicable requirements of **Sections 030.500 through 030.630**.

The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process.

Failure of the source to comply with the provisions of this regulation shall constitute a violation, and the source shall be designated as a major source and be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT

standards.

Any permit that does not comply with this synthetic minor source rule shall not create federally enforceable limitations. A final copy of each synthetic minor permit will be provided to EPA.

(Amended 7/28/93, 10/20/93, Revised 10/25/95)

010.092 "MAJOR MODIFICATION" means any physical change, change in the method of operation for any source that would result in a significant net emissions increase of any air contaminant.

A. As used in this definition, a physical change or change in the method of operation does not include routine maintenance, repair, or replacement and does not, unless previously limited by federally enforceable condition, include:

1. Use of an alternative fuel or raw material under an order issued pursuant to Sections 2(a) and (b) of the Energy Supply and Environmental Coordination Act of 1974 (or any superseding legislation), or under a plan for curtailment of use of natural gas, pursuant to the Federal Power Act as these acts exist on the effective date of this definition;
2. Use of alternative fuel or raw material if, before January 6, 1975, the source was capable of accommodating the fuel or material;
3. Use of an alternative fuel under an order or rule made pursuant to Section 125 of the Act, as it existed on the effective date of this definition;
4. Change in ownership of the source;
5. Use of fuel generated from municipal solid waste if used in a steam-generating unit;
6. Increase in the production rate if the increase does not exceed the designed maximum capacity of the source; or
7. Increase in hours of operation.

B. Any net emissions increase that is significant for volatile organic compounds or Nitrogen Oxides (NOx) shall be considered significant for ozone. (Amended 7/28/93)

010.094 "MIST" means a suspension of any finely divided or diffused liquid in any gas or in the atmosphere.

010.096 "NET EMISSIONS INCREASE" means the amount by which the sum of the following exceeds zero:

- A. Any increase in actual emissions from a particular physical change or change in method of operation at a stationary source; and
- B. Any other increases and decreases in actual emissions at the source that are contemporaneous with the particular change and are otherwise creditable.
- C. An increase or decrease in actual emissions is contemporaneous with the increase from the particular change only if it occurs between:

1. the date five (5) years before construction on the particular change commences; and
 2. the date that the increase from the particular change occurs.
- D. An increase or decrease in actual emissions is creditable only if the Control Officer has not relied on it in issuing a permit, which is in effect when the increase in actual emissions from the particular change occurs, and any decrease in emissions has not been used in a demonstration of attainment or reasonable further progress. Any decrease is only creditable if the unit was actually operating and emitting the pollutant considered. (Revised 10/25/95)
- E. An increase or decrease in actual emissions of sulfur dioxide or particulate matter that occurs before the applicable baseline date is creditable, only if it is required to be considered in calculating the amount of maximum allowable increases available.
- F. An increase in actual emissions is creditable only to the extent that the new level of actual emissions exceeds the old level. Actual emissions are creditable only where the unit was actually operating and emitting the specific pollutant.
- G. A decrease in actual emissions is creditable only to the extent that:
1. the old level of actual emissions or the old level of allowable emissions, whichever is lower, exceeds that new level of actual emissions;
 2. it is federally enforceable at and after the time that actual construction on the particular change begins; and
 3. it has approximately the same qualitative significance for public health and welfare as that attributed to the increase from the particular change.
- H. An increase that results from a physical change at a source when the emissions unit on which construction occurred becomes operational and begins to emit a particular pollutant. Any replacement unit that requires shakedown becomes operational only after a reasonable shakedown period, which shall be within 60 days of achieving the facility's maximum production rate, but not later than 180 days after initial startup.
- I. Emissions reductions used as offsets must be surplus quantifiable, enforceable and permanent, as defined by the Emissions Trading Policy Statement FR43814.
- J. Early shutdown/production curtailment credits are only allowable if they meet the provisions of 40 CFR 51.165.
(Amended 7/28/93)

010.098 "NONATTAINMENT AREA" for any air pollutant means an area that is shown by air monitoring data or that is calculated by air quality modeling to exceed any national ambient air quality standard, and has been designated as a nonattainment area by EPA in accordance with section 107(d)2 of the Act. (Revised 10/25/95)

010.100 "NONATTAINMENT POLLUTANT" means any pollutant that causes an area to be designated as a nonattainment area or has a significant ambient impact on a nonattainment area.

010.102 "NUISANCE" means anything that is injurious to health, or indecent and offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property.

010.104 "ODOR" means that property of an air contaminant that affects the sense of smell.

010.105 "ODOR THRESHOLD" means the minimum level of substance required to alert the average person to the presence of an odor. Odor thresholds in air listed for 214 common Industrial chemicals in "ODOR AS AN AID TO CHEMICAL SAFETY: ODOR THRESHOLDS COMPARED WITH THRESHOLD LIMIT VALUES AND VOLATILES FOR 214 INDUSTRIAL CHEMICALS IN AIR AND WATER DILUTION" by John Amooore and Earl Hautala, published in THE JOURNAL OF APPLIED TOXICOLOGY, VOL 3 NO. 6, 1983, are hereby adopted as the best available information concerning odor threshold levels for the chemicals listed in this document. (Amended 12/88)

010.106 "OPACITY" means that property of a substance tending to obscure vision and is measured in terms of percent obscuration.

The relationship between opacity and Ringelmann number is:-

Ringelmann No.	Opacity %
1	20%
2	40%
3	60%
4	80%
5	100%

010.108 "OPEN FIRE" means the burning of any combustible material, substance, or refuse wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney.

010.110 "OPEN TOP VAPOR DEGREASER" means any batch loaded, boiling solvent degreaser.

010.112 "OPERATING PERMIT OR PERMIT TO OPERATE" means a document issued and signed by the Control Officer approving, with or without restrictions, the operation of a new or existing single source of air contaminants.

010.113 "PART 70 PERMIT OR PART 70 OPERATING PERMIT" means any permit or group of permits that is issued, renewed, amended or revised pursuant to District Regulations for Part 70 permits, which are approved by EPA under 40 CFR Part 70. (Adopted 10/20/93)

010.114 "PARTICULATE MATTER" means any material, except uncombined water such as water vapor and water droplets, which exists in a finely divided form as a solid or liquid at reference conditions.

010.117 "PELLET STOVE" means a solid fuel-burning device designed to heat the interior of a building. It is a forced draft heater with an automatic feed that supplies appropriately sized feed material or compressed pellets of wood or other biomass material to the firebox. (Revised 2/23/06)

010.118 "PENETRATING PRIME COAT" means any low-viscosity liquid asphalt that may be applied to an absorbent surface to prepare it for paving with an asphalt concrete.

- 010.120 **"PENETRATING SEAL COAT"** includes any low-viscosity liquid asphalt that may be applied to a new road surface in order to seal it against water penetration or that may be applied to an old road surface to renew flexibility loss due to aging.
- 010.122 **"PERSON"** means any individual, firm, association, organization, partnership, business trust, public or private corporation, company, department or bureau of the state, municipality or any officer, agent or employee thereof, or any other legal entity whatsoever that is recognized by the law as the subject of rights and duties.
- 010.124 **"POTENTIAL TO EMIT"** means the capability of a source, at its designated maximum capacity, to emit an air contaminant after application of equipment for control of air pollution. Annual potential is based on the designed maximum annual capacity of the source, assuming continuous year-round operations; however, Federally enforceable conditions of the permit, limiting the type of materials combusted or processed, operating rates, hours of operation, requiring use of emission control equipment, or other production or emission limiting factors may, at the option of the owner or operator of the source be used in determining the potential to emit. Fugitive emissions are not counted in determining the potential to emit except for the following sources: coal cleaning plants, Kraft pulp mills, Portland cement plants, primary aluminum ore reduction plants, primary zinc smelters, iron and steel mills, primary copper smelters, municipal incinerators, hydrofluoric, sulfuric and nitric acid plants, coke oven batteries, sulfur recovery plants, carbon black plants, primary lead smelter, fuel conversion plants, sintering plants, petroleum refineries, lime plants, phosphate rock plants, secondary metal production plants, petroleum storage and transfer units, taconite ore processing plants, glass fiber processing plants, fossil fuel-fired boilers, chemical processing plants, charcoal production plants and other stationary source categories which, as of August 7, 1980, or later, are regulated under Federal New Source Performance Standards or National Emission Standards for Hazardous Air Pollutants. Fossil-fuel fired steam electric plants are regulated under NRS 445.546. Secondary emissions do not count in determining the potential to emit. (Amended 7/28/93, Revised 10/25/95)
- 010.126 **"PROCESS WEIGHT"** means the total weight of all materials introduced into a single source operation, including solid fuels, but excluding liquids or gases used solely as fuels, and air introduced for purposes of combustion of the fuel.
- 010.128 **"PROCESS WEIGHT RATE"** means the total process weight divided by the number of hours in one complete operation from the beginning of any given process to the completion thereof, excluding any time during which the equipment is idle.
- 010.1285 **"PROPOSED PERMIT"** shall mean the version of a Part 70 permit that the Control Officer proposes to issue and forwards to the Administrator for review in compliance with 40 CFR 70.8. (Adopted 10/20/93)
- 010.129 **"RECONSTRUCTION"** means any reconstruction in which the fixed capital cost of the new components exceeds 50% of the fixed capital costs of a comparable but entirely new stationary source.
- 010.130 **"REFERENCE CONDITIONS"** means that all measurements of ambient air quality are corrected to a reference temperature of 77 F (25 C) and to a reference pressure of thirty (30) inches (760 millimeters, 1013.2 millibars) of mercury.
- 010.1303 **"REGULATED AIR POLLUTANT"** shall mean the following: (Adopted 10/20/93; Revised 06/21/11)

1. Nitrogen oxides or any volatile organic compounds;
2. Any pollutant for which a national ambient air quality standard has been promulgated.
3. Any pollutant that is subject to any standard promulgated under section 111 of the Act.
4. Any class I or II substance subject to a standard promulgated under or established by title VI of the Act.
5. Any pollutant subject to a standard promulgated under section 112 or other requirements established under section 112 of the Act, including the following:
 - a. Any pollutant subject to requirements under section 112(j) of the Act. If the administrator fails to promulgate a standard pursuant to section 112(e) of the Act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
 - b. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to section 112(g)(2) requirement.
6. Greenhouse gases that are subject to regulation as defined in 40 CFR 70.2

010.1305 **"RESPONSIBLE OFFICIAL"** shall mean a Corporation's Chairman, Chief executive officer, president, vice president in charge of a principal business function, secretary, treasurer or designated environmental representative of a corporation responsible for overall operation of one or more manufacturing, production or operating facilities applying for or subject to a permit and approved in advance by the Control Officer; a general partner in a partnership; the proprietor of a sole-proprietorship; or the principal executive officer or ranking elected official of a public agency. For sources subject to Title IV of the act, the responsible official shall be the representative who meets the requirements promulgated in 40 CFR Part 72. (Adopted 10/20/93)

010.131 **"RINGELMANN CHART"** means the chart published by the U.S. Bureau of Mines that are illustrated graduated shades of gray or black for the use in estimating the capacity of smoke or any air contaminant or emission to obscure light.

010.1315 **"RISK ANALYSIS"** is the method of calculating excess risk. Calculations assume a 70-year life time exposure using pollutant dispersion models and the best available risk factors as specified by the Control Officer. The Control Officer will maintain a procedure to be followed in risk analysis calculations. Modified sources must consider all emissions from the source in calculating risk and not only the additional emissions created by the facility modification. (Adopted 6/27/90)

010.132 **"SECONDARY EMISSIONS"** means emissions that would occur as a result of a major stationary source or major modification, but do not come from the major stationary source or major modification itself. For the purpose of this definition, secondary emissions must be specific, well defined, quantifiable, and impact the same general area as the stationary source or modification that causes the secondary emissions. Secondary emissions may include, but are not limited to:

- A. Emissions from trains coming to or from the new or modified source; and
- B. Emissions from any offsite support facility which would not otherwise be constructed or

increase its emissions as a result of the construction or operation of the major stationary source or modification.

(Amended 7/28/93)

010.134 "SIGNIFICANT OR SIGNIFICANTLY" means:

- A. In reference to a net emissions increase or the potential of a source to emit, that the level of emissions or the effect on the ambient air exceeds the levels of emissions or ambient impacts set forth in **Table 3 or 4**.
- B. In reference to a net emissions increase or the potential of a source to emit a pollutant subject to regulation under the Clean Air Act that is not listed in **Table 3 or 4**.
- C. Notwithstanding, **Table 3 or 4**, "significant" means any emissions rate or any net emissions increase associated with a major stationary source or major modification, which would construct within ten (10) Kilometers of a Class 1 area, and have an impact on such area equal to or greater than 1 ug/m³ (24 hour average).

(Amended 7/28/93)

010.136 "SMOKE" means small gas-borne particles resulting from incomplete combustion, consisting predominantly of carbon, ash, and other combustible material present in sufficient quantity to be observable or, as a suspension in gas of solid particles in sufficient quantity to be observable.

010.137 "WOOD STOVE/FIREPLACE CONTROL AREA" (Adopted 9/23/98, rescinded 05/26/16)

010.138 "SOURCE" means any property, real or personal, under common ownership or control that directly emits, or may emit, any air contaminant. (Amended 10/20/93)

010.1381 "SOURCE REGISTRATION" means any source that emits air contaminants and is required to be permitted. Such sources are of the following general categories (Revised 4/22/98):

- A. Any fuel burning equipment capable of producing two (2) million British Thermal Units of heat input per hour, either singly or in the aggregate;
- B. Incinerators;
- C. Stationary storage tanks with more than 40,000 gallons capacity for petroleum products have a Reid vapor pressure of 1.5 pounds per square inch or greater;
- D. Processes or process equipment capable of processing fifty (50) pounds or more of material per hour;
- E. Hazardous material processes regardless of extent of emissions;
- F. Dry cleaning plants;
- G. Degreasing operations; and
- H. Spray paint booths.
- I. Electric Generating units powered by internal combustion engines which generate 150 kilowatts or greater, either singly or in aggregate. (Adopted 4/22/98)

010.1382 "SOURCE-EXISTING" means equipment, machines, devices, articles, contrivances, or facilities

that are constructed, purchased, or in operation on the effective date of these regulations; except that any existing equipment, machine, device, article, contrivance or facility that is altered, replaced, or rebuilt, which increases the total emission after the effective date of these regulations shall be reclassified as a "new source".

- 010.1383 "SOURCE-NEW" means any sources built or installed after the effective date of these regulations.
- 010.1384 "SOURCE-SINGLE" means all similar process operations located at a single premise that can technically and economically be replaced by a single process that performs the same function. Two (2) or more pieces of equipment or processes that handle different materials or produce dissimilar products will be treated separately.
- 010.1385 "SOURCE-STATIONARY" means any building, structure, facility, or installation or group of sources located within a contiguous or adjacent area and under common control or ownership, which emits, or may emit, any air contaminant. (Amended 7/28/93)
- 010.140 "STACK OR CHIMNEY" means any flue, conduit, or duct arranged to conduct any smoke, air contaminant, or emission to the atmosphere.
- 010.142 "STANDARD CONDITIONS" means a temperature of 68°F and a pressure of 29.92 inches of mercury.
- 010.143 "STOVE KIT" means a kit that may include a door, legs, flue pipe and collars, brackets, bolts and other hardware and instructions for assembling the wood heater with ordinary tools. Wood heaters built from such kits must meet all emission standards and requirements of **Section 040.051**.
- ~~010.144 "SUBMERGED FILL PIPE" means any fill pipe the discharge opening of which is entirely submerged when the liquid level is six (6) inches or more above the bottom of the tank, or when applied to a tank which is loaded from the side, submerged fill pipe shall mean any fill pipe the discharge opening of which is entirely submerged when the liquid level is two (2) times the fill pipe diameter above the bottom of the tank.~~
- 010.1445 "TRUCKEE MEADOWS HYDROGRAPHIC BASIN" shall mean hydrographic basin number 87, as designated by the State Engineer (see **Figure 1**). (Adopted 8/25/93)
- 010.145 "UNCERTIFIED" means a wood-burning device that cannot be verified as meeting the current standards adopted by the U.S. EPA (40 CFR 60, subpart AAA and subpart QQQQ) and/or does not appear on the Washoe County Health District Official List of Certified Devices. (Revised 05/26/16)
- 010.146 "VOLATILE ORGANIC COMPOUNDS" means any volatile compound containing carbon with the exception of the following:

carbon monoxide	carbon dioxide
carbonic acid	metallic carbides
metallic carbonates	ammonium carbonate
methane	ethane
acetone	CFC-11
CFC-22	CFC-23
CFC-113	CFC-114
CFC-115	HCFC-123
HCFC-124	HCFC-141b

HCFC-142b
HFC-125a
HFC-134a

HFC-125
HFC-134
HFC-143a

Non-volatile organic materials are not considered VOC. (Revised 10/25/95)

- 010.148** "WASTE BURNER" means any structure, contrivance, or equipment including incinerators, etc., in which combustible refuse is burned.
- 010.200** "WOOD HEATER" means an enclosed, wood-burning-appliance capable of and intended for residential space heating or space heating and domestic water heating. These devices include, but are not limited to, adjustable burn rate wood heaters, single burn rate wood heaters, and pellet stoves. Wood heaters may or may not include air ducts to deliver some portion of the heat produced to areas other than the space where the wood heater is located. Wood heaters include, but are not limited to:
- (1) Free-standing wood heaters – Wood heaters that are installed on legs, on a pedestal or suspended from the ceiling. These products generally are safety listed under UL-1482, UL-737 or ULC-S627.
 - (2) Fireplace insert wood heaters – Wood heaters intended to be installed in masonry fireplace cavities or in other enclosures. These appliances generally are safety listed under UL-1482, UL-737 or ULC-S628.
 - (3) Built-in wood heaters – Wood heaters that are intended to be recessed into the wall. These appliances generally are safety listed under UL-1482, UL-737, UL-127 or ULC-S610.
- (Revised 05/26/16)
- 010.205** "WOOD STOVE/FIREPLACE INSERT" for purposes of compliance with Sections 040.051 means a wood heater, pellet stove, prefabricated zero clearance fireplace or a fireplace heat form with doors or other accessories that cause the fireplace to function as a wood heater. Wood stoves/fireplace inserts do not include open masonry fireplaces, barbecue devices, portable fire pits, gas-fired fireplaces or cook stoves. (Revised 9/23/98)
- 010.210** "GEOTHERMAL PRODUCTION WELL" means any well for which the purpose is the commercial use of a geothermal resource.
- 010.215** "GEOTHERMAL EXPLORATORY WELL" means any well for which the purpose is the commercial discovery or evaluation of a geothermal resource.
- 010.220** "GEOTHERMAL FACILITY" means any project involving the construction or operation of geothermal wells (exploratory or productive), geothermal steam/fluid transmission pipelines, power generating facilities, or any other equipment intended for commercial use with a geothermal resource for purposes of determining compliance with distance criteria in Section 030.800 and Section 030.004. Distances will be calculated from the point of nearest actual emissions to nearest residential dwelling.
- 010.225** "GEOTHERMAL STACKING EMISSIONS" means an emission or emissions into the ambient air caused by the release of geothermal steam or fluid from a point source that is the result of a geothermal facility or geothermal steam/fluid transmission pipeline failure (forced outage), scheduled outage, start-up or curtailment. For purposes of compliance, emissions, limitations will be assessed as near as physically possible to the point(s) at which the emissions occur.
- 010.230** "GROSS MEGAWATT HOUR (GHW or GMWHR)" means the amount of electrical energy that could be realized per hour from the expected potential energy of the geothermal steam or fluid prior

to any internal plant electrical requirements, as guaranteed by the turbine generator manufacturer.

- 010.235 "GRAMS PER HOUR PER GROSS MEGAWATT HOUR (G/HR/GMW)" is the emission factor used to determine maximum allowable hourly emission rates of hydrogen sulfide from a given geothermal power plant, (e.g., a 50 g/hr/GMW factor as applied to a 12 GMW plant results in an emission limitation as follows: $50 \text{ g/hr/GMW} \times 12 \text{ GMW} = 600 \text{ g/hr}$ or .6 kg/hr).
- 010.240 "RESIDENTIAL DWELLING" means-a structure inhabited by humans on a continuing basis.
- 010.245 "AIR POLLUTANT EMISSION CONTROL PLAN (GEOTHERMAL WELLS)" means satisfactory completion and approval of a valuation form approved by the Control Officer. This form will require a description of methods for reducing emissions from geothermal wells.
- ~~010.250 "PHASE I" means gasoline vapor recovery from stationary tanks during the transfer of gasoline from delivery vehicles to stationary tanks used for re-fueling motor vehicles or equipment. May also be referred to as Stage I vapor recovery. (Adopted 2/27/91, Revised 10/22/97)~~
- ~~010.251 "PHASE II" means gasoline vapor recovery from vehicle fuel tanks during vehicle refueling operations from stationary tanks. May also be referred to as Stage II vapor recovery. (Adopted 2/27/91, Revised 10/22/97)~~
- 010.253 "CATASTROPHIC RELEASE" means the unexpected release to the atmosphere of a toxic air pollutant as defined in Section 030.400, in a quantity sufficient to create a potential risk to public health. (Adopted 6/27/90)
- ~~010.260 "TOPPING OFF" means to attempt to dispense gasoline to a motor vehicle fuel tank after a vapor recovery dispensing nozzle has shut off automatically. The filling of those vehicle tanks which, because of the nature and configuration of the fill pipe, causes premature shut off of the dispensing nozzle, and which are filled only after the seal between the fill pipe and the nozzle is broken, shall not be considered topping off. (Adopted 2/27/91)~~
- ~~010.265 "VAPOR TIGHT" a reading of less than 10,000 ppm, above background, as methane, when measured at a distance of one centimeter from the leak source with a portable hydrocarbon detection instrument. Background is defined as the ambient concentration of organic compounds determined at least three meters upwind from any equipment to be inspected and that is uninfluenced by any specific emission permit unit. (Adopted 2/27/91)~~



REMSA

**FRANCHISE COMPLIANCE
REPORT**

JANUARY 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September	4059	\$4,631,774.80	\$1,141.11	\$1,138.75	\$409.95
October	3812	\$4,346,731.00	\$1,140.28	\$1,139.12	\$410.08
November	4026	\$4,580,696.00	\$1,137.78	\$1,138.85	\$409.98
December	4428	\$5,139,837.20	\$1,160.76	\$1,142.82	\$411.42
Totals	24412	\$27,898,554	\$1,142.82		
Allowed ground average bill:		\$1,161.23	1/1/18 3% Increase		
Monthly average collection rate:		36%	\$1,196.07		

Fiscal Year 2017-2018

Compliance			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%
Nov-17	5 Minutes 38 Seconds	92%	96%
Dec-17	5 Minutes 52 Seconds	91%	93%
Jan-18	5 Minutes 39 Seconds	93%	95%



Year to Date: July 2017 thru January 2018

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	94%

Year to Date: July 2017 through January 2018

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-17	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-17	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-17	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-17	P-1	5:09	5:53	8:05
	P-2	5:22	6:14	8:01
Nov-17	P-1	5:09	5:39	7:34
	P-2	5:13	6:49	8:05
Dec-17	P-1	5:02	6:01	8:30
	P-2	5:23	6:02	8:38
Jan-18	P-1	5:03	5:47	7:56
	P-2	5:06	5:59	7:28

Year to Date: July 2017 through January 2018

Priority	Reno	Sparks	Washoe County
P-1	5:04	5:49	8:01
P2	5:13	6:15	8:11



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 01/01/2018 THRU 01/31/2018**

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	1/2/2018 1:09	1/2/2018 1:12	1C19	0:02:55	0:02:55
Zone A	1/3/2018 15:32	1/3/2018 15:38	1C21	-00:07:20	0:05:48
Zone A	1/9/2018 11:32	1/9/2018 11:34	1C01	-00:00:07	0:01:44
Zone A	1/10/2018 16:53	1/10/2018 16:57	1C16	0:03:22	0:03:22
Zone A	1/12/2018 23:00	1/12/2018 23:06	1W29	0:05:35	0:05:35
Zone A	1/19/2018 1:21	1/19/2018 1:29	1W29	0:08:30	0:08:30
Zone A	1/22/2018 6:05	1/22/2018 6:12	1C11	0:09:14	0:07:29
Zone A	1/22/2018 7:02	1/22/2018 7:04	1C20	0:01:55	0:01:55
Zone A	1/22/2018 21:47	1/22/2018 21:50	1C35	0:02:57	0:02:57
Zone A	1/27/2018 1:35	1/27/2018 1:38	1C06	-00:01:48	0:03:43

Upgrade Requested						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
None						



Exemptions Requested					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
1/8/2018	Exemption Approved	Status 99	Zone A	0:14:46	0:05:47
1/8/2018	Exemption Approved	Status 99	Zone A	0:09:53	0:00:54
1/8/2018	Exemption Approved	Status 99	Zone A	0:17:43	0:08:44
1/8/2018	Exemption Approved	Status 99	Zone A	0:09:52	0:00:53



GROUND AMBULANCE OPERATIONS REPORT JANUARY 2018

1. Overall Statics

- a) Total number of system responses: 6542
- b) Total number of responses in which no transports resulted: 2220
- c) Total number of System Transports (including transports to out of county): 4322

2. Call Classification

- a) Cardiopulmonary Arrests: 1.2%
- b) Medical: 52.2%
- c) Obstetrics (OB):0.7 %
- d) Psychiatric/Behavioral: 8.3 %
- e) Transfers: 9.9%
- f) Trauma – MVA:5.8 %
- g) Trauma – Non MVA: 19.0%
- h) Unknown: 2.8%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts 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.

Total number of ALS Calls: 2013

Total number of above calls receiving QA Reviews: 501

Percentage of charts reviewed from the above transports: 24.88%



REMSA Education						
Monthly Course and Student Report						
Month: January 2018						
Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	50	5	44	2	6
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	1	1	1	0	0
ACLS R	16	96	3	45	13	51
ACLS S	6	7	5	6	1	1
AEMT	0	0	0	0		
-	-	-	-	-		
B-CON	1	8	1	8	0	0
BLS	36	161	23	110	13	51
BLS I	1	7	1	7	0	0
BLS R	84	389	17	88	67	301
BLS S	9	43	0	0	9	43
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	1	9		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	1	19	1	19		
EMT R	1	9	0	0		
FF CPR	5	22	0	0	5	22
FF CPR FA	46	276	0	0	46	276
FF FA	5	56	1	23	4	33
HS BBP	0	0	0	0	0	0
HS CPR	40	318	2	10	38	308
HS CPR FA	6	35	6	35	0	0
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	5	30	0	0	5	30
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	1	1	1	1	0	0
HS FA S	0	0	0	0	0	0
HS PFA	1	10	1	10	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	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	4	22	3	21	1	1
PALS I	0	0	0	0	0	0
PALS R	10	35	3	21	7	14
PALS S	1	2	1	2	0	0
PHTLS	2	8	2	8	0	0



PM	1	15	1	15		
PM R	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0
Classes w/CPR	CPR Students		Classes REMSA CPR		REMSA CPR Students	
238	1348		51		283	

COMMUNITY OUTREACH JANUARY 2018	
Point of Impact	
Date	Outreach
1/20/2018	Child car seat checkpoint hosted by Babies R Us; 34 cars and 27 seats inspected. Eight (8) volunteers; Three (3) staff.
1/1/2018	Nine office installation appointments; 10 cars and 13 seats inspected.
Cribs for Kids/Community	
Date	Outreach
1/11/2018	C4K attended Northern Nevada Maternal Child Health Coalition.
1/11/2018	C4K attended Statewide Safe Sleep Meeting.
1/18/2018	Attended Vision Zero Meeting at RTC to discuss pedestrian safety mission statement.
1/20/2018	Attended POI Checkpoint at Babies R Us as a technician.
1/30/2018	C4K attended Safe Kids Coalition at Renown.



