Please Note Location

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

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

Thursday, December 14, 2017
1:00 p.m.

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)
   December 14, 2017

5. *Recognitions

   A. Years of Service
         Environmentalist II on 4/2/2004, retired 11/7/2017. Total of 40 years and 10 months.
          Hourly Environmentalist II on 1/31/2011, retired 10/31/2017. Total of 28 years and
          six months.
      iii. Angela Tibaduiza. 25 years, hired 12/28/1992 – CCHS
      v. David Gamble, 5 years, hired 12/3/2012 – EPHP

   B. Retirements
      i. Angela Tibaduiza, 12/14/2017, WIC Human Support Specialist II - 25 years – CCHS

   C. New Hires
      i. Chad Westom, 10/30/2017, EHS Division Director – EHS
6. Proclamations – (For possible action)
   Radon Action Month Proclamation

7. 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. October 26, 2017
      ii. November 2, 2017

   B. Budget Amendments/Interlocal Agreements – (For possible action)
      i. Approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of $82,963 ($25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.
         Staff Representative: Nancy Kerns-Cummins

      ii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 and authorize the District Health Officer to execute the Subgrant Award.
         Staff Representative: Nancy Kerns-Cummins

      iii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award.
         Staff Representative: Nancy Kerns-Cummins

      iv. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of $170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.
         Staff Representative: Patsy Buxton

      v. Approve 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 $2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NeVESA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.
         Staff Representative: Patsy Buxton
C. Approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing. – (For possible action)  
Staff Representative: Nancy Kerns-Cummins

D. Review and possible approval of the Department Emergency Operations Plan  
Staff Representative: Christina Conti – (For possible action)

E. Approval to donate evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of $3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00). – (For possible action)  
Staff Representative: Andrea Esp

F. Recommendation for the Board to Uphold Notice of Violation Citation No. 5658 Issued to Harry Stewart, Case No. 1198, for a violation of the District Board of Health Regulations Governing Air Quality Management with a $3450.00 Negotiated Fine. - (For possible action)  
   i. Harry Stewart, Case No. 1198, Notice of Violation No. 5658  
   Staff Representative: Charlene Albee

G. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2018 – (For possible action)  
   Staff Representative: Anna Heenan

8. *Presentation – Washoe County Health District Board Scholarship Recipients  
Presented by: Kara Mays

9. *Presentation – Eddy House  
Presented by: Michele Gehr

10. Presentation, Discussion, and possible approval of REMSA’s request for an increase of 3% a year over four years to the average allowable bill. – (For possible action)  
    Staff Representative: Christina Conti

11. Regional Emergency Medical Services Authority  
    Presented by: JW Hodge  
    A. Review and Acceptance of the REMSA Operations Report for October 2017 – (For possible action)  
    B. *Update of REMSA’s Public Relations during October, 2017  
    C. Review and Acceptance of the REMSA Operations Report for November, 2017 – (For possible action)  
    D. *Update of REMSA’s Public Relations during November, 2017

12. Presentation and Possible Acceptance of Revised Strategic Plan – (For possible action)  
    Staff Representative: Catrina Peters

13. Possible approval of the proposed 2018 Washoe County District Board of Health Meeting Calendar - (For possible action)  
    Staff Representative: Kevin Dick
14. Possible approval of the proposed appointment of two new Food Protection Hearing and Advisory Board Members to replace those who have resigned. Possible appointees are Mr. Chris Thompson, Mr. George Heinemann and Mr. Jesus Gutierrez. - (For possible action)
   Staff Representative: Chad Westom

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 – World AIDS Day; Nurse Family Partnership; Data & Metrics; Program Reports
   C. Environmental Health Services, Chad Westom, Director
      EHS Division and Program Updates – Community Development, Food, Land Development, Safe Drinking Water, 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 – Water Projects, 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.

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)

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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.
Proclamation

RADON ACTION MONTH

January 2018

WHEREAS, many Washoe County residents don’t know about radon, yet need to know, for the safety and health of their families, as radon is a colorless, odorless, naturally occurring radioactive gas that is the primary cause of lung cancer among nonsmokers; the second leading cause of lung cancer in smokers and

WHEREAS, the U.S. EPA estimates 21,000 people in the U.S. die each year from lung cancer caused by indoor radon exposure, and lung and bronchus cancer kill more people in a year than any other cancer; and

WHEREAS, radon kills more people than secondhand smoke, drunk driving, choking, drowning or home fires; and

WHEREAS, any home in Washoe County may have elevated levels of radon, even if neighboring homes do not, and living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and

WHEREAS, testing is the only way to know if a home has an elevated radon level, and testing is easy and inexpensive, and when identified, homes can be fixed; and

WHEREAS, University of Nevada Cooperative Extension, the Nevada Division of Public and Behavioral Health, and the U.S. Environmental Protection Agency support efforts to encourage all Washoe County residents to test their homes for radon, mitigate elevated levels of radon, and have new homes built with radon-reducing materials and features.

NOW, THEREFORE, the Washoe County Health District, does hereby proclaim January 2018, as

“NATIONAL RADON ACTION MONTH”

In Washoe County, Nevada

ADOPTED this ___th day of December, 2017

______________________________
Kitty Jung, Chair
Washoe County District Board of Health
Washoe County District Board of Health
Meeting Minutes

Thursday, October 26, 2017
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
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Members absent: Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Dr. Randall Todd
Kelli Goatley-Seals
Christina Conti
Catrina Peters
James English
Laurie Griffey

2. *Pledge of Allegiance

Mr. Tom Clark led the pledge to the flag.