REMSA

Reno, NV
Client 7299



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

EMS System Report

January 1, 2018 to January 31, 2018

Your Score

95.12

Number of Your Patients in this Report

150

Number of Patients in this Report

6,472

Number of Transport Services in All EMS DB

143





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **01/01/2018** and **01/31/2018**.

The overall mean score for the standard questions was **95.12**; this is a difference of **2.30** points from the overall EMS database score of **92.82**.

The current score of **95.12** is a change of **-0.90** points from last period's score of **96.02**. This was the **25th** highest overall score for all companies in the database.

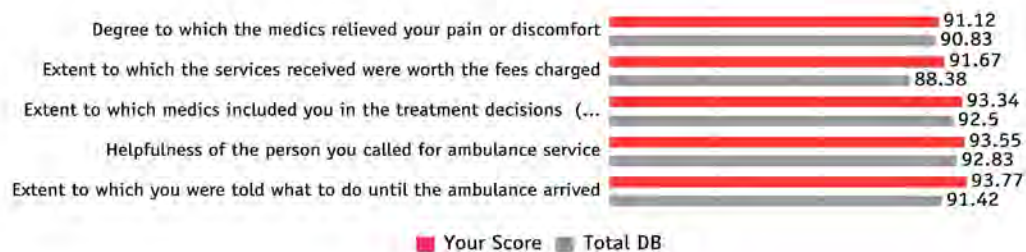
You are ranked **9th** for comparably sized companies in the system.

85.22% of responses to standard questions had a rating of Very Good, the highest rating. **98.89%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

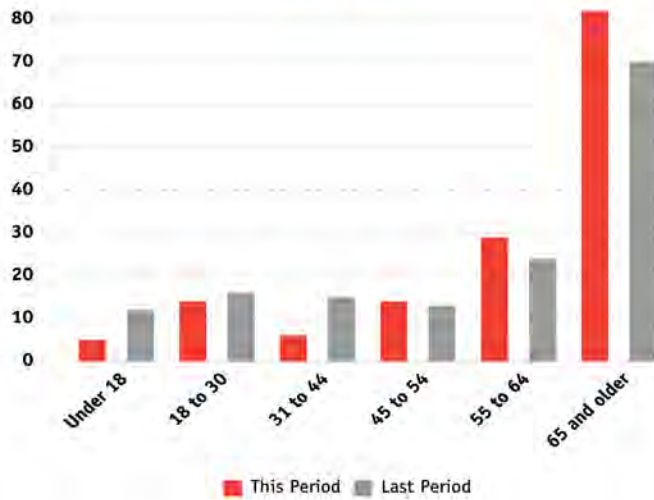


REMSA
January 1, 2018 to January 31, 2018

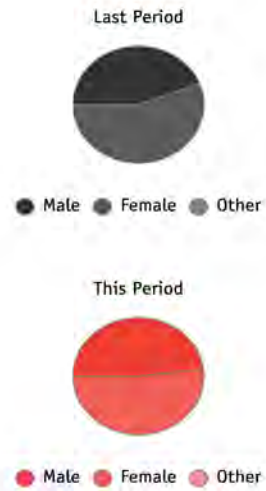
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	12	5	7	0	5	4	1	0
18 to 30	16	8	8	0	14	4	10	0
31 to 44	15	7	8	0	6	2	4	0
45 to 54	13	9	4	0	14	12	2	0
55 to 64	24	6	18	0	29	13	16	0
65 and older	70	31	39	0	82	37	45	0
Total	150	66	84	0	150	72	78	0

Age Ranges



Gender



REMSA
January 1, 2018 to January 31, 2018



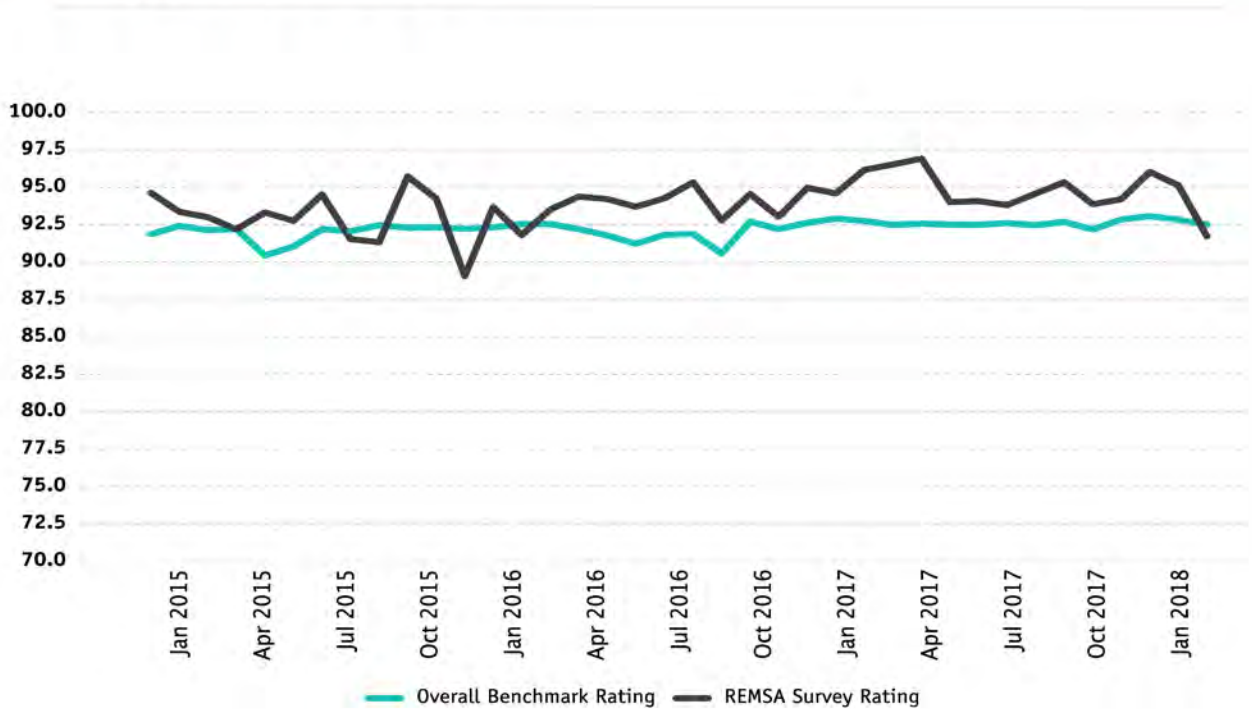
Monthly Breakdown

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

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018
Helpfulness of the person you called for ambulance service	97.50	96.25	94.32	95.45	96.59	91.69	95.21	95.21	93.13	90.58	93.13	97.56	93.55
Extent to which you were told what to do until the ambulance	97.92	95.14	89.53	94.26	94.77	92.10	91.48	96.02	89.89	92.33	94.59	95.65	93.77
Extent to which the ambulance arrived in a timely manner	95.01	96.28	94.12	95.39	92.40	93.40	92.01	95.01	95.44	92.37	92.87	95.84	95.36
Cleanliness of the ambulance	96.18	97.37	96.12	98.13	95.17	97.11	96.04	96.57	99.09	96.82	96.12	98.26	96.49
Skill of the person driving the ambulance	95.88	97.14	97.24	96.23	96.01	95.42	95.49	96.40	96.44	96.82	95.26	96.96	96.12
Care shown by the medics who arrived with the ambulance	96.23	96.83	97.55	98.08	94.47	94.74	95.12	93.90	96.19	93.68	95.49	95.45	95.78
Degree to which the medics took your problem seriously	95.62	97.16	97.45	98.19	93.99	95.88	94.73	94.70	95.90	93.59	95.21	95.93	95.61
Degree to which the medics listened to you and/or your family	95.64	96.43	97.48	97.78	94.31	93.63	93.77	94.52	96.88	94.22	94.75	96.11	95.60
Extent to which the medics kept you informed about your	92.67	95.83	96.92	95.45	91.96	92.92	91.76	92.33	92.75	92.56	93.81	94.98	94.69
Extent to which medics included you in the treatment decisions	88.94	94.29	96.52	95.36	93.77	92.86	92.01	93.16	91.71	93.93	91.47	96.68	93.34
Degree to which the medics relieved your pain or discomfort	89.18	92.86	92.60	94.74	87.89	87.94	87.43	92.54	90.17	86.22	92.90	91.13	91.12
Medics' concern for your privacy	94.41	97.23	97.39	97.44	94.31	95.39	97.16	96.00	96.73	94.72	93.45	95.85	94.40
Extent to which medics cared for you as a person	94.92	98.11	97.83	98.18	94.29	95.74	95.40	95.20	96.95	94.54	94.51	96.41	95.85
Professionalism of the staff in our ambulance service billing	89.76	100.00	100.00	92.86	90.00	95.00	81.25	93.18	96.43	100.00	87.50	97.22	96.88
Willingness of the staff in our billing office to address your	88.35	100.00	100.00	96.43	90.00	87.50	84.50	87.50	100.00	98.08	87.50	96.88	96.43
How well did our staff work together to care for you	96.28	96.51	98.20	98.54	94.99	96.22	96.25	95.72	96.68	95.92	95.98	97.79	96.46
Extent to which the services received were worth the fees	82.19	87.20	94.91	92.29	90.72	78.61	87.92	88.24	83.63	85.47	89.39	91.20	91.67
Overall rating of the care provided by our Emergency Medical	96.58	96.66	97.45	98.20	95.52	94.78	94.94	94.54	95.94	94.97	94.82	97.66	96.10
Likelihood of recommending this ambulance service to others	96.97	97.38	97.40	97.60	95.79	94.93	93.55	96.46	97.34	96.87	95.29	97.68	96.78
Your Master Score	94.58	96.16	96.52	96.91	94.00	94.07	93.80	94.57	95.33	93.86	94.19	96.02	95.12
Your Total Responses	150	150	150	150	150	150	144	150	150	150	150	150	150



Monthly tracking of Overall Survey Score





GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
1	11/27/2017	"Put in an IV"				
2	12/01/2017		"Just do what you did"	"Excellent treatment throughout the whole"		
3	12/02/2017	"The medics were very professional in all aspects."	"I think they hit the mark."			
4	12/01/2017	"They did their jobs precisely."				
5	12/02/2017	"RMSA is perfect. and I mean it! They are so good and they can't be better."	"No."			
6	12/02/2017	"I was very impressed with the service."	"I don't know what it would be."			
7	12/02/2017	"Getting here very fast which was important to my life. Knowing what to do; I immediately felt I was in very good hands"	"I don't think anything could be better done for me"	"Put me on an IV, treated me. everybody was good. They braced me on both sides to get me to the ambulance. Very attentive to me"		
8	12/02/2017		"Just like you did before"	"Just took care of me"		
9	12/01/2017	"They helped me out to the ambulance"	"Only send one ambulance"			
10	12/01/2017	"Everything"		"So helpful and so nice"		
11	12/01/2017	"Good transport from one facility to another."				
12	12/03/2017	"Quick response time, the medics showed care for welfare and made sure I was covered with a blanket."				
13	12/03/2017	"Speedy arrival and everyone knew their job."				
14	12/03/2017	"Quick diagnosis and transport, overall concern for me."				
15	12/01/2017	"They were very patient"				
16	12/03/2017	"Well oiled machine, job well done!"				
17	12/01/2017	"They got me to the hospital on"				
18	12/01/2017	"Everything was done as it should have been "	"Stop the rattling in the back of the ambulance."			
19	12/01/2017	"very caring and really listened"				
20	12/04/2017	"tried not to hurt me"				
21	12/04/2017	"felt safe with them"				
22	12/04/2017	"everything they did was great I never have a complaint"				
23	12/04/2017	"They got me to where I needed to go quickly. The medics were very nice."	"I can't think of anything."			
24	12/04/2017	"They were perfect and did everything great!"	"Nope, they did great!"			
25	12/04/2017	"They were wonderful people."				
26	12/04/2017	"These are dumb questions."				
27	12/04/2017	"No."	"No."			
28	12/05/2017		"Ask about insurance."			
29	12/05/2017	"They did really good."				
30	12/05/2017	"covered me with a blanket"				
31	12/05/2017	"they made me feel real good"				
32	12/05/2017	"everything was great"				
33	12/06/2017	"they were great"				
34	12/06/2017	"they took really good care of me and got me in and out really fast"	"next time I would like them to park closer to my house"			
35	12/06/2017	"came fast and took care"				



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
36	12/06/2017		"waiting room took a very long time to get in and out of. money was also taken out of wallet"			
37	12/06/2017	"everything was really great!"				
38	12/06/2017	"they were really nice and cared"	"Couldn't get the IV in nicely so pain wasn't relieved good at all"			
39	12/06/2017	"They were very nice"				
40	12/07/2017	"very good"				
41	12/07/2017			"They care, they do an excellent job. They really care about the patient"		
42	12/07/2017	"They responded to my problem. Very capable. I've learned to depend upon them to do the right thing for me and my wife. I've never been disappointed"		"Made every effort to make me comfortable"		
43	12/07/2017	"The patience that they had with a 9 year old child that was freaking out"				
44	12/07/2017	"The overall care. The speediness of getting the medication and figuring out the problem"	"Figure out a way to get a computer in the ambulance to get my medical history from Renown so they don't have to ask every time"			
45	12/07/2017	"The whole situation and the fact that I had two dogs, one scared to death, and they gave them care and concern as well"				
46	12/08/2017	"very good!"				
47	12/08/2017	"everything was great! they even had new machines to help take me to the ambulance!"				
48	12/08/2017	"the way they handle it, they got me in and out really quick"				
49	12/08/2017	"They did very well all around"				
50	12/09/2017	"The medics were great"	"It was about 10 degrees, so have another blanket - they did eventually get her one"			
51	12/08/2017	"Overall everything was fine"	"Can not think of anything"			
52	12/09/2017	"The medics do very well, they come in quickly and get her out of her house and to the hospital"	"Nothing, had no problems"			
53	12/09/2017	"they were excellent"				
54	12/09/2017	"They are always spot on. I have had to use them more than I would like but I do appreciate them and want to say thank you.!"				
55	12/08/2017	"Don't take the freeway. Too fast."				
56	12/10/2017		"There's really nothing they could do to improve, or nothing I can think of at the moment."			
57	12/10/2017	"They have been out here several times for my mother and each time they took really good care of her."				
58	12/10/2017	"4"	"4"			



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
59	12/10/2017	"The medics were very considerate and thank you for your service."				
60	12/10/2017	"surprised medics didn't put a collar on me."				
61	12/10/2017		"Overall rating was decent."			
62	12/11/2017	"Totally professional. I am so grateful to be taken great care of!"	"Treated me very good. They too great care of me."			
63	12/11/2017	"Everyone was 100%"				
64	12/11/2017	"The medics sympathized with me in my pain and that was appreciated."	"It was a good experience. nothing."			
65	12/11/2017	"The experience was really good, actually."				
66	12/11/2017		"My son vomited and the medic didn't position him so he wouldn't chock on his puke. I did that. I was concerned about my sons wellbeing."		Assigned 2.5.18 #5282	Refer to #66 under Results After Follow Up Section.
67	12/11/2017	"It was excellent service, it really was."				
68	12/12/2017	"They were very kind and I've ridden three times and every times respectful. I want to thank them from my heart!"				
69	12/12/2017	"It's very expensive."	"I don't think there is anything"			
70	12/12/2017	"They were great all the times we used them. But my husband passed away."				
71	12/12/2017	"I couldn't have been happier with the attention my husband received, I'm just sorry he passed away from the complications he had after his stroke."				
72	12/12/2017		"They didn't listen to me. They need to listen to people and want they want."			
73	12/12/2017	"They were really good."				
74	12/12/2017		"Lower the prices."			
75	12/12/2017	"I liked how professionally it was handled. I had great medics, they took care of me and calmed me down."				
76	12/12/2017		"In my opinion the medic and EMT should be differentiated."	"Medic asked ""why did you call an ambulance"""		
77	12/13/2017	"They were very prompt with their service."				
78	12/13/2017	"Everything was just fine."				
79	12/13/2017		"Not have cops come."			
80	12/13/2017	"One medic told me that I was trooper and encouraged me, I appreciate that."	"give more encouragement."			
81	12/13/2017	"They were jonny on the spot!"				
82	12/13/2017		"how to get an IV in me"			
83	12/14/2017	"they were great all of the ones"				
84	12/14/2017	"They were all very professional."				



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
85	12/14/2017	"I feel in the shower and hurt my crotch and the medics parked on the street rather than in the driveway. I had to walk to the street and I was in a lot of pain. I wish the medics had enough forethought to move the ambulance into the driveway to make it easier for me. Also I explained my dogs might be in issue when medics arrived and one of my dogs got out. Listening skills would be nice."			Assigned 2.5.18 Ticket #5283	Refer to #85 under Results After Follow Up Section.
86	12/14/2017	"They listened to me carefully and found out that I had muscle spasms."				
87	12/14/2017	"Everything was excellent. I rate them, top notch."				
88	12/14/2017	"If I could I would give everyone a 10"				
89	12/14/2017		"only one of them gave her look as to why they were there"			
90	12/15/2017	"did very well with him being a mental patient and suicidal made him feel like they really care"	"the bill seems excessive from transport of hospital"			
91	12/15/2017	"they seemed to know what they were doing and took good care of you"				
92	12/15/2017		"Take her a little more seriously; she has a lot of health issues and the medics sort of stood there and scratched their heads rather than getting her to the hospital. They also left her in a hallway (she's not sure where this instruction came from) but waited there for hours then had husband come"		Assigned 2.5.18 Ticket #5284	Refer to #92 under Results After Follow Up Section.
93	12/15/2017	"The medics were great, thanks!"	"They were looking at her head and she kept telling them that she couldn't move her leg. She ended up having a broken hip. Doesn't really blame medics for this because her coworkers who called the ambulance said they thought she'd hit her head"			
94	12/15/2017		"a little rude they had a negative impression when they walked in but they should have kept it to themselves"		Assigned 2.5.18 Ticket #5286	Refer to #94 under Results After Follow Up Section.
95	12/15/2017	""everything was good, I'm ok""				
96	12/15/2017	"everything they did was excellent"				



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
97	12/15/2017			"the main medic had an attitude and they passed judgment"	Assigned 2.5.18 Ticket #5287	Refer to #97 under Results After Follow Up.
98	12/16/2017	"The experience was completely satisfactory, they did a great job"	"Nothing, they were great"			
99	12/16/2017	"They were great. Got him right on the stretcher, locked his house up, and got him to the ER."	"Nothing"	"Listened to instructions very well"		
100	12/16/2017	"Medics were so kind"	"Nothing, everything was perfect"	"She had broken her kneecap so there wasn't much they could do about pain/discomfort"		
101	12/16/2017	"Everything was just fine"				
102	12/16/2017	"Everything worked out just fine. Were so pleased with REMSA"	"Nothing"			
103	12/16/2017	"It was a very embarrassing situation, and they completely took care of him as far as making sure not to embarrass him"				
104	12/16/2017	"Everything was really good."				
105	12/16/2017	"Medics were concerned, they were informative and right on the ball."				
106	12/17/2017	"I tell lot of people about REMSA"				
107	12/17/2017	"They were there for me when I needed them."				
108	12/17/2017	"The medics were wonderful."				
109	12/17/2017	"Everything was just fine."				
110	12/17/2017	"I was trying to make light of my dark time in life. They didn't get it."				
111	12/17/2017	"great success our past and have been very pleased with their service."				
112	12/17/2017		"I say this in all honesty, there is nothing you can do. Everyone was great."			
113	12/21/2017		"Business card to get info about team and billing"			
114	12/22/2017	"Ambulance is old and needs to be updated. Too rough."				
115	12/22/2017	"They were really good at their job."				
116	12/22/2017	"the ride was good, was fast, and treated me right."				
117	12/22/2017	"everything was good!"				
118	12/22/2017	"They did good"				
119	12/22/2017	"it was all good"				
120	12/22/2017	"they did a fantastic job and got me through a hard time"				
121	12/22/2017	"happy that they came to help, but waited a very long time in waiting room."				



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
122	12/22/2017	"nothing"	"both medics were rude, and wouldn't come inside to check on me. I had to go outside to inform them about what was wrong with me, but I was very weak with a fever of 103. The medics also wouldn't put an IV in my arm and hospital asked my wife why I didn't have one in my arm. Was the worst experience."		Assigned 2.5.18 Ticket #5288	Refer to #122 under Results After Follow Up Section.
123	12/22/2017	"they were great"				
124	12/22/2017	"were very informative! told us what they were doing and why they were doing it. were very quick and did what they could."				
125	12/22/2017	"was very good"				
126	12/23/2017	"they were nice and cared"				
127	12/24/2017	"the two men were very nice. start to finish I have no complaints. they took it seriously and did a good job"				
128	12/24/2017	"everything was good"				
129	12/24/2017	"everything that they were in charge of was good"				
130	12/24/2017	"Everything was really good"				
131	12/23/2017		"Nothing, everything was good"			
132	12/24/2017	"Patient has now passed away, but REMSA did a great job all around."				
133	12/23/2017	"All of the guys were very kind and empathetic, keep up the good work!"		"Pain or discomfort N/A - didn't have any"		
134	12/24/2017	"They did a beautiful job"				
135	12/24/2017	"The medics were awesome"	"Nothing at all, everything was perfect"			
136	12/24/2017	"Overall the service was above a very good rating"	"Bring coffee and donuts; they did a great job"			
137	12/23/2017	"the way they cared for me. they cared a lot and made sure I was comfortable"				
138	12/23/2017	"they are real quick"	"if they could fit a wheelchair with them that would be great, would help me get back home easier"			
139	12/23/2017	"it was great, everything was great. they took great care of us. I couldn't be any happier, couldn't have asked for a better experience. super happy about it!"				
140	12/23/2017	"everything, they got me an iv and checked my blood pressure"				
141	12/23/2017	"that they actually arrived on time- as fast as they could"				
142	12/25/2017	"if I could rate higher than a 5 I would"				
143	12/25/2017	"They were able to diagnose me quickly. They were very gentle with me."				



GROUND AMBULANCE JANUARY CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned To	Results after follow up
144	12/25/2017	"were very quick and gave me a throw up bag right away"				
145	12/25/2017	"they kept me informed"				
146	12/25/2017	"everything was good"				
147	12/22/2017	"they got here fast and were informative"				
148	12/26/2017	"they were great!"				
149	12/26/2017	"everything was perfect"				
150	01/03/2018	"They have been here so many times they know my husband by name. They are comfortable but very well put together as a team in helping my husband."				
151	01/03/2018	"My husband passed away."				
RESULTS AFTER THE FOLLOW-UP						
66	2/8/18 1608.	I spoke to the pts mother, about her 5 year old son. She told me she was just concerned when her son had a seizure, he started to vomit and the paramedic's did not roll him to his side, she had to do it while he was on the gurney. I apologized to her and told her I would be talking to the paramedic's. I will have the crew both complete occurrence reports ASAP.				
85	I spoke with the pt. who was very grateful for the help she received from our crew. She said her family has used REMSA numerous times and she appreciated what has been done for them. She said she wasn't upset about the dog getting out but thinks it would have been better customer service if the crew had parked closer so she didn't have to walk as far. I agreed with her and will follow up with the crew.					
92	2/9/18 0848.	I spoke with the pt, she was very nice and told me it was not the REMSA crew she was upset at it was Renown South Meadows who put her in the hallway and made her wait for hours until her husband picked her up. I thanked her for her time.				
94	This patient was referring to the non-REMSA flight crew that entered her hospital room. The REMSA staff had minimal interaction with the patient.					
97	I called the complainant to discuss his concerns, he stated he did not have time to talk, and did not wish to discuss the matter further.					
122	2/9/18 0833.	I called and spoke to the pt, he told me he did not have the time to talk to me and it was already taken care of. I thanked him.				



January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Drones

Coverage continued into January on REMSA's partnership with Flirtey. REMSA was highlighted in WealthAdvisor.



Competition heats up

Other companies are eyeing the space as well. In March, Menlo Park, California-based startup Mattemet received authorization to operate drone logistics networks over densely populated Swiss cities.

The first Mattemet Stations were launched in September to facilitate on-demand transportation of blood and pathology samples between hospital facilities.

The company says its cloud-enhanced drone system can deliver critical medical supplies to any hospital within 30 minutes.

In October, Flirtey, a Reno, Nevada-based drone startup, teamed up with ambulance service provider REMSA to deliver lifesaving defibrillators to victims of sudden cardiac arrest.

Through the partnership, REMSA will respond to 911 calls by dispatching a Flirtey drone with an automated external defibrillator, providing a critical bridge for victims until an ambulance and emergency medical team arrives. The companies are currently working on Federal Aviation Administration approvals and a public education campaign about the service.

WealthAdvisor

Healthcare Innovation

REMSA was mentioned in an article in EMSWorld about the Innovation in EMS (PIE) project, a national framework document funded and supported by the United States National Highway Traffic Safety Administration (NHTSA), Office of Health Affairs, the Department of Homeland Security, and the Department of Health and Human Services.



January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Flu

During the busy flu season, REMSA's Public Affairs department proactively reached out to media to provide information about special Influenza Like Illness protocols that paramedics implemented for certain calls. Media also highlighted flu symptoms and how to access the right pathway for care.





January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Cardiac Emergency

KOLO produced a segment on employees being prepared for cardiac emergencies in the workplace. REMSA's classes were highlighted to prepare and train employees.

Employees unprepared for cardiac emergency in workplace



Point of Impact

KTVN promoted REMSA's January Point of Impact car seat checkpoint.

REMSA Free Car Seat Installation and Inspection Checks

Photo: Jan 20, 2018 4:44 PM PST
 Unshared: Jan 20, 2018 4:44 PM PST



January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

REMSA: Hypothermia and Frostbite Signs to Recognize

Posted: Jan 22, 2018 8:51 PM PST
Updated: Jan 22, 2018 8:56 PM PST

By Elizabeth Olveda CONNECT



REMSA: Hypothermia and Frostbite Signs to Recognize

Posted: Jan 22, 2018 8:51 PM PST
Updated: Jan 22, 2018 8:56 PM PST

By Elizabeth Olveda CONNECT



Hypothermia

KTVN featured REMSA's Community Advisory on hypothermia and frostbite. The advisory is also posted in Nevada Business.

REMSA Community Advisor | Hypothermia and Frost Bite Safety

January 22, 2018 by Christie Yabu - Comments



During the cold winter months, hypothermia and frostbite are always possible, and need to be considered serious health threats – especially with sun or children and small children. To protect yourself and loved ones, it is important to understand hypothermia and frost bite, and how to prevent them.



Hypothermia and its main symptoms

Hypothermia occurs when the body temperature dips below the optimal 98.6 degrees Fahrenheit. Symptoms usually take effect in three stages. The first stage is mild hypothermia. It is characterized by bouts of shivering, sluggishness and compromised thinking. The second stage is moderate hypothermia. Symptoms include violent shivering or shivering with sudden stops, inability to think and pay attention, slow, shallow breathing, or a slow, weak pulse. The severe level of hypothermia has serious consequences. The patient may lose consciousness. There is little or no breathing.

Nevada Business



January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Facebook

- Followers to-date: 2,169
- January Post Shares: 94
- January Posts: 26
- January Post Reactions: 395
- January Post Comments: 39

Top Social Posts

1. Comms Specialist Job Post

01/03/18

- 4,469 people reached
- 25 likes, comments, shares


2. Flu Impact

01/15/18

- 1,251 people reached
- 30 likes, comments, shares

Regional Emergency Medical Services Authority - REMSA January 3 at 11:47am · 🌐

REMSA is looking for a Communications Specialist to work in our internationally accredited communications center, providing over-the-phone emergency care, dispatching ground ambulances and helping patients when they need it most. Apply here:



Communications Specialist - REMSA

Opportunity As a Communications Specialist, you are the authority to determine medical complaints and appropriate therapy based on the assessment of the patient while staying within established protocols. This position is also...

REMSAHEALTH.COM

Turn on job features for this post to reach more potential applicants.

👤 4,469 people reached

🗨️ Judie Henderson, Molly Rose and 2 others 2 Comments

Regional Emergency Medical Services Authority - REMSA January 15 at 9:34am · 🌐

Last week REMSA experienced an all-time high for transports within Washoe County, transporting almost 200 patients, 33% higher than average. In this segment, KOLO 8 News Now reviews the extra precautions REMSA is taking to protect crews and prevent cross contamination during this year's flu season.



The flu's impact: REMSA makes changes

REMSA has activated special protocols in response to a record number of calls, many flu related.

KOLOTV.COM

👤 1,251 people reached

🗨️ Debra Aschenbrenner, Destiny Linnell and 12 others 1 Share

5

January 2018 Public Relations + Digital Media Highlights Report

District Board of Health

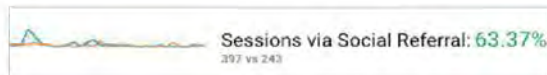
SOCIAL MEDIA HIGHLIGHTS

LinkedIn

- Followers to-date: 887
- Posts: 4
- Impressions: 2,173
- Clicks: 23
- Social Actions: 12

January Website Referral Sessions from Social Media

Website referral sessions from social media has increased by 60% year over year. Increase in sessions in January can be attributed to Facebook activity.



Top LinkedIn Post

When You Call 9-1-1

- 769 Impressions
- 10 clicks
- 3 social actions



REMSA
3w

When calling 9-1-1, know your location, answer the call taker's questions, and try to stay as calm as possible. If you are calling with a medical emergency, an ambulance will be on its way to you, even if the call-taker has addi...see more



When You Call 9-1-1
remsahealth.com

3 Likes

Like Comment

Organic Reach Hide stats

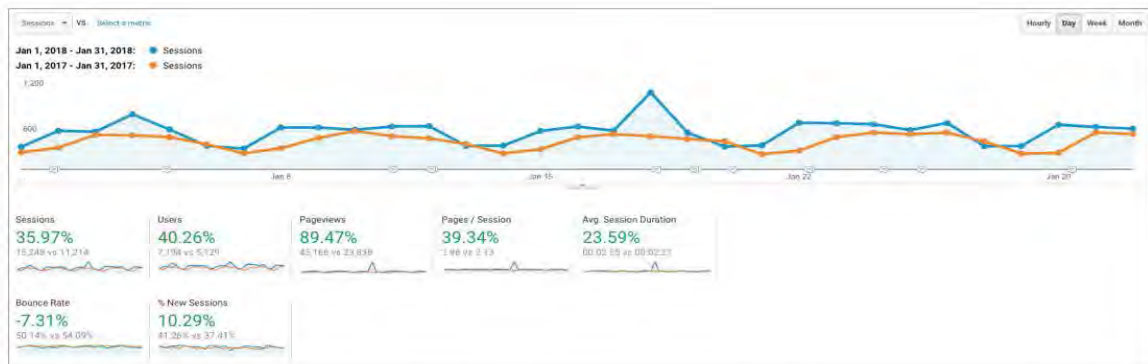
Targeted to: All followers

770	1.69%	10
Impressions	Engagement	Clicks
3		
Social Actions		

Overall Site Sessions in January (Year over Year Comparison)

Overall, the new website is performing great in all areas in Google Analytics:

- Sessions: 36% increase year over year
- Users: 40% increase year over year
- Pageviews: 89% increase year over year
- Pages / Session: 39% increase year over year
- Avg. Session Duration: 24% increase year over year
- Bounce Rate: 7% decrease year over year
- % New Sessions: 10% increase year over year



We use Google Analytics to measure the various ways visitors come to the website. The best way we can measure how public relations is driving people to the REMSA website is to evaluate referral and direct traffic. Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc. Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.

Both referral and direct traffic year over year in the month of January increased - referral sessions increased by 16% and direct sessions increased by 57%. We have tracked public relations efforts in Google Analytics to see how each effort influences site data. Annotated icons represent PR efforts in addition to various website updates.



January 2018 Public Relations + Digital Media Highlights Report

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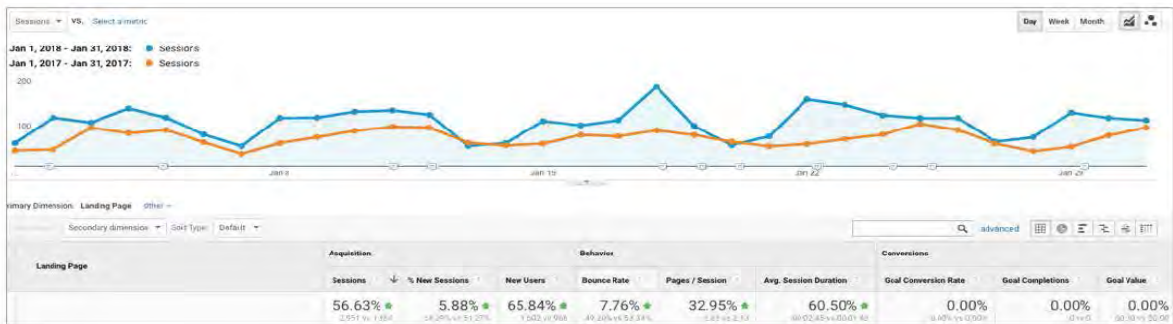
GOOGLE ANALYTICS

Referral Traffic:



Note: The anomaly in traffic on January 18 is due to a referral source internally using a google account.

Direct Traffic:





REMSA 2017-18 PENALTY FUND RECONCILIATION AS DECEMBER 31, 2017

2017-18 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	6,275.80
September 2017	9,269.04
October 2017	7,060.72
November 2017	6,271.88
December 2017	8,733.88
January 2018	
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Total accrued as of 12/31/2017	<u>\$44,121.92</u>

2017-18 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>
Total encumbered as of 12/31/2017	<u>\$0.00</u>	
Penalty Fund Balance at 12/31/2017	<u>\$44,121.92</u>	



REMSA INQUIRIES

JANUARY 2018

No inquiries for January 2018

STAFF REPORT

BOARD MEETING DATE: February 22, 2018

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: **Presentation and possible acceptance of a semi-annual progress report on the 2017-2020 Strategic Plan.**

SUMMARY

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2017-2020 Strategic Plan.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting.

On August 24, 2017 the DBOH accepted a semi-annual progress report on the 2016-2018 Strategic Plan.

On November 2, 2017, the DBOH held a retreat to discuss preparation of a refreshed and updated 2017-2020 Strategic Plan. Based on DBOH input the plan was updated and the DBOH accepted the 2017-2020 Strategic Plan at the December 14, 2017 DBOH meeting.

BACKGROUND

The 2017-2020 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Staff continues to track and report on progress made under the Strategic Plan.

Subject: Progress Report on 2017-2020 Strategic Plan

Date: February 22, 2018

Page 2 of 2

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board accept the FY 2017-2020 Strategic Plan Progress Report.

RECOMMENDATION

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the progress report on the Strategic Plan implementation."

FY18 Mid-Year Strategic Plan Progress

The Health District has made significant progress in the first half of FY 18 in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities. The information presented below describes the progress from July through December of 2017.

1 - Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

1.1 Reduce the negative health and economic impacts of obesity and chronic disease. Progress was made on this goal and 50% of its initiatives for FY18.

The Chronic Disease Prevention Program (CDPP) continues to support school based wellness initiatives such as the Wolf Pack Coaches Challenge and WCSD Student Wellness Committee. The CDPP Coordinator has continued to serve as the co-chair of the Student Wellness Committee, providing leadership in the efforts to fully implement the Districtwide School Wellness Policy. Additional accomplishments for FY18 included the continued progress towards implementation of the WOW! (We Order Well!) Menu Labeling campaign and the hiring of an additional Health Educator to support additional chronic disease prevention initiatives.

1.2 Promote preventive health services that are proven to improve health outcomes in the community. Progress was made on this goal and 20% of its initiatives for FY18.

Clinical services are promoted via website and media buys and there have been 171,872 radio impressions from recent campaigns. Health indicators in several areas have improved locally, teen birth rates have continued a decreasing trend and are currently at 21.9 per 1,000 births, lower than the goal of 25.6 per 1,000 births. Family planning clinic staff has continued to promote Long Acting Reversible Contraceptives which can be effective in reducing teenage pregnancy rates. Our Maternal Child Health Program has continued to support the “Go Before You Show” campaign, targeting newly pregnant moms to seek out prenatal care early in their pregnancy. The Health District’s Fetal Infant Mortality Program (FIMR) has shown through data analysis that earlier prenatal care could lead to less fetal and infant deaths.

Our Communicable Disease Program exceeded their goal of 60% by reaching 67% of Healthcare Providers with targeted education to those not following CDC recommendations on Hepatitis C testing. Our Immunization Programs rate of up-to-date 19-35 month olds for recommended immunizations is currently at 77.7%, near the 2020 goal of 80% for the first half of the FY.

1.3 Improve access to health care so people of all means receive the health services they need. Progress was made on this goal and 18% of its initiatives for FY18.

To provide services as promptly as possible, CCHS clinics continue to schedule appointments over the phone in addition to scheduling walk in clients as able. To improve customer satisfaction, CCHS implemented a Quality Improvement Project to reduce the amount of time a client waits to schedule an appointment or access other phone related services, which has been a great success. CCHS has also continued to work with the Food Bank of Northern Nevada (FBNN), Northern Nevada HOPES and Community Health Alliance (CHA) to enroll clients in an Affordable Care Act plan, Medicaid and Supplemental Nutrition Assistance Program (SNAP), and is still working with the Division of Public and Behavioral Health (DPBH) to get a full time Medicaid enroller at the Health District. Our South Reno WIC clinic has an enrollment assister from HOPES as well. CCHS continues to attempt to contract with additional insurance plans, as research shows that access to insurance increases access to primary care providers, and which leads to overall improved health. As not all clients in our area can make it to our clinic location, CCHS takes its services out to the community. So far in FY18, CCHS had over 128 offsite clinic events to provide services to often our most vulnerable and at risk populations.

2 - Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

2.1 Protect people from negative environmental impacts. Progress was made on this goal and 50% of its initiatives for FY18.

Air Quality Management Division continues to successfully work to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. As the EPA approved the discontinuation of monitoring at the Plumb/Kietzke site, equipment from that location will be relocated to West Reno to support better distribution of air quality monitoring through the Truckee Meadows. Through the Ozone Advance initiatives, AQM received a letter of intent in December that Washoe County will be designated as meeting attainment for the ozone standard, a substantial achievement in support of public health and economic growth in our area.

Air quality in the first half of FY18 was in the Good or Moderate range on 97% of the days (179 of 184 days). Portions of five days did not meet health-based federal air quality standards. One Red Burn Code was issued during this period.

A contract was awarded for a Waste Characterization Study RFP with an expected report completion date of fall 2018. Results of the study will be used to develop strategies for increasing recycling rates in Washoe County.

2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 33% of its initiatives for FY18.

EHS staff has continued to make substantial progress in implementing risk based inspection program standards. Of the 12 inspection programs, two have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). Four more inspection programs are in the process of having risk based standards implemented with plans for completion of these programs this fiscal year. EHS staff are working to develop and implement Quality Assurance/Quality Control procedures for inspection staff to reduce fluctuations in pass rate and improve compliance with food safety regulations.

3 - Local Culture of Health: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. Progress was made on this goal and its initiatives for FY18.

The Health District posted, conducted, and broadcast a total of 1,215 media interviews, press releases, social media postings, and emergency radio messages to date in FY18. Significant media engagement has occurred around the influenza and meningitis outbreaks this fall and winter. The Accela Citizen Access (ACA) component of the system for online permitting has not been well utilized to date and EHS is working to identify opportunities to improve the performance of ACA.

3.2 Work with others to establish policies that positively impact public health. Progress was made on this goal and 50% of its initiatives for FY 18.

Progress continues to occur in this area around designated smoking areas at Washoe County facilities and with work to develop the 2018-2020 Truckee Meadows Healthy Communities Health Improvement Plan (CHIP). An internal website providing resources to help employees quit smoking was established and messaging was distributed to Washoe County staff coinciding with the Great American Smoke Out. No policy changes have resulted from Truckee Meadows Healthy Communities (TMHC) to date, but an initiative to effect policy on affordable housing is moving forward. In addition to housing, behavioral health has been identified as a focus area for the upcoming CHIP. Additional focus areas may be identified to be included in the CHIP in the upcoming month.

Progress has also been made in establishing a Government Affairs position in the Health District. The District Board of Health has approved inclusion of the position in refreshed strategic plan so that it can be proposed in the FY19 budget.

3.3 Inform the community of important health trends by capturing and communicating health data. Progress was made on this goal and corresponding initiatives for FY 18.

The 2018-2020 Community Health Needs Assessment was conducted in collaboration with Renown Health and completed in December of 2017. This report is the second collaborative assessment and utilizes validated and reliable secondary data sources, results from an online community survey, feedback from subject matter experts, and input from participants through a Community Workshop. This report is an excellent resource for the community and will form the basis of the upcoming Truckee Meadows Health Communities Health Improvement Plan and the Renown Community Benefit Plan.

The Communicable Disease Annual Report for calendar year 2016 was published in October of 2017. This report provides valuable information on the current status as well as the overall trend of infectious disease in Washoe County.

The Washoe County antibiogram was published with 2016 data in the fall of 2017. An antibiogram shows the susceptibility of various bacteria to a number of different antibiotics. This information can help physicians to select treatments for infectious disease that are most likely to be effective. Having a local antibiogram is important because susceptibilities can be different from one geographical location to another.

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. Progress was made on this goal and 50% of its initiatives for FY 18.

The District Health Officer has continued to Chair Truckee Meadows Healthy Communities and support the development of the 2018-2020 CHIP. The Health District is leading or engaged and supporting the Truckee Meadows Healthy Communities Steering Committee, a TMHC/Enterprise/Truckee Meadows Regional Planning Agency (TMRPA) affordable housing roadmap, the 2017 Community Health Improvement Plan Report and the Washoe County School District (WCSD)/University of Nevada, Reno (UNR) Coaches Challenge. **4 - Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

4.1 Lend support and accountability to improve K-12 educational outcomes. Progress was made on this goal and 50% of its initiatives for FY 18.

The Washoe County School District was provided with various tools to help in preventing and controlling GI outbreaks, including a toolkit which was fully distributed and is now being reviewed for any needed updates. The current average duration for an outbreak is 22 days, just slightly above the goal of 21 days.

4.2 Support and promote behavioral health. Progress was made on this goal and 20% of its initiatives for FY 18.

The CHIP Youth Mental Health Workgroup has focused on the prevention of bullying, sadness, hopelessness, and suicides among Washoe County youth. Strong partnerships and increased

collaboration among the Washoe County Health District, Renown Health, Communities in Schools, and Washoe County School District's Children in Transition program and Family Resource Centers have been supported to address these objectives. Work around this objective will be transferred to the new CHIP as appropriate.

4.3 Improve nutrition by supporting efforts to increase food security and access. Progress was made on this goal and 100% of its initiatives for FY 18.

Through a Truckee Meadows Healthy Communities initiative and Food Bank of Northern Nevada grant, Washoe County Health District staff participated in Leadership conferences and a community action network related to improving food security in Washoe County. These efforts were supported and funded by the Arnold Foundation and Annie E. Casey Foundation. Food security indicators in our community continue to show improvement, however, this is likely the result of an improved economy.

4.4 Enhance the Regional Emergency Medical Services System. Progress was made on this goal and 25% of its initiatives for FY 18.

Work continues on the identified goals and objectives of the five-year EMS strategic plan approved on October of 2016. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives. Currently, large projects being worked on by the region include testing Computer aided dispatch-to-Computer aided dispatch interface between the Public safety answering point and the REMSA dispatch center with a "go-live" date of Spring 2018, comprehensive migration interoperability plan that will outline the enhancement of the radio communications system, and the low-acuity Priority 3 workgroup approving Omega call determinants to be added to the system beginning February 1, 2018.

4.5 Engage the Community in Public Health Improvement. Progress was made on this goal and 50% of its initiatives for FY 18.

Over 40 organizations participated in implementation of the CHIP in 2017. TMHC will begin development of a new 2018-2020 CHIP in early 2018. Once the CHIP is finalized, workgroups developed under the previous CHIP will be transferred as appropriate. The CHIP is scheduled to be completed by late spring/early summer of 2018.

5 - Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

5.1 Updating the Health District's financial model to align with the needs of the community. Progress was made on this goal and 50% of its initiatives for FY 18.

Staff continue to work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1% of total WCHD funding. Discussions continue with the

County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees.

5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. Progress was made on this goal and 50% of its initiatives for FY 18.

Budget per capita increased from FY16 budgeted funding of \$49.93, to \$52.24 per capita in FY18, a 4.6% increase.

6 - Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

6.1 Create a positive and productive work environment. Progress was made on this goal and 50% of its initiatives for FY 18.

Security enhancements have continued to be implemented with two surveillance cameras, further expansion of badge readers to secure workspaces and 20 panic buttons installed in FY 18. The percent of annual performance reviews on time reached 83%, just below the 85% annual goal. The Quality Improvement team meets regularly and two quality improvement projects have been completed thus far in FY 18.

6.2 Focus on continuing to build staff expertise. Progress was made on this goal and 50% of its initiatives for FY 18.

The Workforce Development Plan was completed and information on training opportunities tailored to the needs identified in the plan are distributed to staff monthly.

6.3 Achieve Public Health Accreditation. Progress was made on this goal and 32% of its initiatives for FY 18.

The Accreditation team continues to meet regularly and gather documentation required, currently 32% of required documents have been identified and are ready for submission.

Strategic Plan FY 18 2nd Quarter Update

Catrina Peters

February 22, 2018

Strategic Plan Update

- Slight revisions made at November retreat
- Currently halfway through the fiscal year
- Update on progress to date

Priority 1: Healthy Lives

- 33 out of 35 on track or achieved
- Key highlights
 - Immunization rates are holding steady and for calendar year 2017 reached 77.7%
 - Working with internal and external partners to maximize use of enrollment assistants for ACA/Medicaid/SNAP

Priority 2: Healthy Environment

- 27 out of 28 on track or achieved
- Key highlights
 - Received notification in Dec 2017 that Washoe County will be receiving an ozone attainment designation
 - Final designation will be published in Federal Register April 2018

Priority 2: Healthy Environment

- **Key highlights**
 - 2 out of 12 EHS inspection types have implemented a risk based standard, 4 in progress
 - EHS staff are developing Quality Assurance/Quality Control measures to reduce inspection pass rate fluctuation and ensure compliance with food safety regulations

Priority 3: Local Culture of Health

- 22 out of 33 on track or achieved
- Key highlights
 - 250 media interviews and press releases, 500 social media posts and 5,911 unique visitors to the website
 - Substantial public outreach, support for key initiatives and media interaction to get out scientifically correct messages
 - Timely communications that respond to the health needs of our community



Priority 4: Impactful Partnerships

- 26 out of 31 on track or achieved
- Key highlights
 - In partnership with Renown and TMHC, published the 2018-2020 Community Health Needs Assessment
 - Through Truckee Meadows Healthy Communities
 - Conducted RAM event serving 335 patients
 - 2 committees formed to develop the CHIP
 - Housing and Behavioral Health

Priority 5: Financial Stability

- 8 out of 9 on track or achieved
- Key highlights
 - 2 Quality Improvement projects have been completed
 - Efforts to increase state funding for public health

Priority 6: Organizational Capacity

- 35 out of 38 on track or achieved
- Key highlights
 - Workplace safety improvements including two surveillance cameras, further expansion of badge readers to secure workspaces and 20 panic buttons for emergencies

Priority 6: Organizational Capacity

- **Key highlights**
 - Continue to develop relationship with UNR School of Community Health Sciences to further workforce development
 - Continue to pursue accreditation
 - 32% of documents gathered and ready for submission

STAFF REPORT
BOARD MEETING DATE: February 22, 2018

DHO_ kd _____

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
328-2416, kdick@washoecounty.us
SUBJECT: Approval of the Fiscal Year 2018-2019 Budget

SUMMARY

Presented in this staff report is the recommended budget for Fiscal Year 2018-2019 (FY19). The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 154.81 full-time equivalents (FTEs) authorized to provide the services. The total revenues and County General Fund transfer are \$22,751,957 for a 3.1% increase over fiscal year 2018 (FY18) adopted budget of \$22,067,185. The budgeted revenues include the board approved fees increase for the consumer price index of 3.1% for Environmental Health and Air Quality and 2.9% for the Community and Clinical Health Services. Total FY19 projected expenditures are \$23,642,796, which is a 5.1% increase over FY18, adopted budget of \$22,494,708. The FY18 estimated ending fund balance is \$4,649,696 or 20% of expenditures. FY19 will require \$890,838 of the FY18 fund balance to cover the gap between revenues and expenditures and leaving a fund balance for FY19 of \$3,758,858 or 16% of total expenditures, which is within the policy guidelines of a 10% - 17% fund balance for special revenue funds.

The following above base requests are included in the FY19 recommended budget:

- Increase in County General Fund transfer for chemicals and helicopter costs to increase the mosquito abatement activities in the Environmental Health Division
- New Health Government Affairs Manager position in the Office of the District Health Officer
- New Medical Billing Specialist position in the Community and Clinical Health Division
- New Office Assistant II position for the Air Quality Management program
- Additional funds for intermittent hourly positions to assist with programs that experience a surge in work activity within the Health District
- Increase in biologicals required for the Immunization program
- Funding for projects recommended in the Community Health Improvement Plan
- Shifting a portion of the personnel costs for the Public Health Communications Manager, Air Quality Director, Air Quality Supervisor and Environmental Health Specialists to local resources and restricted funds due to loss in grant funding
- Contract with the City of Reno for funding of a new Environmental Health Specialist position to assist with the development review process

Health District Strategic priority #5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

BACKGROUND

Health District Mission

To protect and enhance the well-being and quality of life for all in Washoe County

Health District Accomplishments

- Applied for Accreditation
- Prepared an updated Community Health Needs Assessment
- Coordinated and supported work of over 40 community partners to address needs in the Community Health Improvement Plan
- Achieved substantial progress in implementing the Strategic Plan
- Continued leadership of the Truckee Meadows Healthy Communities cross-sectoral coalition to improve community health

Health District Emerging Strategic Considerations for the Future

- Ability to maintain current service levels with the increased community growth
- Uncertainty of the impacts that may be caused by changes to the Patient Protection and Affordable Care Act
- Uncertainty of the availability of federal grants and general fund support
- State's lack of local investment in public health
- Attainment of the ozone standard
- Succession planning for anticipated staff retirements
- Capacity to work on policy and government relations

Interlocal Agreement establishing the Washoe County Health District

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.

The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be on March 1, 2018. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March 2018.

The Division Directors and Program staff met with Health Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2018 and to identify budget requests for Fiscal Year 2019. The proposed budget reflects the discussion of the Program Manager's, Division Director's, and direction by the District Health Officer.

Fiscal Year 2018-2019 (FY19) Proposed Budget

The FY19 proposed budget includes anticipated revenues and expenditures for twenty-two programs as outlined below.

Washoe County Health District Programs

Office of the District Health Officer

Office of the District Health Officer Program

Air Quality Management Division

Air Quality Management Program

Community and Clinical Health Services Division

Chronic Disease Prevention Program
Community & Clinical Health Admin and Patient Billing Program
Family Planning Program
Immunizations Program
Maternal, Child & Adolescent Health Program
Sexual Health – HIV Program
Sexual Health – STD Program
Tuberculosis Program
Women, Infants and Children Program

Administrative Health Services Office

Administrative Health Services Program

Environmental Health Services Division

General Environmental Health Services/Land Development Program
Food Protection Program
Safe Drinking Water Program
Solid Waste Management Program
Underground Storage Tanks Program
Vector Borne Diseases Program

Epidemiology and

Public Health Preparedness Division

Emergency Medical Services Program
Epidemiology Surveillance Program
Public Health Preparedness Program
Vital Statistics Program

The Office of the District Health Officer, Administrative Health Services Office and the Division budgets are summarized below. The details of the twenty-two program budgets within the Health District are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is in Appendix D.

Office of the District Health Officer

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through four divisions, Administrative Health Services Office and the Office of the District Health Officer.

Total program full-time equivalents:	7.33
Total FY 2019 Program Revenues:	\$0
Total FY 2019 Program Expenditures:	\$1,413,576

Above base requests requested for FY19

- A new Health Government Affairs Manager position budgeted at \$112,039 for FY19 as recommended by the Hay Group during the 2017 organizational review of the District
- Additional \$45,000 funding to cover various intermittent hourly positions for programs that experience a surge capacity in workload
- \$80,000 for the projects that will support the recommendations in the Community Health Improvement Plan

Administrative Health Services Office

Administrative Health Services Office provides administrative guidance and oversight for financial activities, human resources, and information technology for the District.

Total program full-time equivalents:	9.0
Total FY 2019 Program Revenues:	\$0
Total FY 2019 Program Expenditures:	\$1,179,941

No above base requests for FY19

Air Quality Management Division

The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

Total program full-time equivalents:	19.50
Total FY 2019 Division Revenues:	\$3,079,278
Total FY 2019 Division Expenditures:	\$3,496,390

Note: \$499,234 of the unspent restricted funding from FY18 for the Pollution Control Program has been budgeted in FY19

Above base request for FY19:

- A new Office Assistant II position budgeted at \$79,129 to assist with deposits and records management for Accela Regional Permitting System
- \$51,056 shift of Management staffing costs from EPA Base and PM2.5 grants to DMV Air Pollution restricted funds

Community and Clinical Health Services Division

The Community and Clinical Health Services Division (CCHS) provides clinical services, community and individual health education, and partners with other community organizations and health care providers to improve the health of our community.

Total program full-time equivalents:	57.98
Total FY 2019 Division Revenues:	\$4,033,292
Total FY 2019 Division Expenditures:	\$7,812,019

Above base requests for FY19:

- Additional \$68,627 of funding for a new Medical Billing Specialist position
- \$29,671 for additional services and supplies, mainly biologicals, in the immunization program

Environmental Health Services Division

The Environmental Health Services Division (EHS) leads the team that ensures compliance with local, state and federal laws regulating food, water, vector and other areas of public health in Washoe County. The many programs under the EHS umbrella have an emphasis on regulation and enforcement, but also have a strong education component, promoting a collaborative approach with industry to meet local and national public health goals.

Total program full-time equivalents:	43.47
Total FY 2018 Division Revenues:	\$4,126,593
Total FY 2018 Division Expenditures:	\$7,103,094

Note: \$287,593 of the unspent restricted funding from FY18 for the Solid Waste Management Program has been budgeted in FY19

Above base requests for FY19:

- The Vector program is requesting \$160,750 in additional chemicals along with \$32,000 for the helicopter services that are required to spray the chemicals, funded by additional County General Fund transfer to support the mosquito abatement program
- Due to reductions in grant funding, shift \$3,922 off the grants for the Underground Storage Tank and Safe Drinking Water programs
- Contract with the City of Reno for a new Environmental Health Specialist position to assist with the development review process – position authorization is contingent on a signed contract with the City of Reno

Epidemiology and Public Health Preparedness

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions; analyzes communicable & chronic disease data to identify risk factors; disease control strategies; investigates disease outbreaks; serves as the local registrar for births & deaths; and develops departmental capabilities for response to biological terrorism and other public health emergencies; and oversees the Emergency Medical Services Program.

Total program full-time equivalents:	17.53
Total FY 2019 Division Revenues:	\$1,803,189
Total FY 2019 Division Expenditures:	\$2,637,774

Above base requests for FY19:

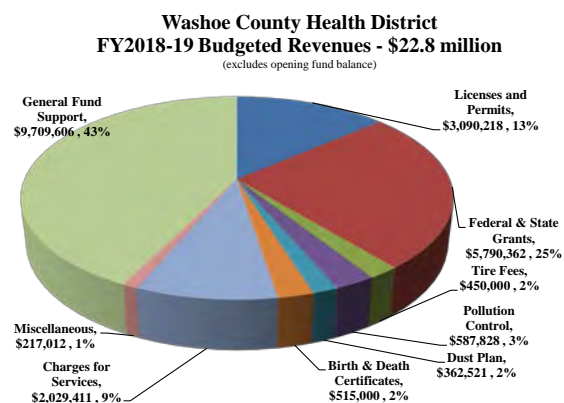
- A loss of \$38,850 of grant funding in the Public Health Preparedness (PHP) program will require that costs for the Public Health Communications Manager be moved off of grant funding with 20% going to local funding support in the Office of the District Health Officer, 5% to the Solid Waste Management program restricted funds, and 5% to the Air Quality pollution control restricted funds.
-

Total Health Fund revenues are budgeted to be \$22,751,957 and the expenditures are budgeted at \$23,642,796 that is an \$890,838 deficit funded with savings from this fiscal year that are anticipated in the year-end financial estimates for FY18. The total full-time equivalents (FTEs) for the Health District are budgeted at 154.81, which is the existing authorized staffing level plus the additional full-time positions requested in the FY19 budget.

Total budgeted revenues of \$22,751,957 are up \$684,772 or 3.1% over the FY18 adopted budget and includes:

- **Licenses and Permits - \$3,090,218 down \$14,924 or 0.5% over FY18 and 13.6% of total revenues anticipated for FY19**
 - Includes the CPI increase in fees approved by the board in FY16
 - Includes anticipated changes in work activities associated with the fees
- **Grant funding - \$5,790,362 up \$13,544 or 0.2% over FY18 and 25.4% of total revenues anticipated for FY19**
 - Funding is approximately level with FY18
- **Restricted intergovernmental funds - \$1,037,828 projected at the same level as FY18 and 4.6% of total revenues anticipated for FY19**
 - \$587,828 restricted for the Air Quality Management program.
 - \$450,000 restricted for the Solid Waste Management program
- **Charges for services - \$2,906,932 up \$352,953 or 13.8% over FY18 and 12.8% of total revenues anticipated for FY19**
 - Includes the CPI increase in fees approved by the board in FY16.
- **Miscellaneous Revenue - \$217,012 up \$140,450 or 2.0% over FY18 and 1.0% of total revenues anticipated for FY19**
 - \$150,000 from the City of Reno to pay for the Environmental Health Specialist position
- **County General Fund Support - \$9,709,606 up \$192,750 or 2.0% over FY18 and 42.7% of total revenues anticipated for FY19**
 - Increase due to the funding request for the Mosquito Abatement program

FY2018 - 2019 Budgeted Revenues		
		% of Total Revenue
Licenses and Permits	\$ 3,090,218	13.6%
Federal & State Grants	\$ 5,790,362	25.4%
Tire Fees	\$ 450,000	2.0%
Pollution Control	\$ 587,828	2.6%
Dust Plan	\$ 362,521	1.6%
Birth & Death Certificates	\$ 515,000	2.3%
Charges for Services	\$ 2,029,411	8.9%
Miscellaneous	\$ 217,012	1.0%
General Fund Support	\$ 9,709,606	42.7%
Total Revenue	\$22,751,957	100.0%



Total budgeted expenditures are \$23,642,796 up \$1,148,088 or 5.1% increase over FY18 adopted budget and includes:

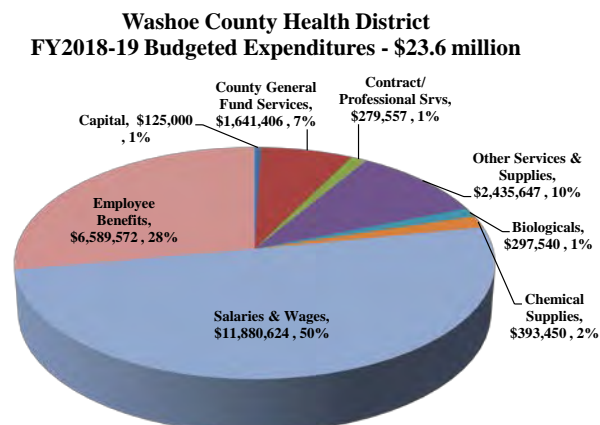
- **Salaries and Wages - \$11,880,624 up \$624,669 or 5.5% over FY18 and 50.3% of FY19 expenditures**
 - 154.81 FTEs up 3.39 from 151.42 budgeted in FY18 due to adjustments in the intermittent hourly staff, shift of a full-time nurse position to part-time, additional positions for Government Affairs, Clinical billing, Air Quality and Environmental Health
 - Includes employee merit increases for those not at the top of the pay range
 - Includes negotiated cost of living increase of 2.5% effective July 1, 2018

- **Employee Benefits - \$6,589,572 up \$272,040 or 4.3% over FY18 and 27.9% of FY19 expenditures**
 - The percent of salaries paid to PERS remains at 28.0% and is up \$187,128 or 6.3% compared to FY18
 - Health Insurance is up \$70,699 or 4.0% over FY18

- **Services and Supplies are budgeted at \$5,047,600 up \$251,379 or 5.2% over FY18 and is 21.3% of FY19 expenditures**
 - \$192,750 of the increase is for the above base request for chemicals and helicopter services for the mosquito abatement services
 - \$80,000 for Community Health Improvement Plan projects

- **Capital - \$125,000 is budgeted at the same level as FY18 and is 0.5% of FY19 expenditures**
 - \$25,000 for the FY19 cost of the Clinics electronic records system
 - \$100,000 for equipment related to air monitoring systems

FY2018 - 2019 Budgeted Expenditures		
		% of Total Expenditures
Salaries & Wages	\$ 11,880,624	50.3%
Employee Benefits	\$ 6,589,572	27.9%
County General Fund Services	\$ 1,641,406	6.9%
Other Services & Supplies	\$ 2,435,647	10.3%
Contract/ Professional Svcs	\$ 279,557	1.2%
Biologicals	\$ 297,540	1.3%
Chemical Supplies	\$ 393,450	1.7%
Capital	\$ 125,000	0.5%
	\$23,642,796	100.0%



With calculating in the fund balance from FY17 of \$4,180,897 and combining the anticipated resources and uses for fiscal year 2018 the ending fund balance for FY18 is projected to be \$4,649,696 which will be available for the budget in FY19 and includes the \$786,827 of dedicated funding re-budgeted for the solid waste management program and the air pollution program. The total resources and uses for FY19 are generating a fund balance of \$3,758,858 which is 16% of annual expenditures and within the policy guidelines of a 10%-17% fund balance for special revenue funds.

The detail of the sources and uses are as follows:

	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696
Revenues:						
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	2,946,032	3,090,218
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,555,428	5,320,959
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	506,018	469,403
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	450,000	450,000
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	726,704	587,828
Dust Plan	147,678	187,763	271,308	504,360	351,569	362,521
Birth & Death Certificates	457,596	465,052	521,837	548,064	500,000	515,000
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,024,583	2,029,411
Miscellaneous	172,819	58,286	81,259	116,665	72,076	217,012
Total Revenues	9,663,243	9,512,374	10,393,014	12,368,039	13,132,410	13,042,351
Total General Fund transfer	8,603,891	10,000,192	10,076,856	10,002,381	10,051,691	9,709,606
Total Sources of Funds	21,078,599	21,668,365	22,738,376	25,338,264	27,364,998	27,401,654
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,169,680	9,826,174	9,693,838	10,257,480	10,685,838	11,446,214
Intermittent Hourly Positions	421,427	360,460	358,776	386,579	473,424	434,410
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,564	1,680,494	1,822,044
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,337,150
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,928,625	3,167,734
Other Employee Benefits	211,142	222,327	222,140	252,901	256,514	262,644
Contract/Professional Svcs	809,059	608,663	627,111	314,612	417,810	279,557
Chemical Supplies	231,398	231,437	250,088	403,041	767,528	393,450
Biologicals	247,975	211,580	227,771	247,083	290,311	297,540
Fleet Management billings	161,263	180,112	182,379	175,525	192,588	209,107
Outpatient	79,036	77,527	89,541	89,470	93,474	85,594
Property & Liability billings	74,502	74,503	75,992	78,708	82,007	82,770
Other Services and Supplies	854,241	974,021	1,050,039	1,533,368	1,905,880	2,140,945
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,558,637
Capital	146,788	25,527	62,001	60,714	115,000	125,000
Total Expenditures	18,922,799	19,399,859	19,770,532	21,157,367	22,715,302	23,642,796
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	468,800	(890,838)
Ending Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858
FB as a percent of Uses of Funds	11%	12%	15%	20%	20%	16%

Three- year projection

The expenditures are projected to be greater than the revenues and use of fund balance by \$340,205 in FY20, \$732,625 for FY21, and \$1,007,117 in FY22 due to the expenditures increasing greater than the anticipated revenues and a deliberate attempt to spend down fund balance that has accumulated in FY18. The increase in revenues for FY22 compared to FY19 is 5.2% with an increase in expenditures projected at a 5.5% increase. For the purposes of this three-year projection, the transfer from the County General Fund, the single largest source of revenue for the Health District, is projected to be flat. However, the DBOH has established a strategic plan objective of securing an agreement with the County to provide merit and cost of living adjustment increases as part of the fund transfer base. Salaries and benefits are 80.5% of total expenditures over the three years and the main increases include negotiated cost of living adjustment of 2.5% beginning in FY19 and continuing each year for three years; health insurance projected with an average 4.1% increase each year; and, the OPEB is increased 2.5% per year. Fund balance is projected to be within the policy of 10%-17% until the third year where it drops to 7% but will be managed during FY20 and FY21 to guarantee financial stability for the fund. The details are as follows:

	Estimated	Proposed	Projected Actual Based on Historical Trends		
	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028
Revenues:					
Licenses and Permits	2,946,032	3,090,218	3,182,925	3,262,498	3,425,623
Federal & State Grants	5,555,428	5,320,959	5,443,337	5,579,607	5,720,256
Federal & State Indirect Rev.	506,018	469,403	480,649	493,207	506,176
Tire Fees (NRS 444A.090)	450,000	450,000	445,847	459,857	474,574
Pollution Control (NRS 445B.830)	726,704	587,828	605,463	623,626	642,335
Dust Plan	351,569	362,521	373,397	382,732	401,868
Birth & Death Certificates	500,000	515,000	530,450	546,364	562,754
Other Charges for Services	2,024,583	2,029,411	2,090,293	2,142,551	2,249,678
Miscellaneous	72,076	217,012	222,404	228,016	233,914
Total Revenues	13,132,410	13,042,351	13,374,763	13,718,457	14,217,178
Total General Fund transfer	10,051,691	9,709,606	9,709,606	9,709,606	9,709,606
Total Sources of Funds	27,364,998	27,401,654	26,843,227	26,846,716	26,612,812
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	10,685,838	11,446,214	11,577,339	11,866,773	12,163,442
Intermittent Hourly Positions	473,424	434,410	454,307	475,115	496,876
Group Insurance	1,680,494	1,822,044	1,866,388	1,942,266	2,021,229
OPEB Contribution	1,305,189	1,337,150	1,520,615	1,558,630	1,597,596
Retirement	2,928,625	3,167,734	3,243,950	3,322,696	3,405,764
Other Employee Benefits	256,514	262,644	268,670	282,090	296,180
Contract/Professional Svcs	417,810	279,557	280,759	281,965	283,177
Chemical Supplies	767,528	393,450	393,450	401,319	409,345
Biologicals	290,311	297,540	297,540	303,491	309,561
Fleet Management billings	192,588	209,107	214,162	219,339	224,642
Outpatient	93,474	85,594	85,594	86,450	87,315
Property & Liability billings	82,007	82,770	83,705	84,651	85,607
Other Services and Supplies	1,905,880	2,140,945	1,412,993	1,568,298	1,741,997
Indirect cost allocation	1,520,621	1,558,637	1,597,602	1,637,542	1,678,481
Capital	115,000	125,000	127,500	130,063	132,689
Total Expenditures	22,715,302	23,642,796	23,424,573	24,160,688	24,933,901
Net Change in Fund Balance	468,800	(890,838)	(340,205)	(732,625)	(1,007,117)
Ending Fund Balance (FB)	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028	\$ 1,678,911
FB as a percent of Uses of Funds	20%	16%	15%	11%	7%

Next Steps

- **February, 2018**
 - Proposed FY19 Budget due to the County

- **March, 2018**
 - District Health Officer delivers FY19 budget to Managers of the County and Cities
 - DBOH update on the Managers meeting for FY19 Budget
 - Budget presentation to the County Senior Management

- **April, 2018**
 - April 24, BCC meeting, County Manager’s recommendations for FY19 budget, General Fund support should be finalized

- **May, 2018**
 - May 15, BCC Public Hearing and possible adoption of the FY19 Budget

- **June, 2018**
 - June 1, County delivers Final Budget to the Department of Taxation

FISCAL IMPACT

Approval of the FY19 proposed budget would provide an expenditure budget of \$23,642,796. Resources include \$13,042,351 in Health District revenues, \$9,709,606 in a transfer from the County General Fund, and \$4,649,697 from unspent funding in FY18. With total resources at \$27,401,654 and the expenditures at \$23,642,796, the fund balance anticipated for FY19 is \$3,758,858, which is 16% of the total expenditures.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Fiscal Year 2018-2019 Budget.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2019 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2019 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY19 Recommended Budget & Projections to FY22
 - Appendix B - FY19 Recommended Budget
 - Appendix C - History of Budgeted Full-time equivalents (FTEs)
 - Appendix D - Health District Organization Chart

Appendix A

Washoe County Health District Fund

History, Current Estimates, FY19 Proposed Budget and Projections to FY22

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**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual				Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017			FY 2019- 2020	FY 2020- 2021	FY 2021- 2022
FUND SUMMARY:									
SOURCES OF FUNDS:									
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028
Revenues:									
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	2,946,032	3,090,218	3,182,925	3,262,498	3,425,623
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,555,428	5,320,959	5,443,337	5,579,607	5,720,256
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	506,018	469,403	480,649	493,207	506,176
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	450,000	450,000	445,847	459,857	474,574
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	726,704	587,828	605,463	623,626	642,335
Dust Plan	147,678	187,763	271,308	504,360	351,569	362,521	373,397	382,732	401,868
Birth & Death Certificates	457,596	465,052	521,837	548,064	500,000	515,000	530,450	546,364	562,754
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,024,583	2,029,411	2,090,293	2,142,551	2,249,678
Miscellaneous	172,819	58,286	81,259	116,665	72,076	217,012	222,404	228,016	233,914
Total Revenues	9,663,243	9,512,374	10,393,014	12,368,039	13,132,410	13,042,351	13,374,763	13,718,457	14,217,178
Total General Fund transfer	8,603,891	10,000,192	10,076,856	10,002,381	10,051,691	9,709,606	9,709,606	9,709,606	9,709,606
Total Sources of Funds	21,078,599	21,668,365	22,738,376	25,338,264	27,364,998	27,401,654	26,843,227	26,846,716	26,612,812
USES OF FUNDS:									
Expenditures:									
Salaries & Wages	9,169,680	9,826,174	9,693,838	10,257,480	10,685,838	11,446,214	11,577,339	11,866,773	12,163,442
Intermittent Hourly Positions	421,427	360,460	358,776	386,579	473,424	434,410	454,307	475,115	496,876
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,364	1,680,494	1,822,044	1,866,388	1,942,266	2,021,229
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,337,150	1,520,615	1,558,630	1,597,596
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,928,625	3,167,734	3,243,950	3,322,696	3,405,764
Other Employee Benefits	211,142	222,327	222,140	252,901	256,514	262,644	268,670	282,090	296,180
Contract/Professional Svcs	809,059	608,663	627,111	314,612	417,810	279,557	280,759	281,965	283,177
Chemical Supplies	231,398	231,437	250,088	403,041	767,528	393,450	393,450	401,319	409,345
Biologicals	247,975	211,580	227,771	247,083	290,311	297,540	297,540	303,491	309,561
Fleet Management billings	161,263	180,112	182,379	175,525	192,588	209,107	214,162	219,339	224,642
Outpatient	79,036	77,527	89,541	89,470	93,474	85,594	85,594	86,450	87,315
Property & Liability billings	74,502	74,503	75,992	78,708	82,007	82,770	83,705	84,651	85,607
Other Services and Supplies	854,241	974,021	1,050,039	1,533,368	1,905,880	2,140,945	1,412,993	1,568,298	1,741,997
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,538,637	1,597,602	1,637,542	1,678,481
Capital	146,788	25,527	62,001	60,714	115,000	125,000	127,500	130,063	132,689
Total Expenditures	18,922,799	19,399,859	19,770,532	21,157,367	22,715,302	23,642,796	23,424,573	24,160,688	24,933,901
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	468,800	(890,838)	(340,205)	(732,625)	(1,007,117)
Ending Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028	\$ 1,678,911
FB as a percent of Uses of Funds	11%	12%	15%	20%	20%	16%	15%	11%	7%

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022	
Revenues and Expenditures by Program:										
Office of the District Health Officer (Opened July 1, 2014)										
Revenues:										
Federal & State Grants	-	-	15,000	14,111	2,796	-	-	-	-	-
Federal & State Indirect Rev.	-	-	-	2,117	419	-	-	-	-	-
Miscellaneous	-	-	-	35,000	150	-	-	-	-	-
Sub-total Revenues	-	-	15,000	51,228	3,365	-	-	-	-	-
Expenditures:										
Salaries & Wages	-	281,710	328,280	445,534	598,990	751,954	685,857	703,003	720,578	
Intermittent Hourly Positions	-	-	-	3,362	16,965	52,200	54,591	57,091	59,706	
Group Insurance	-	29,921	38,760	60,761	59,929	76,965	70,163	73,016	75,984	
OPEB Contribution	-	27,276	27,874	43,491	63,169	64,748	74,118	75,971	77,871	
Retirement	-	72,212	91,351	124,784	143,006	181,527	164,521	196,841	201,762	
Other Employee Benefits	-	3,994	6,672	10,113	11,852	12,506	11,063	11,616	12,196	
Contract/Professional Svcs	-	15,189	29,199	44,155	7,137	9,696	9,738	9,780	9,822	
Property & Liability billings	-	-	1,682	1,644	1,640	1,656	1,675	1,694	1,713	
Other Services and Supplies	-	9,998	22,481	124,042	174,712	219,819	141,399	142,996	144,612	
Indirect cost allocation	-	41,587	48,371	46,382	41,468	42,505	43,568	44,657	45,773	
Capital	-	-	-	-	-	-	-	-	-	
Sub-total Expenditures	\$ -	\$ 481,886	\$ 594,672	\$ 904,268	\$ 1,118,868	\$ 1,413,576	\$ 1,256,693	\$ 1,316,665	\$ 1,350,018	
Revenues Less Expenditures	\$ -	\$ (481,886)	\$ (579,672)	\$ (853,040)	\$ (1,115,503)	\$ (1,413,576)	\$ (1,256,693)	\$ (1,316,665)	\$ (1,350,018)	
(1) Increase in FY19 is due to the above base request for a Government Affairs Manager, intermittent hourly positions for Health District surge capacity, and one-time use of fund balance for CHIP projects										
(2) Decline in 2020 is a shift of a position budget from ODHO to EPI due to the completion of a special project and an elimination of a one-time use of funding in FY19 for CHIP projects										
Administrative Health Services Office										
Revenues:										
Other Charges for Services	-	-	-	-	-	-	-	-	-	-
Miscellaneous	87,930	151	-	-	-	-	-	-	-	-
Sub-total Revenues	87,930	151	-	-	-	-	-	-	-	-
Expenditures:										
Salaries & Wages	792,486	707,651	640,045	631,475	649,139	674,929	682,661	699,727	717,221	
Group Insurance	87,983	84,388	91,131	99,880	98,620	101,741	104,318	108,559	112,972	
OPEB Contribution	37,937	23,125	19,879	81,163	81,735	83,779	95,903	98,301	100,758	
Retirement	200,852	161,834	178,097	176,752	181,197	188,420	192,953	195,924	200,822	
Other Employee Benefits	17,590	17,080	14,200	14,973	15,253	15,860	16,195	17,004	17,853	
Contract/Professional Svcs	115,940	13,426	3,241	3,000	3,000	3,000	3,013	3,026	3,039	
Property & Liability billings	5,772	5,772	4,205	4,104	4,100	4,141	4,188	4,235	4,283	
Other Services and Supplies	27,301	48,035	10,728	74,942	87,073	77,760	87,056	97,464	109,116	
Indirect cost allocation	50,879	35,258	34,497	33,077	29,573	30,312	31,071	31,847	32,644	
Sub-total Expenditures	1,336,740	1,096,568	996,022	1,119,366	1,149,689	1,179,941	1,217,357	1,256,087	1,298,707	
Revenues Less Expenditures	\$ (1,248,810)	\$ (1,096,417)	\$ (996,022)	\$ (1,119,366)	\$ (1,149,689)	\$ (1,179,941)	\$ (1,217,357)	\$ (1,256,087)	\$ (1,298,707)	

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022	
Air Quality Management Program										
Revenues:										
Licenses and Permits	532,135	526,224	523,612	554,557	604,080	622,898	641,585	657,625	690,506	
Federal & State Grants	832,542	794,723	727,088	736,335	705,557	698,351	705,335	712,388	719,512	
Federal & State Indirect Rev.	63,334	32,189	32,794	33,218	31,542	31,542	31,857	32,176	32,498	
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	726,704	587,828	605,463	623,626	642,335	
Dust Plan	147,678	187,763	271,308	504,360	351,569	362,521	373,397	382,732	401,868	
Other Charges for Services	280,536	344,790	366,311	577,340	752,771	776,138	799,422	819,408	860,378	
Miscellaneous	80	156	50	-	-	-	-	-	-	
Sub-total Revenues	2,491,036	2,427,471	2,520,452	2,979,720	3,172,223	3,079,278	3,157,058	3,227,954	3,347,097	
Expenditures:										
Salaries & Wages	1,239,932	1,334,790	1,356,206	1,431,419	1,467,230	1,648,310	1,667,193	1,708,872	1,751,594	
Intermittent Hourly Positions	6,449	9,044	9,516	9,599	12,740	11,000	11,504	12,031	12,582	
Group Insurance	174,644	200,574	202,182	225,098	215,338	227,218	232,973	242,444	252,301	
OPEB Contribution	151,119	133,449	128,749	171,961	188,415	193,125	211,026	216,301	221,709	
Retirement	306,953	339,148	368,286	389,982	409,973	437,160	447,678	478,484	490,446	
Other Employee Benefits	27,555	29,144	29,518	37,004	37,328	40,297	41,148	43,203	45,361	
Contract/Professional Svcs	133,892	175,510	95,166	8,430	28,255	1,000	1,004	1,009	1,013	
Fleet Management billings	37,917	33,902	36,710	32,246	43,859	50,867	52,097	53,356	54,646	
Property & Liability billings	9,322	9,322	9,508	9,840	9,841	9,939	10,052	10,165	10,280	
Other Services and Supplies	114,476	101,275	179,634	291,804	367,562	581,146	91,706	102,670	114,944	
Indirect cost allocation	202,672	203,472	223,424	214,235	191,539	196,327	201,236	206,267	211,424	
Capital	119,972	17,566	31,736	35,340	90,000	100,000	102,500	105,063	107,689	
Sub-total Expenditures	2,524,703	2,587,196	2,670,635	2,856,957	3,062,080	3,496,390	3,070,116	3,179,866	3,273,990	
Revenues Less Expenditures	\$ (33,667)	\$ (159,725)	\$ (150,183)	\$ 122,763	\$ 110,143	\$ (417,113)	\$ 86,942	\$ 48,088	\$ 73,107	

(1)\$499,234 of unspent restricted funds (DMV funds) in Other Services and Supplies from FY18 is budgeted to be spent in FY19

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2019- 2020	FY 2020- 2021	FY 2021- 2022
<i>Chronic Disease Prevention</i>										
Revenues:										
Federal & State Grants	254,348	301,412	276,505	292,968	390,667	340,921		349,431	358,961	368,809
Federal & State Indirect Rev.	12,834	14,152	15,536	17,463	26,388	22,885		23,456	24,096	24,757
Sub-total Revenues	267,182	315,564	292,042	310,431	417,055	363,806		372,888	383,057	393,566
Expenditures:										
Salaries & Wages	120,985	170,552	175,049	185,429	251,842	244,225		247,023	253,199	259,529
Intermittent Hourly Positions	27,184	27,331	45,886	62,306	91,878	94,775		99,116	103,656	108,404
Group Insurance	16,758	24,111	27,298	37,649	43,993	39,772		40,780	42,438	44,163
OPEB Contribution	-	23,018	11,094	23,139	22,554	23,117		26,463	27,125	27,803
Retirement	27,571	43,147	48,587	52,043	70,513	68,383		70,028	70,896	72,668
Other Employee Benefits	3,053	3,645	3,944	5,490	6,285	5,752		5,874	6,167	6,475
Contract/Professional Svcs	185,753	68,696	133,251	15,480	50,880	34,880		35,030	35,180	35,332
Fleet Management billings	-	-	-	-	-	-		-	-	-
Property & Liability billings	1,178	1,178	1,202	1,644	1,640	1,656		1,675	1,694	1,713
Other Services and Supplies	10,805	117,841	15,971	148,900	166,645	132,520		148,363	166,100	185,958
Indirect cost allocation	-	35,096	49,251	36,709	32,820	33,641		34,482	35,344	36,227
Capital	-	-	-	-	-	-		-	-	-
Sub-total Expenditures	393,287	514,616	511,533	568,789	739,049	678,723		708,834	741,798	778,271
Revenues Less Expenditures	\$ (126,105)	\$ (199,052)	\$ (219,491)	\$ (258,358)	\$ (321,994)	\$ (314,917)		\$ (335,946)	\$ (358,741)	\$ (384,705)
<i>Community & Clinical Health Administration & Billing</i>										
Revenues:										
Other Charges for Services	540	-	-	-	-	-		-	-	-
Miscellaneous	15	-	-	-	-	-		-	-	-
Sub-total Revenues	555	-	-	-	-	-		-	-	-
Expenditures:										
Salaries & Wages	179,916	118,376	125,305	209,121	262,170	329,904		333,683	342,026	350,576
Group Insurance	20,297	11,591	13,500	26,463	36,330	51,688		52,997	55,152	57,394
OPEB Contribution	499,784	11,966	11,867	16,738	28,194	28,899		33,081	33,908	34,756
Retirement	46,068	30,109	34,803	59,005	73,479	93,386		95,633	95,767	98,161
Other Employee Benefits	3,456	2,622	2,711	4,694	5,875	6,382		6,517	6,842	7,184
Contract/Professional Svcs	836	28,420	2,954	6,976	28,003	36,378		36,534	36,691	36,849
Fleet Management billings	2,217	3,237	3,409	4,420	4,189	4,081		4,180	4,281	4,384
Property & Liability billings	842	842	859	816	820	828		838	847	857
Other Services and Supplies	22,707	8,009	10,093	11,318	24,477	15,260		17,084	19,127	21,414
Indirect cost allocation	670,281	18,245	20,594	19,747	17,655	18,096		18,549	19,013	19,488
Capital	23,948	-	30,265	25,374	25,000	25,000		25,000	25,000	25,000
Sub-total Expenditures	1,470,351	233,417	256,359	384,673	506,192	609,902		624,096	638,653	656,062
Revenues Less Expenditures	\$ (1,469,796)	\$ (233,417)	\$ (256,359)	\$ (384,673)	\$ (506,192)	\$ (609,902)		\$ (624,096)	\$ (638,653)	\$ (656,062)

(1) Increase in FY19 is due to the above base request for a Medical Billing Specialist position

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2019- 2020	FY 2020- 2021	FY 2021- 2022
Family Planning										
Revenues:										
Federal & State Grants	785,268	783,065	743,944	835,313	951,000	898,066	920,484	945,588	971,529	
Federal & State Indirect Rev.	18,637	20,388	32,593	124,392	141,750	134,134	137,482	141,232	145,106	
Other Charges for Services	34,370	34,024	74,173	107,310	155,000	132,000	135,960	139,359	146,327	
Miscellaneous	24,230	19,122	20,937	16,448	7,000	5,000	5,000	5,000	5,000	
Sub-total Revenues	862,505	856,599	871,646	1,083,463	1,254,750	1,169,200	1,198,927	1,231,179	1,267,963	
Expenditures:										
Salaries & Wages	417,338	472,963	450,719	470,918	520,687	538,600	544,770	558,390	572,349	
Intermittent Hourly Positions	101,970	49,087	42,336	70,889	88,691	35,363	36,982	38,676	40,448	
Group Insurance	73,609	87,517	98,577	96,255	96,632	103,930	106,562	110,895	115,403	
OPEB Contribution	-	64,398	58,070	36,734	56,399	57,809	66,175	67,829	69,525	
Retirement	106,676	113,797	125,217	126,468	143,663	150,808	154,437	156,349	160,258	
Other Employee Benefits	11,607	11,909	12,221	11,802	12,611	12,043	12,298	12,912	13,557	
Contract/Professional Svcs	24,967	18,387	22,875	29,397	35,394	22,394	22,490	22,587	22,684	
Biologicals	129,887	110,025	91,652	118,490	110,730	120,000	120,000	122,400	124,848	
Outpatient	15,424	19,006	22,986	12,071	27,000	18,000	18,000	18,180	18,362	
Property & Liability billings	4,661	4,661	4,754	1,644	4,920	4,969	5,025	5,082	5,140	
Other Services and Supplies	53,703	45,952	31,969	65,232	72,353	61,926	69,329	77,618	86,897	
Indirect cost allocation	-	98,189	100,772	96,628	86,392	88,552	90,765	93,034	95,360	
Capital	2,869	-	-	-	-	-	-	-	-	
Sub-total Expenditures	942,710	1,095,889	1,062,150	1,136,527	1,255,473	1,214,394	1,246,834	1,283,952	1,324,830	
Revenues Less Expenditures	\$ (80,205)	\$ (239,290)	\$ (190,504)	\$ (53,064)	\$ (723)	\$ (45,194)	\$ (47,907)	\$ (52,772)	\$ (56,868)	
Immunizations										
Revenues:										
Federal & State Grants	279,687	305,244	290,366	274,682	263,584	263,257	269,828	277,187	284,791	
Federal & State Indirect Rev.	25,601	39,707	37,748	37,878	34,266	34,224	35,078	36,035	37,024	
Other Charges for Services	160,125	120,674	120,257	247,840	311,886	310,000	319,300	327,283	343,647	
Miscellaneous	8,490	4,394	5,882	6,655	3,211	-	-	-	-	
Sub-total Revenues	473,903	470,019	454,253	567,054	612,946	607,481	624,207	640,505	665,462	
Expenditures:										
Salaries & Wages	600,842	655,438	624,783	641,597	631,511	643,228	650,596	666,861	683,533	
Intermittent Hourly Positions	77,773	67,491	70,082	42,615	56,650	57,274	59,897	62,641	65,510	
Group Insurance	93,382	110,036	114,657	117,507	109,592	127,332	130,557	135,865	141,389	
OPEB Contribution	-	88,216	78,590	75,357	86,484	88,646	101,475	104,012	106,613	
Retirement	149,346	166,604	173,379	177,340	178,549	182,633	187,027	186,721	191,389	
Other Employee Benefits	14,210	15,620	15,294	15,170	15,208	15,846	16,181	16,989	17,838	
Contract/Professional Svcs	25,476	18,129	15,333	19,863	21,784	21,396	21,488	21,580	21,673	
Biologicals	113,315	100,332	127,622	113,635	163,040	160,000	160,000	163,200	166,464	
Property & Liability billings	5,243	5,243	5,348	5,736	5,741	5,798	5,864	5,930	5,997	
Other Services and Supplies	48,530	41,501	48,215	28,417	34,209	30,753	34,430	38,546	43,154	
Indirect cost allocation	-	134,504	136,382	130,772	116,919	119,842	122,838	125,908	129,056	
Sub-total Expenditures	1,128,117	1,403,113	1,409,685	1,368,008	1,419,686	1,452,749	1,490,354	1,528,255	1,572,616	
Revenues Less Expenditures	\$ (654,215)	\$ (933,094)	\$ (955,432)	\$ (800,953)	\$ (806,741)	\$ (845,269)	\$ (866,147)	\$ (887,750)	\$ (907,154)	

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
Maternal, Child & Adolescent Health									
Revenues:									
Federal & State Grants	52,856	52,894	54,540	56,622	58,705	58,705	60,170	61,811	63,507
Federal & State Indirect Rev.	5,141	5,106	5,181	5,662	5,871	5,871	6,018	6,182	6,351
Sub-total Revenues	57,997	58,000	59,721	62,284	64,576	64,576	66,188	67,993	69,858
Expenditures:									
Salaries & Wages	244,488	105,474	96,702	100,500	96,878	98,443	99,571	102,060	104,611
Intermittent Hourly Positions	274	-	-	-	-	-	-	-	-
Group Insurance	29,566	18,965	16,455	16,681	16,280	16,905	17,333	18,038	18,771
OPEB Contribution	-	11,895	10,862	10,283	11,275	11,557	13,230	13,561	13,900
Retirement	62,606	26,203	26,907	28,082	27,123	27,564	28,227	28,577	29,291
Other Employee Benefits	5,806	4,679	4,644	2,183	2,101	2,147	2,192	2,301	2,416
Contract/Professional Svcs	3,114	468	468	500	500	500	502	504	506
Fleet Management billings	-	-	-	-	-	-	-	-	-
Biologicals	222	224	215	166	250	250	250	255	260
Property & Liability billings	2,285	2,285	2,330	2,460	2,460	2,485	2,513	2,541	2,570
Other Services and Supplies	10,871	4,483	3,669	5,671	7,021	8,638	9,671	10,827	12,122
Indirect cost allocation	-	18,137	18,849	18,074	16,159	16,563	16,977	17,401	17,836
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	359,233	192,813	181,101	184,598	180,048	185,052	190,466	196,066	202,284
Revenues Less Expenditures	\$ (301,236)	\$ (134,813)	\$ (121,380)	\$ (122,314)	\$ (115,472)	\$ (120,476)	\$ (124,278)	\$ (128,073)	\$ (132,426)
Sexual Health - HIV									
Revenues:									
Federal & State Grants	425,231	418,438	419,160	379,320	391,766	398,977	408,937	420,089	431,614
Federal & State Indirect Rev.	26,706	31,651	43,813	40,816	42,431	39,376	40,359	41,460	42,597
Sub-total Revenues	451,937	450,088	462,973	420,136	434,197	438,353	449,296	461,549	474,211
Expenditures:									
Salaries & Wages	229,660	206,446	202,133	169,138	195,012	189,841	192,015	196,816	201,736
Intermittent Hourly Positions	23,097	22,403	27,773	36,249	27,758	27,758	29,029	30,359	31,749
Group Insurance	30,678	25,865	30,557	32,798	36,379	35,264	36,157	37,627	39,156
OPEB Contribution	-	27,723	26,876	24,326	26,736	26,736	30,606	31,371	32,155
Retirement	58,982	52,209	55,855	47,268	54,609	53,156	54,435	55,108	56,486
Other Employee Benefits	5,854	4,573	4,542	4,662	4,605	4,157	4,245	4,457	4,680
Contract/Professional Svcs	29,400	1,000	14	-	580	100	100	101	101
Outpatient	14,649	9,699	16,155	19,730	15,000	14,622	14,622	14,768	14,916
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	33,150	96,259	82,170	69,488	58,944	74,080	84,621	96,423	109,635
Indirect cost allocation	-	42,270	46,640	44,722	39,984	40,984	42,008	43,058	44,135
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	425,470	488,448	492,715	448,380	459,607	466,697	487,839	510,088	534,751
Revenues Less Expenditures	\$ 26,467	\$ (38,360)	\$ (29,742)	\$ (28,243)	\$ (25,410)	\$ (28,344)	\$ (38,543)	\$ (48,539)	\$ (60,540)

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
<u>Sexual Health - STD</u>									
Revenues:									
Federal & State Grants	94,019	123,868	118,225	119,578	118,383	118,384	121,339	124,648	128,068
Federal & State Indirect Rev.	7,525	11,691	11,250	11,360	11,246	11,246	11,527	11,841	12,166
Other Charges for Services	17,015	16,335	33,513	60,492	66,000	72,000	74,160	76,014	79,815
Miscellaneous	3,067	3,433	3,610	4,180	1,000	1,500	1,500	1,500	1,500
Sub-total Revenues	121,626	155,327	166,598	195,610	196,629	203,130	208,526	214,004	221,549
Expenditures:									
Salaries & Wages	267,808	414,082	459,342	553,252	498,434	533,790	539,905	553,403	567,238
Intermittent Hourly Positions	25,123	21,433	13,211	14,954	20,000	10,550	11,033	11,539	12,067
Group Insurance	40,020	61,414	70,734	94,688	83,942	99,116	101,626	105,757	110,057
OPEB Contribution	-	52,104	52,197	55,392	67,885	69,582	79,652	81,643	83,684
Retirement	68,919	105,300	124,803	154,470	139,844	163,924	167,868	154,953	158,827
Other Employee Benefits	7,127	8,550	9,076	12,546	11,641	11,801	12,050	12,652	13,284
Contract/Professional Svcs	14,911	17,441	17,299	17,336	20,491	18,250	18,328	18,407	18,486
Biologicals	614	3,512	169	3,954	3,000	4,000	4,000	4,080	4,162
Outpatient	37,079	38,711	37,438	43,013	40,615	40,615	40,615	41,021	41,431
Property & Liability billings	4,930	4,930	5,029	5,736	5,741	5,741	5,806	5,871	5,938
Other Services and Supplies	24,220	19,607	18,919	20,616	14,155	16,893	18,913	21,174	23,705
Indirect cost allocation	-	79,444	90,581	86,855	77,654	79,595	81,585	83,625	85,716
Sub-total Expenditures	490,752	826,529	898,799	1,062,812	983,400	1,053,857	1,081,381	1,094,125	1,124,594
Revenues Less Expenditures	\$ (369,126)	\$ (671,202)	\$ (732,200)	\$ (867,202)	\$ (786,771)	\$ (850,727)	\$ (872,855)	\$ (880,121)	\$ (903,045)
<u>Tuberculosis</u>									
Revenues:									
Federal & State Grants	85,939	103,793	93,421	104,380	102,101	102,101	104,650	107,504	110,453
Federal & State Indirect Rev.	6,186	10,275	12,739	15,135	14,498	14,498	14,860	15,265	15,684
Other Charges for Services	4,298	4,844	8,463	10,190	9,000	8,000	8,240	8,446	8,868
Miscellaneous	57	60	21	-	-	-	-	-	-
Sub-total Revenues	96,479	118,972	114,644	129,705	125,599	124,599	127,750	131,215	135,005
Expenditures:									
Salaries & Wages	331,668	388,800	358,202	351,151	363,481	365,299	369,484	378,721	388,189
Intermittent Hourly Positions	17,721	12,021	7,430	14,015	21,745	14,290	14,945	15,629	16,345
Group Insurance	49,354	51,330	58,698	60,347	66,511	69,563	71,325	74,224	77,242
OPEB Contribution	-	45,630	41,539	35,484	34,378	35,238	40,337	41,346	42,379
Retirement	84,409	89,828	99,750	98,118	101,697	102,116	104,573	106,042	108,693
Other Employee Benefits	7,117	8,205	7,719	8,030	8,203	7,932	8,100	8,505	8,929
Contract/Professional Svcs	18,072	19,609	20,918	22,139	21,294	21,294	21,386	21,477	21,570
Biologicals	2,547	(3,335)	7,908	10,840	12,791	12,790	12,790	13,046	13,307
Outpatient	10,306	8,886	11,419	12,787	8,559	10,057	10,057	10,158	10,260
Property & Liability billings	2,165	2,165	2,208	2,460	2,460	2,485	2,513	2,541	2,570
Other Services and Supplies	18,061	28,423	21,252	16,585	19,064	25,457	28,501	31,908	35,723
Indirect cost allocation	-	69,573	72,085	69,120	61,798	63,343	64,926	66,549	68,213
Capital	-	7,961	-	-	-	-	-	-	-
Sub-total Expenditures	541,420	729,096	709,128	701,075	721,981	729,865	748,936	770,146	793,419
Revenues Less Expenditures	\$ (444,940)	\$ (610,125)	\$ (594,484)	\$ (571,370)	\$ (596,382)	\$ (605,266)	\$ (621,186)	\$ (638,931)	\$ (658,414)

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
<i>Women, Infants and Children</i>									
Revenues:									
Federal & State Grants	1,040,614	1,077,421	1,058,684	1,082,564	1,075,210	1,041,321	1,067,316	1,096,424	1,126,503
Federal & State Indirect Rev.	15,303	18,956	25,708	21,651	21,505	20,826	21,346	21,928	22,530
Miscellaneous	-	-	700	-	-	-	-	-	-
Sub-total Revenues	1,055,916	1,096,377	1,085,091	1,104,215	1,096,715	1,062,147	1,088,661	1,118,352	1,149,032
Expenditures:									
Salaries & Wages	740,804	756,501	662,426	695,460	690,060	724,152	732,448	750,759	769,528
Intermittent Hourly Positions	13,350	11,293	20,084	16,780	23,000	13,000	13,595	14,218	14,869
Group Insurance	158,855	159,713	156,990	171,472	163,125	176,226	180,690	188,036	195,680
OPEB Contribution	-	100,320	90,898	88,242	89,449	91,686	104,954	107,578	110,268
Retirement	190,005	190,959	182,955	194,599	190,546	202,764	207,642	210,213	215,468
Other Employee Benefits	17,998	18,652	17,462	15,431	14,929	15,745	16,078	16,881	17,724
Contract/Professional Svcs	26	1,567	509	2,427	852	280	281	282	284
Property & Liability billings	7,398	7,398	7,546	8,196	8,201	8,283	8,377	8,471	8,567
Other Services and Supplies	69,293	84,217	62,503	95,422	95,231	50,034	56,016	62,713	70,210
Indirect cost allocation	-	152,960	157,740	151,252	135,230	138,611	142,075	145,627	149,268
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,197,728	1,483,580	1,359,114	1,439,282	1,410,623	1,420,781	1,462,157	1,504,778	1,551,866
Revenues Less Expenditures	\$ (141,812)	\$ (387,204)	\$ (274,022)	\$ (335,067)	\$ (313,908)	\$ (358,634)	\$ (373,495)	\$ (386,426)	\$ (402,834)

Washoe County Health District Fund
 History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
General Environmental Health Services and Land Development (includes Hazardous Materials)									
Revenues:									
Licenses and Permits	250,579	259,555	293,036	583,888	714,397	747,043	769,454	788,691	828,125
Federal & State Grants	37,750	-	-	-	-	-	-	-	-
Other Charges for Services	129,987	128,327	177,420	380,715	502,640	496,044	510,925	523,698	549,883
Miscellaneous	28,386	1,341	-	-	-	150,000	153,750	157,594	161,534
Sub-total Revenues	446,703	389,223	470,456	964,604	1,217,037	1,393,087	1,434,130	1,469,983	1,539,542
(1) Miscellaneous revenue in FY19 is contingent on a contract with the City of Reno for an Environmental Health Specialist specifically for development review, costs for the new position are included below.									
Expenditures:									
Salaries & Wages	1,098,019	1,420,457	1,383,821	1,550,989	1,352,328	1,427,572	1,443,926	1,480,024	1,517,025
Intermittent Hourly Positions	19,740	26,708	32,151	35,063	30,797	35,000	36,603	38,280	40,033
Group Insurance	158,564	198,203	155,441	228,712	200,983	200,984	206,074	214,452	223,171
OPEB Contribution	383,115	144,489	105,760	131,922	129,875	133,122	152,387	156,197	160,102
Retirement	283,791	352,189	372,154	410,105	368,811	402,816	412,507	414,407	424,767
Other Employee Benefits	23,164	28,208	27,913	38,690	33,257	31,213	31,873	33,465	35,136
Contract/Professional Svcs	8,874	19,971	7,609	12,465	-	26,048	26,160	26,272	26,385
Chemical Supplies	-	-	845	1,301	1,200	1,200	1,200	1,224	1,248
Fleet Management billings	26,823	28,678	33,057	27,026	27,627	26,112	26,743	27,389	28,052
Property & Liability billings	7,965	8,783	8,959	18,036	24,602	24,848	25,129	25,413	25,700
Other Services and Supplies	61,631	60,143	89,021	100,919	94,394	170,698	191,105	213,953	239,531
Indirect cost allocation	513,811	220,304	183,531	175,982	157,340	161,274	165,305	169,437	173,673
Sub-total Expenditures	2,585,499	2,508,133	2,400,263	2,731,210	2,421,214	2,640,886	2,719,012	2,800,513	2,894,823
Revenues Less Expenditures	\$(2,138,796)	\$(2,118,910)	\$(1,929,807)	\$(1,766,606)	\$(1,204,177)	\$(1,247,799)	\$(1,284,883)	\$(1,330,530)	\$(1,355,281)
(1) Property & Liability billings have been moved to General Environmental Health/Admin cost center									
(2) Increase in Other Services and Supplies is due to an \$80,000 savings in FY18 for the Regional Permitting System fees that will be required in FY19 for technology and licensing fees									
Food Program									
Revenues:									
Licenses and Permits	565,818	570,704	666,695	1,167,294	1,521,912	1,630,029	1,678,930	1,720,903	1,806,948
Federal & State Grants	41,852	130,713	58,116	103,860	66,454	-	-	-	-
Federal & State Indirect Rev.	4,185	13,071	5,812	3,622	-	-	-	-	-
Other Charges for Services	44,433	41,150	25,871	56,715	87,044	91,238	93,975	96,325	101,141
Miscellaneous	2,500	-	-	-	-	-	-	-	-
Sub-total Revenues	658,788	755,638	756,493	1,331,492	1,675,410	1,721,267	1,772,905	1,817,228	1,908,089
Expenditures:									
Salaries & Wages	1,002,042	833,879	778,008	809,604	1,044,467	1,169,577	1,182,976	1,212,550	1,242,864
Intermittent Hourly Positions	36,664	24,788	28,409	24,316	25,000	25,000	26,145	27,343	28,595
Group Insurance	135,822	112,864	121,544	127,050	155,292	177,695	182,195	189,602	197,311
OPEB Contribution	-	110,084	126,928	124,297	131,386	134,671	154,160	158,014	161,965
Retirement	247,974	200,491	205,363	211,573	276,628	315,441	323,030	339,514	348,002
Other Employee Benefits	22,240	20,200	19,588	21,686	26,939	29,651	30,278	31,790	33,378
Contract/Professional Svcs	33,788	80,664	-	54,032	2,776	500	502	504	506
Fleet Management billings	39,953	45,784	47,485	50,091	51,036	55,135	56,468	57,833	59,231
Property & Liability billings	7,335	7,335	7,482	-	-	-	-	-	-
Other Services and Supplies	17,738	48,199	37,466	71,101	111,968	47,965	53,699	60,119	67,306
Indirect cost allocation	-	167,846	220,264	211,204	188,829	193,550	198,390	203,350	208,433
Sub-total Expenditures	1,543,555	1,652,135	1,592,536	1,704,954	2,014,321	2,149,184	2,207,843	2,280,619	2,347,591
Revenues Less Expenditures	\$(884,766)	\$(896,497)	\$(836,043)	\$(373,462)	\$(338,911)	\$(427,917)	\$(434,938)	\$(463,392)	\$(439,502)

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
Safe Drinking Water									
Revenues:									
Licenses and Permits	10,051	14,364	33,251	59,672	47,840	34,456	35,490	36,377	38,196
Federal & State Grants	81,230	81,230	114,291	109,170	114,305	114,305	117,158	120,354	123,655
Federal & State Indirect Rev.	8,770	8,770	10,709	15,830	10,695	10,695	10,962	11,261	11,570
Other Charges for Services	-	377	354	710	500	500	515	528	554
Sub-total Revenues	100,051	104,741	158,605	185,382	173,340	159,956	164,125	168,519	173,975
Expenditures:									
Salaries & Wages	60,441	70,022	108,528	110,448	143,362	162,816	164,681	168,798	173,018
Intermittent Hourly Positions	-	-	-	630	-	-	-	-	-
Group Insurance	8,639	10,562	12,964	14,679	20,119	23,027	23,611	24,571	25,569
OPEB Contribution	-	7,932	9,426	5,809	18,254	18,710	21,418	21,954	22,503
Retirement	13,656	16,033	23,754	28,857	38,195	45,588	46,685	47,263	48,445
Other Employee Benefits	1,862	965	1,519	2,978	3,826	4,407	4,500	4,725	4,960
Contract/Professional Svcs	-	-	124	-	-	-	-	-	-
Fleet Management billings	5,411	5,248	-	-	-	-	-	-	-
Property & Liability billings	818	-	-	-	-	-	-	-	-
Other Services and Supplies	2,487	2,777	4,156	2,491	330	330	369	414	463
Indirect cost allocation	-	12,095	16,357	15,685	14,023	14,374	14,733	15,101	15,479
Sub-total Expenditures	93,313	125,635	176,828	181,578	238,110	269,252	275,997	282,825	290,438
Revenues Less Expenditures	\$ 6,738	\$ (20,894)	\$ (18,223)	\$ 3,804	\$ (64,770)	\$ (109,296)	\$ (111,872)	\$ (114,306)	\$ (116,462)
Solid Waste Management									
Revenues:									
Licenses and Permits	47,503	39,429	43,146	57,515	57,803	55,792	57,466	58,902	61,848
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	450,000	450,000	445,847	459,857	474,574
Other Charges for Services	357	29	91	3,963	3,720	-	-	-	-
Miscellaneous	18,064	1,076	500	-	-	-	-	-	-
Sub-total Revenues	380,060	486,997	509,082	624,223	511,523	505,792	503,312	518,760	536,421
Expenditures:									
Salaries & Wages	277,111	249,081	223,501	177,436	184,133	244,689	247,492	253,679	260,021
Intermittent Hourly Positions	-	12,605	8,641	-	-	-	-	-	-
Group Insurance	40,334	38,833	39,218	30,654	33,318	44,122	45,239	47,078	48,992
OPEB Contribution	15,526	17,421	35,810	42,353	46,344	47,502	54,377	55,736	57,130
Retirement	70,034	61,316	66,250	50,212	52,458	66,699	68,304	71,030	72,806
Other Employee Benefits	6,969	6,466	6,109	4,520	4,759	6,171	6,301	6,616	6,947
Contract/Professional Svcs	13,908	62,500	113,788	1,643	113,390	-	-	-	-
Fleet Management billings	13,144	13,165	5,796	7,857	5,778	10,073	10,316	10,565	10,821
Property & Liability billings	3,367	3,367	3,434	4,104	-	-	-	-	-
Other Services and Supplies	69,751	25,197	90,598	44,046	289,961	362,814	84,213	94,281	105,553
Indirect cost allocation	20,823	26,562	62,143	59,587	53,276	54,608	55,972	57,371	58,805
Sub-total Expenditures	530,966	516,512	655,288	422,412	783,417	836,677	572,214	596,358	621,074
Revenues Less Expenditures	\$ (150,907)	\$ (29,516)	\$ (146,206)	\$ 201,811	\$ (271,894)	\$ (330,885)	\$ (68,902)	\$ (77,598)	\$ (84,653)

(1) \$287,593 of unspent restricted funds (Tire Fee revenue) in Other Services and Supplies from FY18 is budgeted to be spent in FY19
(2) Increase in contract/professional svcs in FY18 is due to the Waste Characterization Study, cost of \$107,470

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2019- 2020	FY 2020- 2021
<u>Underground Storage Tanks</u>									
Revenues:									
Licenses and Permits	-	-	-	-	-	-	-	-	-
Federal & State Grants	226,007	208,236	183,794	177,501	166,667	166,667	170,828	175,486	180,301
Federal & State Indirect Rev.	15,993	9,764	28,856	24,588	36,333	36,333	37,240	38,256	39,305
Other Charges for Services	-	-	23,886	42,728	36,432	40,527	41,743	42,786	44,926
Sub-total Revenues	242,000	218,000	236,536	244,817	239,432	243,527	249,810	256,528	264,531
Expenditures:									
Salaries & Wages	138,290	143,565	127,105	134,015	130,317	131,580	133,087	136,414	139,825
Intermittent Hourly Positions	-	-	53	21	-	-	-	-	-
Group Insurance	18,192	20,703	17,614	19,820	16,797	16,079	16,486	17,156	17,854
OPEB Contribution	-	30,040	13,713	16,106	20,128	20,632	23,617	24,208	24,813
Retirement	34,884	37,046	35,888	34,807	35,857	36,778	37,663	38,196	39,151
Other Employee Benefits	2,439	2,507	2,311	3,475	3,331	3,537	3,612	3,792	3,982
Contract/Professional Svcs	-	-	-	-	-	-	-	-	-
Fleet Management billings	-	1,365	3,404	3,690	5,298	5,068	5,191	5,316	5,445
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	32,202	3,051	4,799	13,804	3,949	400	448	502	562
Indirect cost allocation	-	45,803	23,796	22,817	20,400	20,910	21,433	21,969	22,518
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	226,007	284,078	228,682	248,555	236,078	234,984	241,538	247,554	254,149
Revenues Less Expenditures	\$ 15,993	\$ (66,078)	\$ 7,854	\$ (3,738)	\$ 3,354	\$ 8,543	\$ 8,273	\$ 8,975	\$ 10,382
<u>Vector Borne Diseases</u>									
Revenues:									
Other Charges for Services	62,590	53,700	76,713	86,433	99,590	102,964	106,053	108,704	114,139
Miscellaneous	-	-	1,375	-	-	-	-	-	-
Sub-total Revenues	62,590	53,700	78,088	86,433	99,590	102,964	106,053	108,704	114,139
Expenditures:									
Salaries & Wages	225,935	241,078	248,282	255,877	220,010	163,196	165,065	169,192	173,422
Intermittent Hourly Positions	55,699	63,513	53,204	55,781	58,200	58,200	60,866	63,653	66,569
Group Insurance	26,100	30,312	31,270	36,740	31,810	25,823	26,477	27,554	28,674
OPEB Contribution	-	38,459	35,187	30,482	33,187	34,016	38,939	39,913	40,910
Retirement	57,508	61,056	68,611	71,047	54,859	44,967	46,049	47,374	48,558
Other Employee Benefits	6,302	6,714	6,699	8,214	6,347	4,266	4,356	4,573	4,802
Contract/Professional Svcs	13,640	5,020	1,928	303	1,635	325	326	328	329
Chemical Supplies	231,398	231,437	249,243	401,740	766,328	392,250	392,250	400,095	408,097
Fleet Management billings	23,889	33,526	34,900	35,445	41,788	42,015	43,031	44,071	45,137
Property & Liability billings	2,107	2,107	2,149	2,460	-	-	-	-	-
Other Services and Supplies	115,954	96,212	93,827	120,874	159,248	153,396	171,735	192,266	215,252
Indirect cost allocation	-	58,639	61,061	58,550	52,347	53,656	54,997	56,372	57,781
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	758,533	868,073	886,361	1,077,512	1,425,757	972,110	1,004,092	1,045,391	1,089,532
Revenues Less Expenditures	\$ (695,943)	\$ (814,373)	\$ (808,273)	\$ (991,079)	\$ (1,326,167)	\$ (869,146)	\$ (898,039)	\$ (936,687)	\$ (975,392)

**Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22**

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022	
<i>Emergency Medical Services</i>										
Revenues:										
Federal & State Grants	-	-	-	-	27,000	-	-	-	-	-
Miscellaneous	-	28,553	48,184	54,181	60,512	60,512	63,923	62,154	63,923	65,880
Sub-total Revenues	-	28,553	48,184	54,181	87,512	60,512	63,923	62,154	63,923	65,880
Expenditures:										
Salaries & Wages	42,463	122,931	196,040	191,600	213,008	226,253	234,566	228,845	234,566	240,430
Intermittent Hourly Positions	16,383	-	-	-	-	-	-	-	-	-
Group Insurance	1,765	14,889	27,611	31,893	34,916	39,503	42,150	40,503	42,150	43,864
OPEB Contribution	-	14,027	17,028	19,658	22,426	22,987	26,971	26,313	26,971	27,645
Retirement	7,186	31,601	54,449	53,538	60,355	63,283	65,678	64,806	65,678	67,320
Other Employee Benefits	1,353	2,485	3,478	4,768	5,075	5,427	5,818	5,542	5,818	6,109
Contract/Professional Svcs	28	189	11,521	17,808	27,000	12,319	12,425	12,372	12,425	12,479
Fleet Management billings	-	119	-	-	-	-	-	-	-	-
Property & Liability billings	673	673	687	816	820	828	847	838	847	857
Other Services and Supplies	1,488	7,396	11,171	10,760	28,461	16,145	20,235	18,075	20,235	22,655
Indirect cost allocation	-	21,386	29,549	28,334	25,332	25,965	27,280	26,615	27,280	27,962
Sub-total Expenditures	71,338	215,696	351,534	359,175	417,393	412,709	435,972	423,908	435,972	449,320
Revenues Less Expenditures	\$ (71,338)	\$ (187,144)	\$ (303,350)	\$ (304,994)	\$ (329,881)	\$ (352,197)	\$ (372,049)	\$ (361,754)	\$ (372,049)	\$ (383,440)
<i>Epidemiology Surveillance</i>										
Revenues:										
Federal & State Grants	128,331	130,307	286,515	330,185	256,951	259,311	273,033	265,784	273,033	280,523
Federal & State Indirect Rev.	17,617	20,171	42,920	60,718	49,301	28,000	29,482	28,699	29,482	30,290
Other Charges for Services	35	-	321	-	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-	-
Sub-total Revenues	145,983	150,478	329,755	390,903	306,252	287,311	302,514	294,483	302,514	310,813
Expenditures:										
Salaries & Wages	475,920	489,027	415,642	453,821	455,542	470,996	564,881	551,103	564,881	579,003
Intermittent Hourly Positions	-	2,734	-	-	-	-	-	-	-	-
Group Insurance	60,708	65,056	57,241	54,999	49,217	51,538	64,099	61,594	64,099	66,704
OPEB Contribution	150,391	47,066	39,657	53,381	56,373	57,782	67,798	66,145	67,798	69,493
Retirement	121,456	121,631	115,461	125,741	127,426	131,690	158,167	156,231	158,167	162,121
Other Employee Benefits	10,265	10,610	9,676	10,175	10,315	10,112	13,138	12,513	13,138	13,794
Contract/Professional Svcs	13,429	12,689	12,528	13,488	14,050	14,050	14,171	14,110	14,171	14,232
Biologicals	554	60	-	-	500	500	510	500	510	520
Outpatient	1,579	1,225	1,543	1,870	2,300	2,300	2,323	2,300	2,323	2,346
Fleet Management billings	1,182	-	1,654	-	-	-	-	-	-	-
Property & Liability billings	7,480	7,480	7,629	8,196	8,201	8,283	8,471	8,377	8,471	8,567
Other Services and Supplies	13,027	13,341	11,021	16,993	23,064	22,649	28,388	25,356	28,388	31,781
Indirect cost allocation	201,695	71,762	68,820	65,989	58,998	60,473	63,535	61,985	63,535	65,123
Sub-total Expenditures	1,057,686	842,681	740,872	804,654	805,985	830,373	985,479	960,214	985,479	1,013,685
Revenues Less Expenditures	\$ (911,703)	\$ (692,203)	\$ (411,117)	\$ (413,751)	\$ (499,733)	\$ (543,062)	\$ (682,965)	\$ (665,731)	\$ (682,965)	\$ (702,871)

(1) Increase in 2020 is a shift of a position budget from ODHO to EPI due to the completion of a special project

Washoe County Health District Fund
History, Current Estimates for FY18, FY19 Proposed Budget and Projections to FY22

	Actual					Estimated FY 2017- 2018	Proposed FY 2018- 2019	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2019- 2020			FY 2020- 2021	FY 2021- 2022
Public Health Preparedness									
Revenues:									
Federal & State Grants	1,072,374	858,545	1,131,675	941,225	864,283	860,593	882,076	906,132	930,991
Federal & State Indirect Rev.	130,033	52,880	109,883	92,668	79,773	79,773	81,764	83,994	86,299
Sub-total Revenues	1,202,407	911,425	1,241,557	1,033,893	944,056	940,366	963,840	990,127	1,017,289
Expenditures:									
Salaries & Wages	581,273	508,998	569,544	518,500	548,021	520,516	526,479	539,641	553,132
Intermittent Hourly Positions	-	10,009	-	-	-	-	-	-	-
Group Insurance	67,281	54,938	68,180	69,309	75,251	77,533	79,496	82,728	86,091
OPEB Contribution	-	50,774	50,823	72,285	68,266	69,973	80,100	82,102	84,155
Retirement	145,666	128,948	156,792	135,454	152,503	156,483	160,248	151,099	154,877
Other Employee Benefits	12,843	12,008	12,935	12,501	12,930	13,209	13,488	14,162	14,869
Contract/Professional Svcs	167,081	47,781	132,306	44,997	40,690	57,047	57,292	57,539	57,786
Biologicals	835	762	205	-	-	-	-	-	-
Fleet Management billings	10,727	15,087	15,964	14,750	13,013	15,756	16,137	16,527	16,927
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	88,651	90,176	182,206	156,125	35,554	25,958	29,061	32,536	36,425
Indirect cost allocation	-	77,416	88,196	84,568	75,609	77,499	79,437	81,423	83,459
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,074,358	996,896	1,277,150	1,108,489	1,021,837	1,013,974	1,041,739	1,057,757	1,087,721
Revenues Less Expenditures	\$ 128,049	\$ (85,471)	\$ (35,593)	\$ (74,596)	\$ (77,781)	\$ (73,608)	\$ (77,899)	\$ (67,630)	\$ (70,431)
Vital Statistics									
Revenues:									
Birth & Death Certificates	457,596	465,052	521,837	548,064	500,000	515,000	530,450	546,364	562,754
Miscellaneous	-	-	-	201	203	-	-	-	-
Sub-total Revenues	457,596	465,052	521,837	548,265	500,203	515,000	530,450	546,364	562,754
Expenditures:									
Salaries & Wages	102,261	134,354	164,175	170,194	169,218	186,344	188,479	193,191	198,021
Group Insurance	14,931	19,048	29,969	29,112	36,120	40,021	39,230	40,825	42,485
OPEB Contribution	-	16,279	18,334	22,858	22,276	22,833	26,137	26,791	27,460
Retirement	26,230	33,974	45,669	42,820	47,336	52,148	53,403	54,093	55,446
Other Employee Benefits	2,533	3,491	3,908	3,797	3,844	4,181	4,269	4,482	4,706
Contract/Professional Svcs	5,924	2,010	6,080	170	100	100	100	101	101
Property & Liability billings	962	962	981	816	820	828	838	847	857
Other Services and Supplies	18,196	21,929	18,169	43,818	37,505	46,305	51,841	58,039	64,977
Indirect cost allocation	-	24,821	31,817	30,508	27,276	27,958	28,657	29,374	30,108
Sub-total Expenditures	171,036	256,868	319,103	344,093	344,495	380,718	392,954	407,742	424,161
Revenues Less Expenditures	\$ 286,560	\$ 208,184	\$ 202,734	\$ 204,172	\$ 155,708	\$ 134,282	\$ 137,496	\$ 138,621	\$ 138,594

Washoe County Health District FY19 Recommended Budget

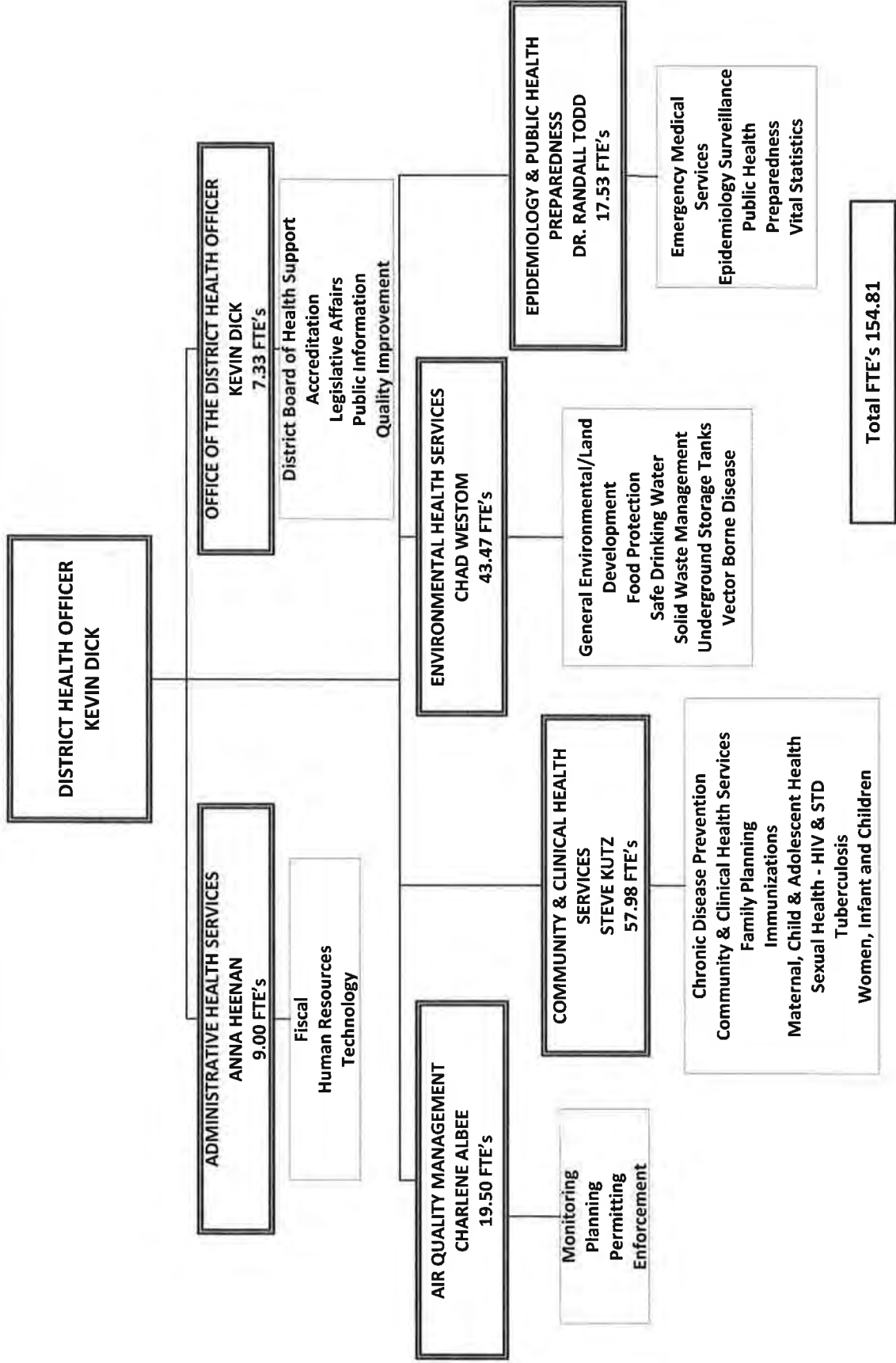
	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY18	Expenditure (Exp.) Total	% of Total Exp.
ADMINISTRATION:							
Office of the District Health Officer	-	-	-	1,413,576	1,413,576	1,413,576	6.0%
Administrative Health Services Office	-	-	-	1,179,941	1,179,941	1,179,941	5.0%
TOTAL ADMINISTRATION	-	-	-	2,593,518	2,593,518	2,593,518	11.0%
AIR QUALITY MANAGEMENT:							
Air Quality Division	698,351	31,542	2,349,385	417,113	3,496,390	3,496,390	14.8%
COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):							
Chronic Disease Prevention	340,921	22,885	-	314,917	678,723	678,723	2.9%
Community & Clinical Health Admin	-	-	-	609,902	609,902	609,902	2.6%
Family Planning	898,066	134,134	137,000	45,194	1,214,394	1,214,394	5.1%
Immunizations	263,257	34,224	310,000	845,269	1,452,749	1,452,749	6.1%
Maternal, Child & Adolescent Health	58,705	5,871	-	120,476	185,052	185,052	0.8%
Sexual Health - HIV	398,977	39,376	-	28,344	466,697	466,697	2.0%
Sexual Health - STD	118,384	11,246	73,500	850,727	1,053,857	1,053,857	4.5%
Tuberculosis	102,101	14,498	8,000	605,266	729,865	729,865	3.1%
Women, Infants and Children	1,041,321	20,826	-	358,634	1,420,781	1,420,781	6.0%
TOTAL CCHS	3,221,732	283,060	528,500	3,778,728	7,812,019	7,812,019	33.0%
ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):							
General EHS/Land Development	-	-	1,393,087	1,247,799	2,640,886	2,640,886	11.2%
Food Protection	-	-	1,721,267	427,917	2,149,184	2,149,184	9.1%
Safe Drinking Water	114,305	10,695	34,956	109,296	269,252	269,252	1.1%
Solid Waste Management	-	-	505,792	330,885	836,677	836,677	3.5%
Underground Storage Tanks	166,667	36,333	40,527	(8,543)	234,984	234,984	1.0%
Vector Borne Diseases	-	-	102,964	869,146	972,110	972,110	4.1%
TOTAL EHS	280,972	47,028	3,798,593	2,976,501	7,103,094	7,103,094	30.0%
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):							
Emergency Medical Services	-	-	60,512	352,197	412,709	412,709	1.7%
Epidemiology Surveillance	259,311	28,000	-	543,062	830,373	830,373	3.5%
Public Health Preparedness	860,593	79,773	-	73,608	1,013,974	1,013,974	4.3%
Vital Statistics	-	-	515,000	(134,282)	380,718	380,718	1.6%
TOTAL EPHP	1,119,904	107,773	575,512	834,585	2,637,774	2,637,774	11.2%
TOTAL HEALTH DISTRICT	\$5,320,959	\$ 469,403	\$7,251,990	10,600,444	\$ 23,642,796	\$ 23,642,796	100.0%

Note: The base general fund transfer as of February, 2018 is \$9,516,856. an above base request of \$192,750 for the Mosquito Abatement program is included in the budget for a total transfer of \$9,707,606

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)											Appendix C	
Title of FTEs	Budgeted Full-time Equivalents						FY2018/19 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)					Full-Time Position Equivalent FY2018/19 (base 2080 hours)
	FY14	FY15	FY16	FY17	FY18	FY18	Full Time	Part Time	On-call/ Seasonal	Total Positions		
Account Clerk	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Administrative Assistant I	2.00	2.00	2.00	3.00	3.00	3.00	3	0	0	3	3.00	
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Advanced Practitioner of Nursing	2.40	2.38	2.17	1.72	1.97	1.97	2	1	1	4	2.96	
Air Quality Specialist II	8.00	8.00	8.00	8.00	7.00	7.00	7	0	0	7	7.00	
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Community Health Aide	6.60	6.38	6.40	6.81	6.22	6.22	6	0	1	7	6.22	
Community Health Nutritionist	2.00	2.00	2.00	2.00	2.06	2.06	2	0	1	3	2.06	
Department Systems Specialist	2.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Disease Intervention Specialist	4.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Director of Programs and Projects	0.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
District Health Officer	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Program Manager	0.00	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-	
Environmental Engineer II	2.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Environmental Health Aide	0.00	0.44	0.00	0.00	0.00	0.00	0	0	0	0	-	
Environmental Health Specialist	20.75	20.80	20.66	19.67	20.32	20.32	21	0	1	22	22.06	
Environmental Health Specialist Supervisor	3.00	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
EPI Center Director	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Epidemiologist	2.05	2.40	2.01	2.00	2.00	2.00	2	0	0	2	2.00	
Epidemiologist Program Manager	0.00	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00	
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Health Educator Coordinator	0.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Health Educator II	2.72	2.88	2.91	2.03	2.94	2.94	2	0	1	3	4.29	
Health Government Affairs Manager	0.00	0.00	0.00	0.00	0.00	0.00	1	0	0	1	1.00	
Human Services Support Specialist II	4.00	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Licensed Engineer	0.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Medical Billing Specialist	0.00	0.00	0.00	0.00	0.00	0.00	1	0	0	1	1.00	
Office Assistant I	0.00	0.50	0.50	0.51	0.51	0.51	0	0	1	1	0.49	
Office Assistant II	17.15	18.00	18.00	16.00	15.00	15.00	16	0	0	16	16.00	
Office Assistant III	1.00	1.00	1.00	2.00	2.00	2.00	2	0	0	2	2.00	

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)											Appendix C	
Budgeted Full-time Equivalents						FY2018/19 Budgeted Positions (on-call/seasonal is counted once per classification regardless of the number of people in the classification)					Full-Time Position Equivalent FY2018/19 (base 2080 hours)	
Title of FTEs	FY14	FY15	FY16	FY17	FY18	FY18	Full Time	Part Time	On-call/ Seasonal	Total Positions		
Office Support Specialist	4.00	6.00	6.00	10.00	10.00	10.00	10	0	0	10	10.00	
Plans/Permits/Applications Aide	4.00	3.00	3.00	0.00	0.00	0.00	0	0	0	0	-	
Preparedness and EMS Program Manager	0.00	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00	
Program Coordinator	3.00	1.00	1.00	2.00	2.00	2.00	2	0	0	2	2.00	
Public Health Communications Program Manager	0.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Health Emergency Response Coord	3.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Public Health Investigator II	2.05	2.05	1.01	1.00	1.00	1.00	1	0	0	1	1.00	
Public Health Nurse II	13.15	14.40	15.40	15.40	15.40	15.40	12	3	0	15	14.30	
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Public Health Preparedness Manager	1.00	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-	
Public Health Supervisor	0.00	0.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Information Officer	1.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Public Service Intern	2.26	2.17	2.54	4.04	4.66	4.66	0	0	1	1	2.75	
Registered Nurse I	1.30	0.90	1.88	2.70	2.81	2.81	0	0	1	1	2.15	
SR. Air Quality Specialist	3.00	3.00	3.00	3.00	4.00	4.00	4	0	0	4	4.00	
SR. Environmental Health Specialist	6.00	6.00	6.00	6.00	7.00	7.00	7	0	0	7	7.00	
SR. Epidemiologist	1.00	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-	
Senior Licensed Engineer	1.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Statistician	1.00	1.53	1.53	1.53	1.53	1.53	1	1	0	2	1.53	
Storekeeper	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Vector Borne Disease Specialist	2.00	2.00	2.00	2.00	0.00	0.00	0	0	0	0	-	
Vector Control Coordinator	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
WIC Program Manager	1.00	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Total Health District FTE's	149.43	149.83	150.01	151.41	151.42	151.42	142	5	8	155	154.81	
Year over year increase (decrease)	(7.29)	0.40	0.18	1.40	0.01						3.39	
Reconciliation of FY18 versus FY19 FTEs												
FY18 APRN Full-time went to Part-time							-1	1		0	(0.10)	
Government Affairs Manager (ODHO)							1			1	1.00	
Medical Billing Specialist (CCHS)							1			1	1.00	
Office Assistant II (AQM)							1			1	1.00	
Environmental Health Specialist (EHS)							1			1	1.00	
Decrease in on-call seasonal hours available										0	(0.51)	
Total Adjustments for FY19											3.39	
							139	4	8	151	151.42	
							3	1	0	4	3.39	
							Variance from FY18 to FY19					

**WASHOE COUNTY DISTRICT BOARD OF HEALTH
FY19 Proposed Budget**



Total FTE's 154.81

District Health Officer's Recommended Fiscal Year 2018-2019 Budget

**District Board of Health
February 22, 2018**



**Fiscal Year
2018-2019
Recommended
Budget**

- **Fiscal Year 2018 Accomplishments**
- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY19 Sources and Uses of Funds**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



**Fiscal Year
2017-2018
Accomplishments**

- Applied for Accreditation
- Prepared an updated Community Health Needs Assessment
- Coordinated and Supported work of over 40 community partners to address needs in the priority areas of the Community Health Improvement Plan
- Achieved substantial progress in implementing the Strategic Plan
- Continued leadership of the Truckee Meadows Healthy Communities cross-sectoral coalition to improve community health



Health
District
provides
twenty-two
different
programs
to the
Community

Office of the District Health Officer
Program

Administrative Health Services
Program

Air Quality Management Program

**Programs in the Community and
Clinical Health Services Division**

Chronic Disease Prevention

Community & Clinical Health

Family Planning

Immunizations

Maternal, Child & Adolescent Health

Sexual Health – HIV

Sexual Health – STD

Tuberculosis

Women, Infants and Children

**Programs in the Environmental
Health Services Division**

General Environmental Health/Land
Development

Food Protection

Safe Drinking Water

Solid Waste Management

Underground Storage Tanks

Vector Borne Diseases

**Programs in the Epidemiology and
Public Health Preparedness Division**

Emergency Medical Services

Epidemiology Surveillance

Public Health Preparedness

Vital Statistics



**FY19
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division**

Office of the District Health Officer

- **Total program FTEs: 7.33**
- **Total FY 2019 Revenues \$0**
- **Total FY 2019 Expenditures: \$1,413,576**

Administrative Health Services Office

- **Total program FTEs: 9.0**
- **Total FY 2019 Revenues \$0**
- **Total FY 2019 Expenditures: \$1,179,941**

Air Quality Management

- **Total program FTEs: 19.50**
- **Total FY 2019 Revenues \$3,079,278**
- **Total FY 2019 Expenditures: \$3,496,390**



**FY19
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division**

Community & Clinical Health Services

- Total program FTEs: 57.98
- Total FY 2019 Revenues \$4,033,292
- Total FY 2019 Expenditures: \$7,812,019

Environmental Health Services

- Total program FTEs: 43.47
- Total FY 2019 Revenues \$4,126,593
- Total FY 2019 Expenditures: \$7,103,094

Epidemiology and Public Health Preparedness

- Total program FTEs: 17.53
- Total FY 2019 Revenues \$1,803,189
- Total FY 2019 Expenditures: \$2,637,774



Summary
Of
Health
Fund
Revenue

**Budgeted revenues-\$22,751,957 up \$684,772 or 3.1%
over FY18 adopted budget**

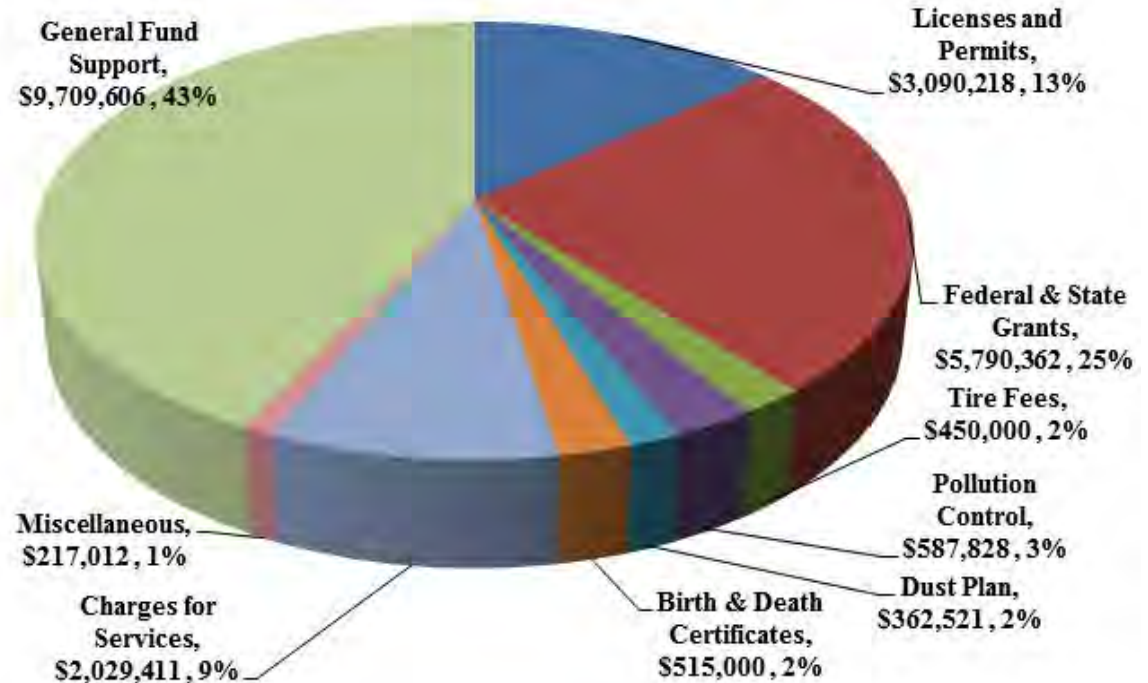
- **Licenses and Permits-\$3,090,218 down \$14,924 or 0.5%
and 13.6% of FY19 revenues**
 - Includes the CPI increase in fees
 - Includes anticipated changes in work activities
- **Grants - \$5,790,362 up \$13,544 or 0.2% and 25.4% of
FY 19 revenues**
 - Funding is approximately level with FY18
- **Intergovernmental - \$1,037,828 level with FY18 and
4.6% of FY19 revenues**
 - \$587,828 restricted for the Air Quality program
 - \$450,000 restricted for the Solid Waste program
- **Charges for services - \$2,906,932 up \$352,953 or 13.8%
and 12.8% of FY19 revenues**
 - Includes the CPI increase in fees
- **Miscellaneous - \$217,012 up \$140,450 or 2.0% and 1.0%
of FY19 revenues**
 - \$150,000 from the City of Reno to pay for the Environmental
Health Specialist position
- **County General Fund Support - \$9,709,606 up \$192,750
or 2.0% and 42.7% of FY19 revenues**
 - Additional funds for the mosquito abatement program



Summary
of
Health
Fund
Revenue
\$22,751,957

Washoe County Health District
FY2018-19 Budgeted Revenues - \$22.8 million

(excludes opening fund balance)



Summary
Of
Expenditures

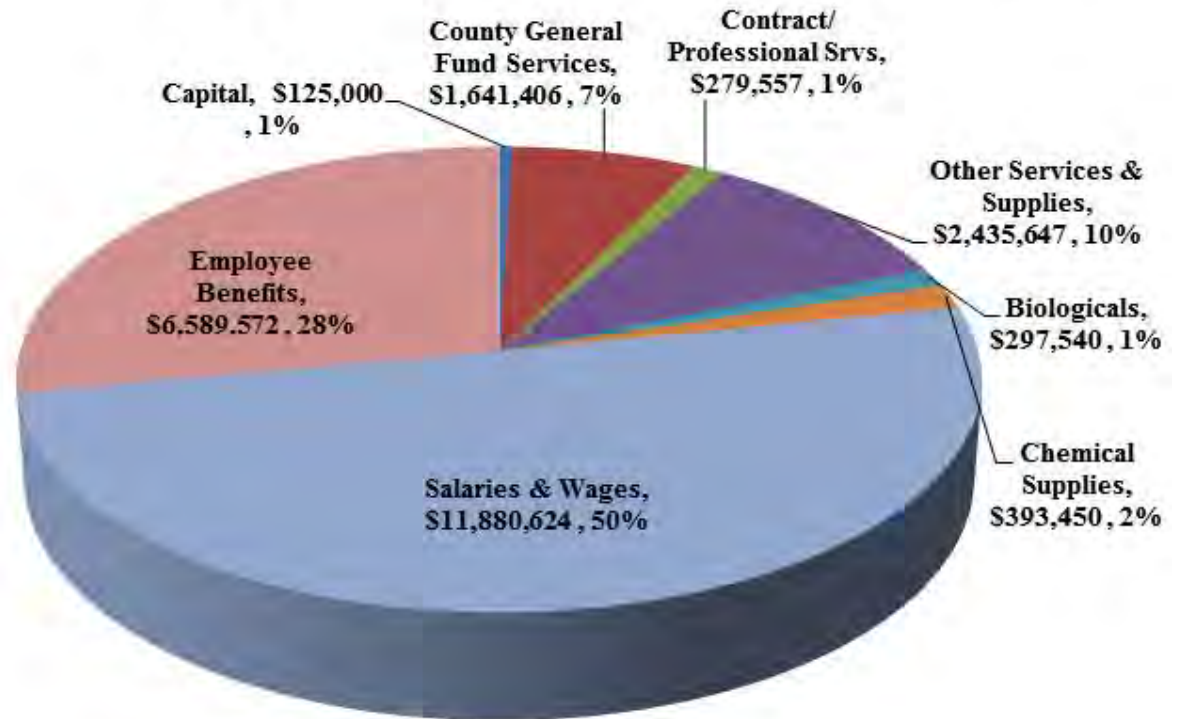
Total budgeted Expenditures: \$23,642,796 up \$1,148,088 or 5.1% over FY18 adopted budget

- **Salaries and Wages - \$11,880,624 up \$624,669 or 5.5% and 50.3% of FY19 expenditures**
 - 154.81 FTEs up 3.39 from 151.42 in FY18
 - Includes merit increases and the negotiated cost of living increase of 2.5% effective July 1, 2018
- **Employee Benefits - \$6,589,572 up \$272,040 or 4.3% and 27.9% of FY19 expenditures**
 - The percent of salaries paid to PERS remains at 28.0% and is up \$187,128 or 6.3% compared to FY18
 - Health Insurance is up \$70,699 or 4.0% over FY18
- **Services & Supplies-\$5,047,600 up \$251,379 or 5.2% and 21.3% of expenditures**
 - \$192,750 of the increase is for the above base request for chemicals and helicopter services for the mosquito abatement services
 - \$80,000 Community Health Improvement Plan projects
- **Capital - \$125,000 level to FY18 and 0.5% of expenditures**
 - \$25,000 for the Clinics electronic records system
 - \$100,000 for air monitoring equipment



Summary
of
Expenditures
\$23,642,796

Washoe County Health District
FY2018-19 Budgeted Expenditures - \$23.6 million



**Summary
of Above
Base
Requests**

Summary of Above Base Requests

- County General Fund transfer of \$9,709,606 increased over FY18 by \$192,750 for the Vector-Mosquito Abatement program additional chemicals and helicopter services
- New positions:
 - Health Government Affairs Manager
 - Medical Billing Specialist
 - Office Assistant II
 - Environmental Health Specialist
- New intermittent hourly funding for surge capacity
- Increase in biologicals for the Immunization program
- Funding for projects recommended in the Community Health Improvement Plan
- Shifting a portion of staff from grants to local funding and restricted funds due to reductions in grant funding
 - Public Health Communications Manager
 - Air Quality Director
 - Air Quality Supervisor
 - Environmental Health Specialists



Sources
and Uses of
Funds

FY 2018-2019
Fund Balance
projected to
be \$3,758,858
16% of
Expenditures

	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696
Revenues:						
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	2,946,032	3,090,218
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,555,428	5,320,959
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	506,018	469,403
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	450,000	450,000
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	726,704	587,828
Dust Plan	147,678	187,763	271,308	504,360	351,569	362,521
Birth & Death Certificates	457,596	465,052	521,837	548,064	500,000	515,000
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,024,583	2,029,411
Miscellaneous	172,819	58,286	81,259	116,665	72,076	217,012
Total Revenues	9,663,243	9,512,374	10,393,014	12,368,039	13,132,410	13,042,351
Total General Fund transfer	8,603,891	10,000,192	10,076,856	10,002,381	10,051,691	9,709,606
Total Sources of Funds	21,078,599	21,668,365	22,738,376	25,338,264	27,364,998	27,401,654
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,169,680	9,826,174	9,693,838	10,257,480	10,685,838	11,446,214
Intermittent Hourly Positions	421,427	360,460	358,776	386,579	473,424	434,410
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,564	1,680,494	1,822,044
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,337,150
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,928,625	3,167,734
Other Employee Benefits	211,142	222,327	222,140	252,901	256,514	262,644
Contract/Professional Svcs	809,059	608,663	627,111	314,612	417,810	279,557
Chemical Supplies	231,398	231,437	250,088	403,041	767,528	393,450
Biologicals	247,975	211,580	227,771	247,083	290,311	297,540
Fleet Management billings	161,263	180,112	182,379	175,525	192,588	209,107
Outpatient	79,036	77,527	89,541	89,470	93,474	85,594
Property & Liability billings	74,502	74,503	75,992	78,708	82,007	82,770
Other Services and Supplies	854,241	974,021	1,050,039	1,533,368	1,905,880	2,140,945
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,558,637
Capital	146,788	25,527	62,001	60,714	115,000	125,000
Total Expenditures	18,922,799	19,399,859	19,770,532	21,157,367	22,715,302	23,642,796
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	468,800	(890,838)
Ending Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858
FB as a percent of Uses of Funds	11%	12%	15%	20%	20%	16%



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

**Fiscal Year 2019
Recommendations
Impact to
Health Fund**

**Negative Net
Change in Fund
Balance but
within the fund
balance policy of
10%-17% for
FY20-FY21**

	Estimated	Proposed	Projected Actual Based on Historical Trends		
	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 4,180,897	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028
Revenues:					
Licenses and Permits	2,946,032	3,090,218	3,182,925	3,262,498	3,425,623
Federal & State Grants	5,555,428	5,320,959	5,443,337	5,579,607	5,720,256
Federal & State Indirect Rev.	506,018	469,403	480,649	493,207	506,176
Tire Fees (NRS 444A.090)	450,000	450,000	445,847	459,857	474,574
Pollution Control (NRS 445B.830)	726,704	587,828	605,463	623,626	642,335
Dust Plan	351,569	362,521	373,397	382,732	401,868
Birth & Death Certificates	500,000	515,000	530,450	546,364	562,754
Other Charges for Services	2,024,583	2,029,411	2,090,293	2,142,551	2,249,678
Miscellaneous	72,076	217,012	222,404	228,016	233,914
Total Revenues	13,132,410	13,042,351	13,374,763	13,718,457	14,217,178
Total General Fund transfer	10,051,691	9,709,606	9,709,606	9,709,606	9,709,606
Total Sources of Funds	27,364,998	27,401,654	26,843,227	26,846,716	26,612,812
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	10,685,838	11,446,214	11,577,339	11,866,773	12,163,442
Intermittent Hourly Positions	473,424	434,410	454,307	475,115	496,876
Group Insurance	1,680,494	1,822,044	1,866,388	1,942,266	2,021,229
OPEB Contribution	1,305,189	1,337,150	1,520,615	1,558,630	1,597,596
Retirement	2,928,625	3,167,734	3,243,950	3,322,696	3,405,764
Other Employee Benefits	256,514	262,644	268,670	282,090	296,180
Contract/Professional Svcs	417,810	279,557	280,759	281,965	283,177
Chemical Supplies	767,528	393,450	393,450	401,319	409,345
Biologicals	290,311	297,540	297,540	303,491	309,561
Fleet Management billings	192,588	209,107	214,162	219,339	224,642
Outpatient	93,474	85,594	85,594	86,450	87,315
Property & Liability billings	82,007	82,770	83,705	84,651	85,607
Other Services and Supplies	1,905,880	2,140,945	1,412,993	1,568,298	1,741,997
Indirect cost allocation	1,520,621	1,558,637	1,597,602	1,637,542	1,678,481
Capital	115,000	125,000	127,500	130,063	132,689
Total Expenditures	22,715,302	23,642,796	23,424,573	24,160,688	24,933,901
Net Change in Fund Balance	468,800	(890,838)	(340,205)	(732,625)	(1,007,117)
Ending Fund Balance (FB)	\$ 4,649,696	\$ 3,758,858	\$ 3,418,653	\$ 2,686,028	\$ 1,678,911
FB as a percent of Uses of Funds	20%	16%	15%	11%	7%

Revenues and expenditures will be managed during FY19-FY21 to bring the 7% fund balance in FY22 up to the policy level of 10%-17%



Next Steps

- **February, 2018**
 - Proposed FY19 Budget due to the County
- **March, 2018**
 - District Health Officer delivers FY19 budget to County and City Managers
 - DBOH update on the Managers meeting for FY19 Budget
 - Budget presentation to the County Senior Management
- **April, 2018**
 - April 24, BCC meeting, County Manager's recommendations for FY19 budget, General Fund support should be finalized
- **May, 2018**
 - May 15, BCC Public Hearing and possible adoption of the FY19 Final Budget
- **June, 2018**
 - June 1, County delivers Final Budget to the Department of Taxation



Staff requests approval of the FY19 Budget

Once approved it will be submitted to the Cities and County Managers for comment as outlined in the Interlocal Agreement

Staff recommends that the DBOH approve the Fiscal Year 2018-2019 Budget which in summary includes:

- Approval to fund 22 programs
- Total Revenues budgeted at \$22.8 million
- Total Expenditures budgeted at \$23.6 million which includes re-budgeting \$786,827 of FY17 savings in restricted funding for the Air Quality and Solid Waste Management program
- Budget authorization for 154.81 FTEs
- Anticipated FY19 ending fund balance of \$3,758,858 which is 16% of expenditures (Fund Balance policy is 10%-17% of expenditures)

Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2018



**Fiscal Year
2018-2019
Recommended
Budget**

Questions?



Staff Report
Board Meeting Date: February 22, 2018

TO: District Board of Health

FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
775-328-6159; skutz@washoecounty.us

SUBJECT: Authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. It is requested that the District Health Officer be provided the authority to approve revisions to the fee schedule, interim to the current three to five year cycle for all fees, for pharmaceuticals and laboratory procedures for services currently provided by Community and Clinical Health Services (CCHS) Division.

District Health Strategic Priorities supported by this item:

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

PREVIOUS ACTION

On January 25, 2018, the Board approved addition of Human Papillomavirus (HPV) Genotype (16 18 45) Testing.

On December 14, 2017, the Board approved modifying the fee schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing.

On October 26, 2017, the Board approved modifying the fee schedule to add the Vasectomy Procedure.

On August 24, 2017, the Board approved modifying the laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

On January 26, 2017, the Board approved modifying the fee schedule to change the immunization administration fee to \$21.34.

On August 25, 2016, the Board approved modifying the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

On March 24, 2016, the Board approved modifying the fee schedule to add Gentamycin, Bexsero MenB and Admin of Depo.

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

BACKGROUND

Evidence-based clinical recommendations, such as the U.S. Preventive Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) recommendations are periodically updated for the use of biologicals. This includes vaccinations, medications and treatments related to CCHS clinical programs such as Immunizations, Sexual Health, Family Planning and Tuberculosis. It is imperative that these clinical programs be able to provide and administer the necessary treatment, prevention and control methods. All clinical services have contracted physician oversight. In some instances, the physician is making the recommended change. Any change to clinical protocols is approved by the physician.

This request is to authorize the District Health Officer to approve changes in fees related to laboratory testing, pharmaceuticals and their administration in order to streamline the current process and make these items available in a timely manner in the clinical setting. The District Health Officer will report to the District Board of Health a recap of any changes to the CCHS fee schedule on a periodic basis.

FISCAL IMPACT

There is no additional fiscal impact to the FY18 budget should the Board authorize the District Health Officer to approve changes to the fee schedule for current services provided in the Community and Clinical Health Services Division.

RECOMMENDATION

Staff recommends that the District Board of Health authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to authorize the District Health Officer to approve changes to the Washoe County Health District Fee Schedule, specific to the Community and Clinical Health Services (CCHS) Division, to reflect new pharmaceuticals or laboratory procedures for existing services provided."



P.O. Box 11130
Reno, NV 89520

775.328.3200
Washoe county.us/da

Christopher J. Hicks
District Attorney

STAFF REPORT
BOARD MEETING DATE: February 22, 2018

TO: District Board of Health
FROM: Leslie H. Admirand, Deputy District Attorney
775-337-5714, Ladmirand@da.washoecounty.us
SUBJECT: Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

District Health Strategic Objective supported by this item: # 4 – Impactful Partnerships:
Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

This item will be calendared for review annually.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."

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AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

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1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

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C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

B2409P0438

in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

B2409P0439

charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

B2409P0440

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D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

B2409P0442

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

B2409PU443

G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

B2409P0444

SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

B2409PU445

F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

B2409P0446

D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date. col 1

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

B2409P0447

IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature]
Chairman
Date August 26, 1986



ATTEST

[Signature]
County Clerk

B2409PU448

CITY OF RENO, by and through its City Council

By [Signature]
Mayor
Date 8/25/86



ATTEST

[Signature]
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature]
Mayor
Date 8/25/86



ATTEST

[Signature]
City Clerk

1101865

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INDEXED
WASHOE COUNTY DA
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COUNTY CLERK
FEE NONE DEF [initials]

8/10/93

AMENDMENT TO THE
INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

//

OF SPARKS
OF THE CITY CLERK

AUG 13 1993

2. D. Two members of the Board shall be appointed by the Board of County Commissioners only one of whom shall be an elected member of the governing body.

2. E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James J. Conroy*
Chairman

Date *July 20, 1993*

ATTEST:

Judi Baul
County Clerk

CITY OF RENO, by and through its City Council

Pete Younger
Mayor

8/24/93

ATTEST:

James J. Code
City Clerk



CITY OF SPARKS, by and through its City Council

By *[Signature]*
Mayor

Date *August 9, 1993*

ATTEST:

[Signature]
City Clerk

APPROVED AS TO FORM:

Steven P. Elliott
STEVEN P. ELLIOTT, City Attorney

CITY OF SPARKS
OFFICE OF THE CITY CLERK

AUG 13 1993

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 22, 2018

DATE: February 9, 2018
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. EPA meets with NACAA Board of Directors to discuss priorities of new Administration



On January 31, 2018, AQM Division Director Charlene Albee attended the National Association of Clean Air Agencies (NACAA) Board of Directors meeting in Washington, D.C. Last year at this meeting, NACAA finalized a report to be presented to the EPA Transition Team outlining recommendations for consideration by the incoming Administration related to key issues associated with our nation's clean air program. Fast forward to this year's meeting and we were privileged to have a session with Mr. William "Bill" Wehrum, the new Assistant Administrator for the EPA Office of Air & Radiation (OAR). Mr. Wehrum was confirmed by the Senate on November 9, 2017. Mr. Wehrum also served as Acting Assistant Administrator during the Bush Administration.

Even though Mr. Wehrum was only recently confirmed, he was able to share his Top 6 Priorities for OAR as follows:



1. Clean Power Plan (CPP): This administration feels it inherited a controversial rule as demonstrated by the amount of current litigation. This administration is considering proposing a replacement rule that would be focused on power plant efficiencies which could be achieved "within the fence-line". The previous version of the CPP also included target emission reductions for states to meet through a shift in the power generation. The administration feels this was a reach of authority. Implementation of the replacement rule will address the roles and responsibilities of the federal and state agencies.

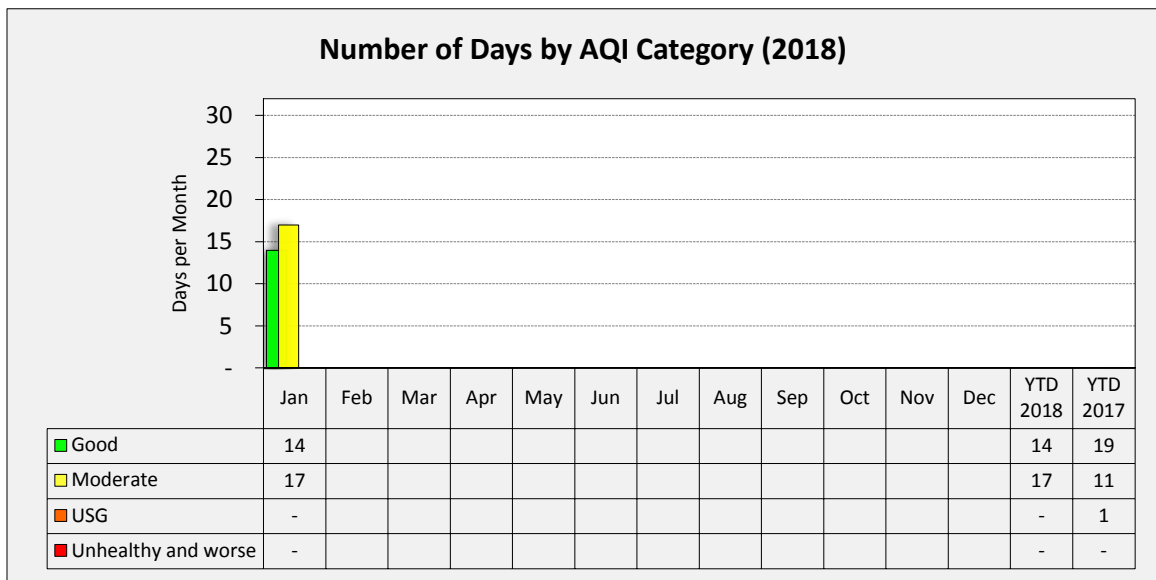
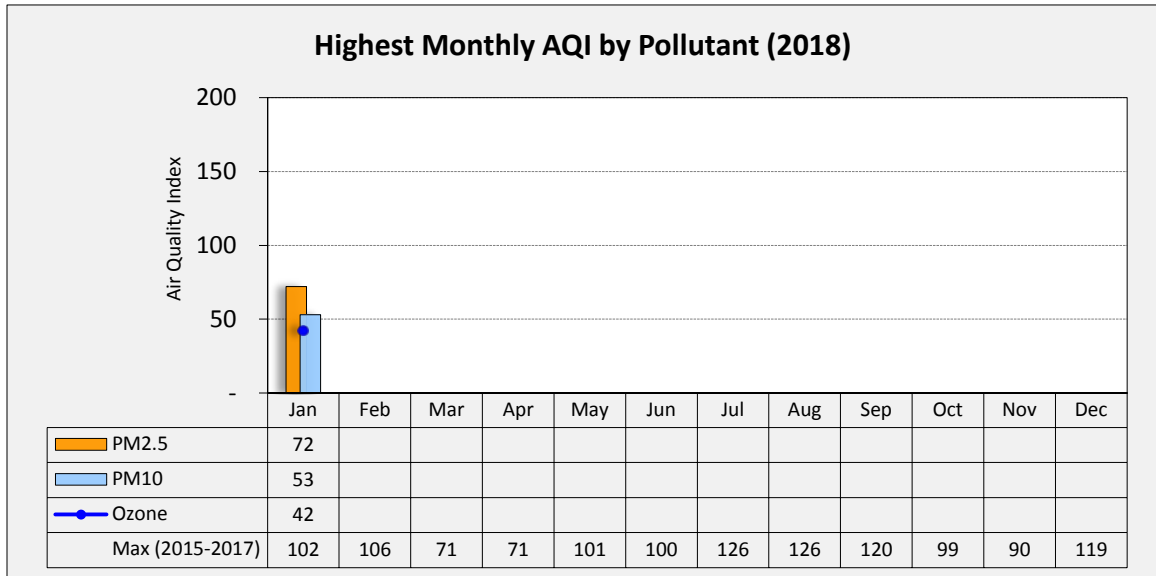
2. Mercury and Air Toxics Standards (MATS): This rule requires power plants to limit the emissions of toxic air pollutants, like mercury, arsenic, and metals. The previous administration had issued a rule to reduce mercury pollution from power plants, but the D.C. Circuit struck down the rule and has required EPA to develop standards that follow the law and science to protect human health and the environment.
3. 2015 Ozone Standard & NAAQS Review: The administration is currently reviewing the science behind the justification for the 2015 ozone standard and deliberating on the appropriate process for implementation. The general consensus is there has to be a better way to review, adopt and implement NAAQS than the statutory 5 years. Administrator Pruitt has given direction that EPA will meet the statutory deadlines pending review of the timeframes. It should be noted, a proposal to extend the review period from 5 to 10 years has been included as a rider on the pending federal budget.
4. New Source Review (NSR) Reform: NSR is EPA's permitting program designed to protect air quality when industrial sources are newly built or modified. During his previous tenure at EPA, NSR was Mr. Wehrum's specialty. He explained that EPA would be looking at addressing "bite size pieces" instead of sweeping change. The recently released determination on the Once In - Always In for major sources of hazardous air pollutants is an example of the type of determinations that will be coming in the future.
5. Methane Rule: This rule primarily addresses methane emissions from landfills. In May 2017, the new administration stayed the rule for 90-days in response to concerns raised by the waste industry representatives. Litigation was filed following the stay but has since been voluntarily dismissed after EPA determined the stay did not affect the May 30, 2017 deadline for compliance. The rule is currently not being enforced as reconsideration is reviewing if the standard is worth it or not. Deliberations have included the opinion that the emission of methane is closely related to volatile organic compounds (VOCs) which are already regulated.
6. Green House Gas Standards for Mobile Sources: During the final days of the previous administration, EPA completed the Mid-Term Evaluation of Light-Duty Vehicle Greenhouse Gas Emissions Standards for Model Years 2022-25 with a determination the standards were appropriate. The new administration believes this review was completed too early as the statutory due date is not until April 1, 2018. Subsequently, a reconsideration of the mid-term review will be completed by the April deadline.

Mr. Wehrum also indicated EPA is taking a hard look at the regional transport of emissions. This is of particular significance for Washoe County since modeling has identified less than 20% of the pollutants monitored are generated here. AQMD submitted a demonstration of ozone transport with the initial recommendation for ozone designations and looks forward to working with EPA on the transport issue.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

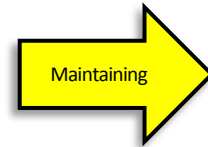
a. Monitoring & Planning

January Air Quality and Know the Code: January is typically the month when we begin to see improvement in wintertime PM_{2.5} concentrations. In comparison to late December, the sun angle in January is higher, temperature inversions are not as strong, temperatures are not as cold, and residential woodburning slightly decreases. These factors all contribute to local PM_{2.5} levels and Burn Codes. There were 28 Green and 3 Yellow Burn Codes issued in January. (Note: Statistics are compiled based on the Burn Code effective the evening of each day)

January 2018						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of January.

Ozone Advance: In 2016, the Health District was accepted into EPA's Ozone Advance program to implement voluntary strategies to improve ozone concentrations. AQM developed an implementation plan in 2017, and the first annual progress report was submitted in February 2018 (www.epa.gov/advance/program-participants-washoe-county-nv). Overall, we received a "Passing" grade because we continued to meet the health-based ozone NAAQS of 0.070 ppm. However, we met the standard by the narrowest of safety margins and could be "Failing" should we have as few as four high ozone days in 2018.



The annual report includes Key Performance Indicators (KPI) used to measure progress in categories that have a strong relationship to air pollution levels. Some categories contributing to local improvement include vanpools, clean fleets, and LEED certified buildings.

Several KPI's showed worsening trends that could negatively impact air pollution levels if those trends continue. These categories include per capita vehicle miles traveled, transit ridership, and energy efficient residential homes.



Including Ozone Advance goals in regional and local plans will provide the greatest opportunity to meet air quality standards in 2018 and beyond. As highlighted in the January 2018 DBOH AQM Director's report, clean air will also have positive impacts to the environment, public health, and the economy.

Daniel K. Inouye
 Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2018		2017	
	January	YTD	January	Annual Total
Renewal of Existing Air Permits	82	82	76	1055
New Authorities to Construct	2	2	6	60
Dust Control Permits	25 (521 acres)	25 (521 acres)	17 (423 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	35	35	33	474
WS Dealers Affidavit of Sale	5 (1 replacements)	5 (1 replacements)	8 (5 replacements)	54 (40 replacements)
WS Notice of Exemptions	584 (8 stoves removed)	584 (8 stoves removed)	639 (7 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	118	118	80	1029
Asbestos Demo and Removal (NESHAP)	22	22	23	241

Staff reviewed thirty-six (36) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff is working closely with a proposed solar farm developer. The project is Dodge Flats Solar, and will be on 1,600 acres northwest of Fernley. The applicant is currently developing a dust management plan that must be approved by AQMD as a condition of the project approval.
- With the hire of the fourth Inspector, the permitting and enforcement section is now fully staffed.

Staff conducted inspections of fifty-four (54) stationary sources inspections, fourteen (14) gasoline stations; and one (1) initial compliance inspections in January 2018. Staff was also assigned fourteen (14) new asbestos-related projects and four (4) new demolition projects; and twenty-six (26) construction/dust projects to monitor. Enforcement staff continues to monitor each asbestos, demolition and construction project until such time as the projects are completed and the permit(s) closed.

COMPLAINTS	2018		2017	
	January	YTD	January	Annual Total
Asbestos	1	1	1	13
Burning	0	0	0	10
Construction Dust	2	2	0	42
Dust Control Permit	0	0	0	2
General Dust	5	5	2	54
Diesel Idling	2	2	0	0
Odor	5	5	0	15
Spray Painting	0	0	0	11
Permit to Operate	2	2	0	3
Woodstove	1	1	0	7
TOTAL	18	18	3	157
NOV's	January	YTD	January	Annual Total
Warnings	0	0	1	10
Citations	0	0	0	7
TOTAL	0	0	1	17

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK
DHO	KD

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: February 22, 2018**

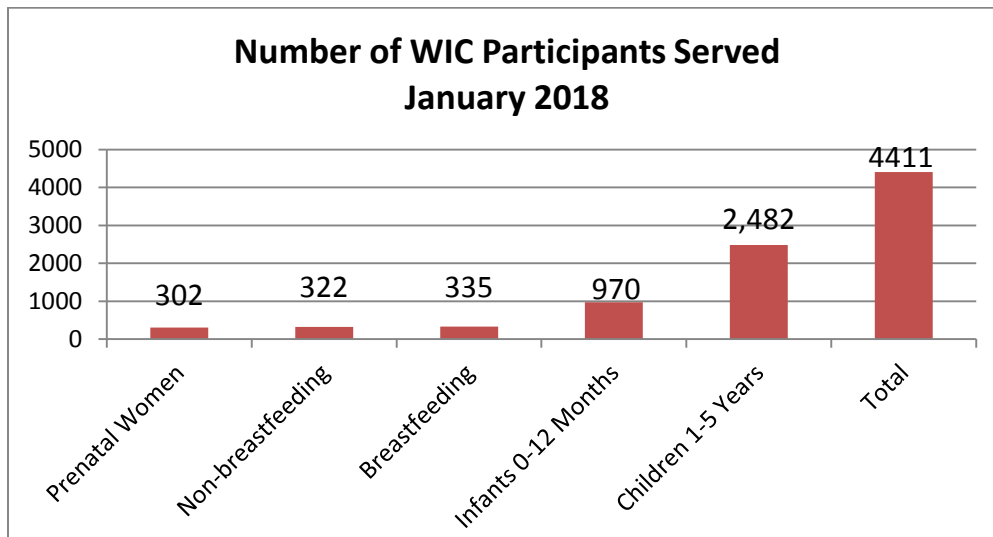
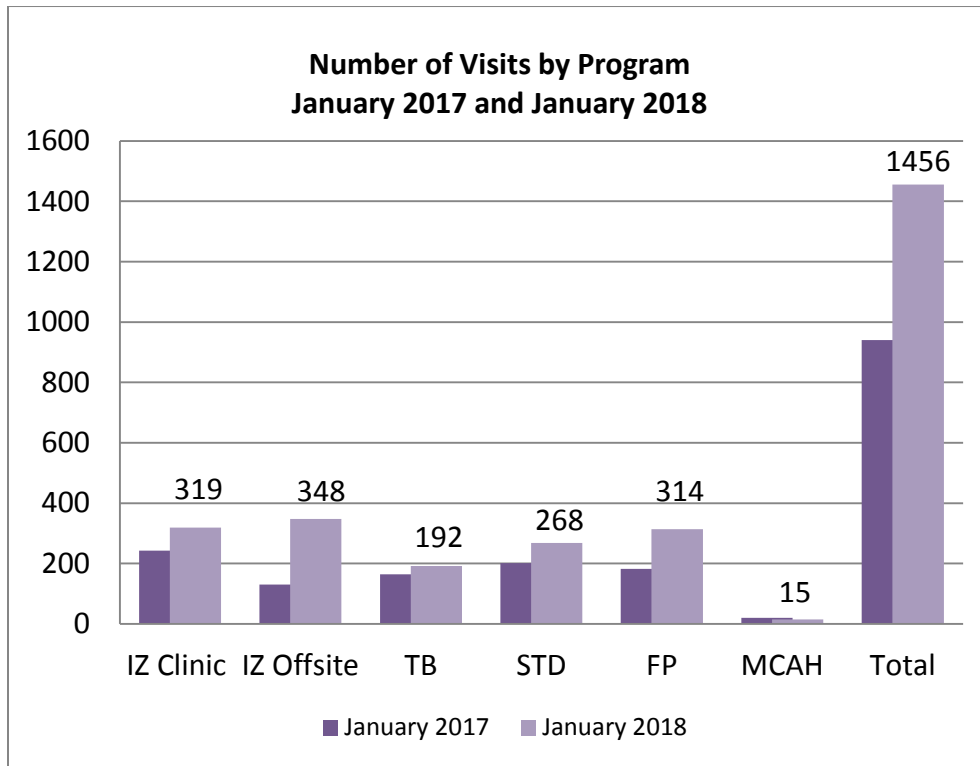
DATE: February 9, 2018
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – Health Information Exchange; Data & Metrics; Program Reports

1. Divisional Update



- a. **Health Information Exchange (HIE)** – I have been working with the Division of Public and Behavioral Health (DPBH) and HealthInsight to bring HealthHIE Nevada, Nevada’s HIE to CCHS. HealthHIE Nevada is a community-based HIE dedicated to connecting healthcare organizations by managing real time, secure, and accurate exchange of clinical information. HealthHIE Nevada operates throughout the state, and is the only HIE open and available to the entire Nevada healthcare community. HealthHIE Nevada will allow clients who opt in to allow our Electronic Health Record (EHR), Patagonia Health, to access other relevant health record data in HealthHIE Nevada. As we’re requesting this be bi-directional, our EHR information would also go out to the HIE. HIEs allow for better continuity of care, rapid EHR access, a decrease in duplicate tests, and improved care based on previous medical history. DPBH is writing a grant to fund this project for entities across the state. HealthInsight is the non-profit managing HIE efforts in Nevada.

b. Data/Metrics



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

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff are completing entry of the 2017 Sexually Transmitted Disease case investigations into the National Electronic Disease Surveillance System (NEDSS) Base System (NBS). The NBS system was implemented May 1, 2017 and led to improved tracking of syphilis investigations. Since May 1, 2017, 293 syphilis investigations were conducted. In 2017 there were 137 confirmed cases of syphilis. The total number of confirmed gonorrhea cases in 2017 was 745 and the total number of confirmed chlamydia cases was 2503.

The community based medical residents are completing their first six months of their three year program in the Sexual Health program. Staff are in the process of completing of their evaluations.

Staff attended an Antibiotic Resistant Gonorrhea webinar on January 31, 2018.

Staff are preparing for a lab audit from the Nevada Division of Public and Behavioral Health.

- b. **Immunizations** – A total of 1,089 flu vaccines were administered this flu season at 17 School Located Vaccination Clinics (SLVCs), in partnership with Immunize Nevada and the Washoe County School District.

A pediatric community flu shot clinic was held at Shoppers Square on January 23, 2018, in partnership with Immunize Nevada, where a total of 163 doses of flu vaccine were administered to 106 children and 57 adults. An outreach clinic was also held at the Salvation Army on January 9, 2018 where 24 clients received a total of 63 vaccines. Additionally, 76 doses of vaccine were administered to 31 clients during Project Homeless Connect on January 30, 2018. Staff also administered 30 doses of Twinrix (Hepatitis A-Hepatitis B) vaccine at the Washoe County Jail in January.

Immunization clerical staff are currently cross training to new job duties including Central Clerical, Tuberculosis Clinic and NBS data entry. This will help to address program sustainability, staffing shortages and engage employees through workforce development.

- c. **Tuberculosis Prevention and Control Program** – The Substance Abuse Prevention and Treatment (SAPT) grant, which was executed in November, is going well, with staff seeing 1-3 clients each week. To date one blood test and 12 TB skin tests have been completed.

Staff met with the vendor representative regarding an alternative blood test to diagnosis TB, T-Spot. The program is considering adding this test option as T-Spot has benefits to the current testing method, including increased sensitivity and ease of specimen handling.

Staff are monitoring Washoe County's first case of active TB this year; the diagnosis was made in January.

- d. **Family Planning/Teen Health Mall** – Staff are currently in the process of completing the Family Planning Annual Report (FPAR).

Staff are in the process of developing a Long Acting Reversible Contraceptives (LARCS) Epi-News, encouraging healthcare providers to consider this highly effective family planning methods for their patients.

- e. **Chronic Disease Prevention Program (CDPP)** – The CDPP program welcomed Camarina Augusto as new Intermittent Hourly Health Educator who will be working under the new SNAP-ed (Supplemental Nutrition Assistance Program) and PHHS grants. Ms. Augusto is working on the Wolf Pack Coaches Challenge and Healthy Parks initiative, including activities with Yori Park in 89512.

Staff attended the Project Homeless Connect event and provided information to attendees and fellow participants on available cessation resources, including the Baby & Me Tobacco Free program which helps pregnant women and their partners stop smoking.

Staff hosted a table at the Alliance event presented by The Reno & Sparks Chamber of Commerce, the Economic Development Authority of Western Nevada (EDAWN), and the Reno-Sparks Convention & Visitors Authority. Information presented to attendees focused on smoke free workplaces; responses from businesses and community leadership were overwhelmingly positive.

- f. **Maternal, Child and Adolescent Health (MCAH)** – In 2017, staff provided safe sleep training and distributed a total of 89 Pack 'N Play portable cribs through the Cribs for Kids program. Pack N Play portable cribs are a valuable tool in getting many parents to not co-sleep with their children, which often can result in infant death.
- g. **Women, Infants and Children (WIC)** – At the federal level the Office of Head Start, Office of Child Care, Supplemental Nutrition Safety Programs, and Child Nutrition Programs have all signed an MOU promoting and supporting efforts to improve program coordination and service delivery for all clients. WIC staff attended a webinar to learn how this could improve local services for our clients.

DD_CW	-
DHO	AD -

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: February 22, 2018**

DATE: February 9, 2018
TO: District Board of Health
FROM: Chad Warren Westom, Director
775-328-2644; cwestom@washoecounty.us
SUBJECT: EHS Division and Program Updates – Child Care, Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Division Updates

- **Environmental Health Services Training Program** – Training is underway on school inspections for all nineteen field staff in Environmental Health Services of which three completed training the end of January.
- **Environmental Health Services Epidemiology Program** – Environmental Health Services (EHS) Epidemiology program staff investigated an outbreak related to a company party at an events hall in Sparks. First reports indicated there were up to 20 ill attendees out of a party of approximately 120 people. The event was catered from a Reno Mexican restaurant. Interviews were conducted with four cases and five workers of the restaurant, as well as other workers of the event. Stool samples were required for all five workers who handled food at the event and were also submitted by another three individual attendees. Stool cultures were negative as were norovirus tests. All food was discarded after the event and unavailable for sampling. As the investigation concluded it was determined that an unknown source of illness likely spread through the attendees at the party.

Program Updates

Child Care

- Child care program staff are working on openings of three new child care facilities. All three facilities are expected to be up and running by mid-February. Staff are also updating information for child care providers on the Health District webpage.

Community Development

- Staff continues to meet with the City of Reno and developers to work with them on proposed projects and to assist developers in working through the regulatory process.

- Staff are working with NDEP as well as multiple other agencies across the State of Nevada to revise some portions of NAC 445A. These regulations are specific to water projects and development and would help to clarify and create consistency throughout the State of Nevada.
- There is a 160% increase in commercial building plan submittals for 2018, compared to the same time in 2017.
- Commercial plan review is averaging 16 calendar days for all initial submittals.
- Water project review is averaging 12 calendar days for all new submittals, with a total of 16 projects submitted this year and 58 lots/units approved to move forward with commercial plans.
- Please see the table below for the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2018	JAN 2017	DIF.
Development Reviews	44	30	14
Commercial Plans Received	69	17	52
Commercial Plan Inspections	21	16	5
Water Projects Received	16	19	-3
Lots/Units Approved for Construction	58	0	58

Food

- Staff began work as a mentor for the Voluntary National Retail Food Regulatory Program Standards Mentorship Program administered by the National Association of County and City Health Officials (NACCHO) with support from the Food and Drug Administration (FDA). The Food Safety Program is providing guidance to Mahoning County Board of Health, Ohio on the development and implementation of a food inspection quality assurance program.
- The Food Safety Program welcomed an intern from the University of Nevada, School of Community Health Sciences who will assist the program with implementation of action items identified in the Program Standards Strategic Plan for the quarter.
- **Special Events** – Staff are assisting various other programs with completing required routine inspections.

Invasive Body Decoration (IBD)

- Staff were accompanied on routine IBD inspections by inspectors from the State of Nevada. The State is currently in the process of adopting its own IBD regulations. The proposed State regulations are heavily modeled after the Washoe County District Board of Health regulations that were implemented in March 2017. Staff provided the State inspectors with an overview of the inspection process under the new regulations and offered basic training related to issues commonly found in IBD facilities.

Land Development

- After a brief lull the first week of January, business picked up again. There were 51 plans taken in during January for septic review. This compares with 41 in 2017. There were also seven well plans taken in versus four in 2017. Additional staff resources are under consideration.

- The scanning project of old records is making good progress. All recent plans have been scanned and now the drawers of old plans are beginning to be processed. If dedicated temporary services staff can be maintained, it is expected that by the end of the first quarter of 2018 all records will be digital and able to be searched by plan reviewers. There are other items targeted for scanning as well, such as old subdivision files. All of these improvements will improve the quality and efficiency of the plan review by staff and public record requests.

Land Development	JAN 2018	JAN 2017	DIF.
Plan Review (Residential – Septic)	62	41	21
Residential Septic/Well Inspections	34	18	16
Well Permits	7	4	3

Safe Drinking Water

- Staff met to organize the upcoming year and make necessary adjustments. Some housekeeping issues were resolved and the team is now ready for 2018.
- Consumer Confidence Reports (CCRs) are beginning to be delivered from water systems. This is the first year that the team is set up and will begin tracking submission and approval of these contractual items.
- Staff are looking forward to anticipated training provided by the EPA in early spring. If achieved, the entire Safe Drinking Water team will finally have training in the bulk of the program, sanitary surveys.

Schools

- School inspections for spring 2018 started the last week of January and four of the local high school inspections were completed by the end of the month. Inspections are being conducted based on a new guideline that includes control of outbreaks as well as common violations to reference. Staff from EHS continue to work with the School District on putting the finishing touches on organizing chemical inventories and safe storage.

Vector-Borne Diseases

- In mid-February, staff will begin participating in the first of several meetings with the Washoe County School District to review policies and procedures concerning head lice. The Director of Student Services, teachers and nurses make up the committee that will recommend changes to the school district regarding children with head lice attending school.
- The Nevada Department of Agriculture (NDA) hired Laura Morrow as the new director for the Animal Diseases Laboratories (ADL). Staff will meet with her this month to continue the long collaboration (20 years) the Vector-Borne Diseases Program has with the department. Traditionally, when the NDA receives annual Centers for Disease Control and Prevention (CDC) funding for West Nile Virus, ADL has purchased CO2 trapping devices and gravid traps for the Program to expand our surveillance activities in detecting mosquito-borne viruses in the Truckee Meadows Community.
- Staff attended the first of three public workshops by the City of Reno to adopt an ordinance in the proposed motel inspection program. There are approximately 75 motels in Reno which the

City views as residential rental motels as opposed to transient properties the Health District focuses on. If the ordinance is approved, these 75 properties will fall under the purview and inspection of Reno Code Enforcement. Every unit of these 75 properties will be inspected on an annual basis by Reno Code Enforcement. Staff will provide some training as requested by Alex Woodley of Reno Code Enforcement on the Health District inspection elements.

- Washoe County Regional Animal Services picked up a pit bull that was exhibiting extreme signs of rabies symptoms. The pit bull was euthanized and the head was sent to the Animal Diseases Laboratory to confirm if the pit bull was rabid. The results came back negative.
- Staff reviewed 16 building plans in the Truckee Meadows Community. Two projects were signed off receiving their Certificate of Occupancy (C of O). Unseasonal warm weather has caused a steady flow of building projects.
- Vector Responses to Public Requests:

Vector Responses	JAN 2018	JAN 2017	DIF.
Mosquito	0	1	-1
Mosquito Fish – Gambusia	0	0	0
Gambusia Delivered	0	0	0
Hantavirus	7	2	5
Plague	0	0	0
Rabies	3	2	1
Planning Calls	8	21	-13
Lyme Disease/Ticks	1	0	1
Media	0	0	0
Outreach / Education / Misc.	9	2	7
Cockroach / Bedbug	3	12	-9
West Nile Virus	0	0	0
Zika	0	1	-1
TOTAL	31	44	-13
Planning Projects	6	12	

Waste Management

- Staff are working on tabulating data for the 2017 Washoe County Recycling Report.

EHS 2018 Inspections

	JAN 2018**	JAN 2017	DIF
Child Care	11	1	10
Complaints	70	10	60
Food	554	212	342
General*	114	45	69
Temporary Foods/Special Events	17	22	-5
Temporary IBD Events	2	0	2
Waste Management	10	21	-11
TOTAL	778	341	437

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

**Inspections will be updated next month due to data entry issues with Accela.

DD	<u>RT</u>
DHO	_____ <i>KD</i>
DA	_____
Risk	_____

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 22, 2018**

DATE: February 12, 2018
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)

Outbreaks – Since the last District Board of Health meeting in January, the CD Program has opened 5 outbreak investigations. Of these outbreaks, two (2) were viral gastroenteritis in a school. Two (2) schools had outbreaks of influenza like illness (ILI). One child care classroom had a confirmed outbreak of Influenza A. As of February 9, four outbreak investigations are still open.

Increase in aseptic meningitis – Since January 16, 2018, the CD Program has seen an increase in aseptic meningitis cases. There have been a total of six (6) cases reported with three (3) cases positive for Enterovirus. Specimens have been sent to CDC for further testing. Five (5) cases were interviewed to obtain exposure history to identify any epidemiological links between cases. The investigation is still ongoing.

Seasonal Influenza Surveillance – For the week ending February 3, 2018, (CDC Week 5) 12 participating sentinel providers reported a total of 458 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 3.3% (251/7521) which is above the regional baseline of 2.4%. During the previous week (CDC Week 4), the percentage of visits to U.S. sentinel providers due to ILI was 7.1%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 2.8% to 13.0%.

Twenty death certificates were received for week 5 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 5 was 103. This reflects a P&I ratio of 19.4%. The total P&I deaths registered to date in Washoe County for the 2017-2018 influenza surveillance season is 165. This reflects an overall P&I ratio of 9.2% (165/1788).

Public Health Preparedness (PHP)

PHP Staff met with the Consolidated Law Enforcement All-Hazards Response (CLEAR) Team on January 11, 2018 to discuss local planning assumptions in the Medical Countermeasures Distribution and Point of Dispensing Operations (POD) planning documents. The focus is to increase the coordination between public health planning activities and law enforcement on plan development.

PHP Staff completed the development of a POD Command Course. This course is to provide familiarization on command staff positions for public health staff, Inter Hospital Coordinating Council (IHCC) members and other local stakeholders. The Command Course will be taught in March and April of 2018.

PHP Staff worked with home health, hospice, and dialysis agencies to develop the CMS Data Collection Sheet for Emergency Response. The Data Collection Sheet, effective January 12, 2018, is a regionally agreed upon means of providing information about the general condition and location of patients under the facility's care as part a requirement from the Centers of Medicare and Medicaid Services.

On January 11, 2017, the Healthcare Liaison, in partnership with Quad- County Preparedness, conducted an Access and Functional Needs Support Team training in Las Vegas. Over twenty people were trained from a variety of agencies including, Medical Reserve Corps of Southern Nevada, Southern Nevada Adult Mental Health Services, Volunteers in Medicine, Las Vegas ADA Program, Las Vegas Office of Emergency Management, Centers for Disease Control and Prevention, and American Red Cross.

PHP Staff are working with members of the Inter-Hospital Coordinating Council to identify mutually agreed upon list of Essential Elements of Information for a given scenario, hazard type or exercise. Additionally, PHP Staff created multiple tools for the Inter-Hospital Coordinating Council to include a website and time and inventory tracking procedures.

Emergency Medical Services (EMS)

EMS staff facilitated WebEOC training at the Regional Operations Center (REOC) on January 12 for healthcare personnel that would be responsible for inputting patient information during an MCI or healthcare evacuation. The attendees were given the opportunity to practice logging-in, inputting records, editing information and printing the associated Hospital Incident Command System (HICS) forms.

The EMS Coordinator met with staff from the Nevada Aging and Disability Services Division (ADSD) on January 12 to discuss how our programs may be able to collaborate. The ADSD staff will assist with reviewing and editing some materials the EMS Oversight Program is developing for training fire, EMS and law enforcement on responding to individuals with intellectual and/or developmental disabilities (I/DD).

On January 17 the EMS Coordinator and REMSA Emergency Manager facilitated Mutual Aid Evacuate Annex (MAEA) training for six of the skilled nursing facilities (SNFs) in the community. The two-hour training included an overview of the MAEA, the evacuation process and a hands-on tabletop exercise.

The EMS Coordinator held regional multi-casualty incident (MCI) tabletop exercise for fire, EMS and law enforcement on January 22, 24 and 26. Over the three days, 37 personnel attended the exercises. The scenario was designed to discuss some of the challenges related to on-scene communication and coordination and make improvements to the multi-casualty incident plan (MCIP) based off feedback and input of participants.

On February 1 the ED Consortium held its regularly scheduled quarterly meeting where the group discussed updating the first responder exposure process, as well as developing a process for patients coming from the jail, and approved the Washoe County hospital diversion policy.

**REMSA Percentage of Compliant Responses
 FY 2017 -2018**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%
September 2017	92%	96%	100%	100%	97%	92%
October 2017	92%	92%	91%	100%	92%	92%
November 2017	92%	93%	100%	100%	96%	92%
December 2017	92%	95%	87%	100%	93%	92%
January 2018	93%	94%	96%	100%	95%	93%
YTD	92%	93%	95%	100%	94%	92%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	N/A*
September 2017	8:32	13:06	18:30	N/A*
October 2017	8:31	14:15	19:32	N/A*
November 2017	8:33	13:01	17:42	N/A*
December 2017	8:41	14:06	21:43	N/A*
January 2018	8:31	14:51	16:02	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.

DHO__ KD __

District Health Officer Staff Report
Board Meeting Date: February 22, 2018

TO: District Board of Health

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

SUBJECT: District Health Officer Report – FY19 Budget, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

FY19 Budget

A proposed FY19 budget was prepared for presentation to the Board.

Strategic Planning Update

A semi-annual strategic plan progress report was prepared for presentation to the Board.

Public Health Accreditation

The PHAB team continues to meet monthly to review current progress and discuss challenges. Further documents have been submitted and we now have 70 required documents gathered of the needed 213. Staff traveled to the February 12th -14th Public Health Accreditation in-person training to get more information on what documents are acceptable and how to submit them for review.

Quality Improvement

The revised simplified QI forms and updated plan have been distributed to all Health District staff and are posted on the intranet for easy access. A small QI project has been completed by EHS staff to streamline plan reviews and track completed reviews.

Community Health Improvement Plan

The 2017 CHIP Annual Progress Report is under development. The final report should be complete by early March 2018 pending receipt of key data from the Youth Risk Behavior Survey, which is anticipated in February of 2018.

Truckee Meadows Healthy Communities

TMHC CHIP: The TMHC Steering Committee meetings on January 24th and February 7th focused on determining the priorities for the TMHC 2018-2020 Community Health Improvement Plan. Two

priorities were agreed upon and committees were formed to develop the improvement plans; one for housing and another for behavioral health, and addition of a third committee on chronic disease was discussed as a priority but not finalized.

Housing: The Regional Affordable Housing Roadmap project team from Enterprise Community Partners visited in the area in early February. They provided a project update to the TMRPA Governing Board during their February 8th meeting. The Enterprise team met with regional stakeholders and held a kick-off meeting with the leadership team that has been formed for the project. The leadership team includes the City and County Managers, EDAWN President, Nevada Housing Division Administrator, RTC Executive Director, Reno Housing Authority Executive Director, Renown Health CEO, and Senator Julia Ratti.

Workforce Development

The UNR School of Community Health Sciences (SCHS) hosted a coffee mixer on January 19th to share opportunities for professional development. The dean of the SCHC, Dr. Trudy Larson, also provided an update on the outstanding growth of the school and future directions.

Water Projects

Following issuance of a water project review waiver to TMWA on December 4, 2017, NDEP, WCHD and TMWA have continued discussion regarding additional progress toward redefining roles and responsibilities related to review of water system design. This process is on a parallel path with the NAC Revision Workgroup, as neither statutory nor regulatory revisions are necessary to accomplish this effort. The NDEP is actively discussing expansion of the large water purveyors' role for ensuring compliance with Nevada's Engineering Design, Construction, Operation and Maintenance regulations as they pertain to subdivisions and distribution system construction. The NDEP is pursuing preparation of an Interlocal Cooperative Agreement by and between NDEP, WCHD and TMWA. The NDEP expects to share a draft of the Agreement with the signatory agencies in mid-February, and more broadly thereafter, targeting finalization of the Agreement by June.

The NDEP NAC Revision Workgroup has held three meetings to date, occurring every three weeks. The Workgroup has doubled in size based on interest, and approximately 30 people are included in communications. High priority issues for revision are progressing with widespread input. The NDEP is evaluating the possibility of fast tracking some regulatory amendments on a shorter timeline than has been proposed for completion in October 2018.

Washoe Regional Behavioral Health Policy Board

The Washoe Regional Behavioral Health Policy Board held an initial meeting on February 5th. An overview of the authorizing legislation, AB 366, which creates the policy boards, was provided. Open meeting law training and overviews of Washoe County behavioral health data and suicide data were also provided. Chuck Duarte of Community Health Alliance was elected to Chair the Board. Sheila Leslie, Washoe County Human Services, is providing staff support to the Board. The Health District is funding an MPH intern from UNR to provide additional support for the Board.

Subject: District Health Officer Report

Date: February 22, 2018

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Other Events and Activities

1/26/18	UNR School of Community Health Sciences Advisory Board Meeting
1/26/18	Washoe County Board of County Commissioners Workshop
1/29/18	Nevada Public Health Foundation Board Meeting
1/30/18	Record Street Boys and Girls Club Childcare Center Grand Opening
1/30/18	NALHO Conference Call
2/1/18	Water Projects Management Meeting with TMWA/NDEP
2/1/18	NV Health Authorities Conference Call
2/2/18	Monthly Meeting with County Manager and Assistant County Manager
2/5/18	Regional Behavioral Health Policy Board
2/7/18	TMHC/TMRPA/Enterprise Housing Roadmap Meeting
2/7/18	TMHC Steering Committee Meeting
2/7/18	Division Directors Meeting
2/8/18	TMRPA Governing Board Enterprise Affordable Housing Presentation
2/9/18	AHS – Board Liaison Meeting with Councilman Delgado
2/14/18	Department Heads Meeting
2/15/18	EHS – Board Liaison Meeting with Tom Young
2/15/18	Monthly Meeting with Chair Jung
2/20/18	Interim Legislative Committee on Health Care
2/21/18	Division Directors Meeting

Health District Media Contacts: January 2018

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
1/29/2017	KRNV CH4 - NBC Reno	Diana Thao	Soap Pods - Ulibarri
1/29/2018	KOLO CH8 - ABC Reno	Terri Russell	Flu - Chalkley
1/26/2018	This Is Reno	Bob Conrad	Pignic - Westom
1/25/2017	This Is Reno	Bob Conrad	Pignic - Ulibarri
1/25/2018	Reno Gazette-Journal	Brian Duggan	Food Inspections - A. English
1/22/2018	Reno Gazette-Journal	Brian Duggan	Food Inspections - A. English
1/22/2018	KRNV CH4 - NBC Reno	Karsen Buschjost	E-cigarettes - Seals
1/18/2017	KRNV CH4 - NBC Reno	Karsen Buschjost	Flu - Ulibarri
1/17/2018	KRNV CH4 - NBC Reno	Karsen Buschjost	Flu - Ulibarri
1/16/2018	KTVN CH2 - CBS Reno	Andi Guevarra	Lead Poisoning - Ulibarri
1/15/2018	KTVN CH2 - CBS Reno	Os du Randt	Tamiflu - Ulibarri
1/11/2018	Reno Gazette-Journal	Marcella Corona	Flu - Ulibarri
1/11/2018	KRNV CH 4 - NBC Reno	Melissa Metheney	Flu - Ulibarri
1/11/2018	KOLO CH8 - ABC Reno	Sarah Johns	Flu - Ulibarri
1/10/2018	UNIVISION	Anya Arechega	WOW - Chen
1/9/2018	KTVN CH 2 - CBS Reno	Liz Olveda	WOW - Chen
1/9/2018	KOLO CH8 - ABC Reno	Ed Pierce	WOW - Chen
1/4/2018	KTVN CH2 - CBS Reno	Cameraman	Flu - Todd
1/4/2018	KRNV CH 4 - NBC Reno	Cameraman	Flu - Todd
1/4/2018	KOLO CH8 - ABC Reno	Terri Russell	Flu - Todd
1/2/2018	KTVN CH2 - ABC Reno	Liz Olveda	Flu - Todd

Press Releases/Media Advisories/Editorials/Talking Points

1/17/2018	Parents encouraged to keep children healthy this flu season	Ulibarri
1/8/2018	Washoe County announces new healthy-eating program for restaurants	Ulibarri
1/4/2018	Influenza cases on the rise	Ulibarri

Social Media Postings

Facebook

AQMD/CCHS/ODHO 113 (CCHS 26 EHS 11 ODHO 4 AQM 72)
EHS

Twitter

AQMD/CCHS 68 (AQM 64 CCHS 4)