3. *Public Comment

Mr. Tom Clark, representing Pignic Pub & Patio, informed those present that this
restaurant has a business model unlike most, in that the public can prepare their own food on
grills provided by the restaurant and eat it among their own party, and that it has been operating in this manner for the last three years. He stated that they have always strived to maintain compliance with food industry regulations. Mr. Clark informed these young owners have invested over $300K in this property alone, and have become a model for the Midtown District businesses with their innovative operation.

Mr. Clark stated that these owners have over $1M invested in their other properties, including Noble Pie Parlor.

Mr. Clark informed the reason for his appearance today is that Pignic Pub & Patio was recently issued a Cease and Desist Order by the District Board of Health. He stated that there may have been one item that needed to be brought into compliance, but were ordered to cease and desist.

Mr. Clark informed it was suggested that they provide food for the patrons to cook, but stressed that this is not the business plan of Pignic Pub & Patio. They are foremost a Pub, and the requirement of providing food would require stocking an inordinate amount of food to anticipate patron’s needs. Mr. Clark agreed that compliance to regulations is necessary, but opined that this action is sending a message to Midtown that entrepreneurs can invest in a business, follow the rules, and receive a Cease and Desist Order.

Mr. Clark asked that the District Board of Health not enforce the Cease and Desist Order issued to Pignic Pub & Patio until a meeting between the owners and the Health District could be arranged to discuss possible solutions.

He stated that there are many innovative, unorthodox businesses and restaurants coming in to the area, and that it would be beneficial to revise regulations to allow for that innovation. He hoped that the perception of local jurisdictions suppressing these new types of businesses could be dispelled, and that the relationship between businesses and the Health District would allow opportunity for compliance while protecting the public’s health.

Chair Jung closed the public comment period.

4. Approval of Agenda

October 26, 2017

Mr. Brown moved to approve the agenda for the October 26, 2017, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved four in favor and none against.

5. Recognitions

A. Years of Service

i. Holly McGee, Public Health Nurse II, 25 years, hired 10/19/1992 - CCHS

Mr. Dick informed that Ms. McGee was not able to be in attendance due to her dedicated work for the Health District and the community at the offsite TB Clinic.

B. New Hires

i. Catrina Peters, 10/2/2017, Director of Programs and Projects – ODHO

Mr. Dick introduced Ms. Peters and informed that she joins the Office of the District Health Officer as the new Director of Programs and Projects. He informed that Ms. Peters filled the position previously held by Ms. Sara Behl as a reference to the wide scope of work that Ms. Peters is now responsible for.
Mr. Dick stated that Ms. Peters comes to the Health District most recently from the Department of Agriculture as manager of the School Meals and Nutrition Program for the State. He informed that this program transitioned from the Department of Education to the Department of Agriculture during her tenure.

Mr. Dick informed that Ms. Peters has an undergraduate degree in nutrition from the University of Nevada Reno and a Masters in Nutrition from Perdue University.

ii. Susana Contreras, 10/2/2017, Office Assistant II – CCHS

Mr. Kutz introduced Ms. Contreras as the new Office Assistant II assigned to the Immunization Program. He informed that Ms. Contreras comes to the Health District from Renown Health with seventeen years of customer service experience, billing, insurance claims appeal and call center experience. Mr. Kutz expressed that they were excited to have Ms. Contreras on their team.

iii. Sophie Banspach, CDC Associate, started two-year assignment with WCHD 10/2/17 – CCHS

Mr. Dick informed that Ms. Banspach is a CDC Associate and comes to the Health District through the successful arrangement between the Health District and the CDC, wherein the CDC funds Public Health Associates to work as staff for the Health District.

Mr. Kutz introduced Ms. Banspach as the new Public Health Associate assigned to the Immunization Program, and that she will be working with CCHS for two years. He informed that she has a Bachelor’s Degree in Fine Arts in Scientific Illustration, and a certificate in Global Health from the University of Georgia.

Mr. Kutz stated that the Public Health Associates Program has added a great amount of value to the Health District, and that CCHS was very pleased to have Ms. Banspach working with them.

Chair Jung welcomed the newly hired employees of 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
   September 28, 2017

B. Budget Amendments/Interlocal Agreements

   i. Retroactive Approval of Notice of Grant Award #2018030301 from the Nevada Governor’s Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount of $30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.
   Staff Representative: Patsy Buxton

C. Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure.
   Staff Representative: Nancy Kerns Cummins

D. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5655 Issued to Lennar Reno LLC, Case No. 1197, with a $1,520.00 Negotiated Fine and requirement to apply a dust palliative to the disturbed area within 30 days of the signed
Memorandum of Understanding.
i. Case No. 1197, NOV No. 5655 – Lennar Reno LLC
Staff Representative: Charlene Albee

Staff Representative: Anna Heenan

Mr. Young moved to accept the Consent Agenda as presented. Mr. Brown seconded the motion which was approved four in favor and none against.

7. * Presentation and update on Community Health Alliance
Presented by: Chuck Duarte

Mr. Duarte introduced himself as the CEO for Community Health Alliance, informed of his opportunity to work both with Mr. Dick and Mr. Delgado in an ongoing basis, and expressed that it is a privilege to be a part of the health community in Washoe County.

Mr. Duarte outlined his background in public health, beginning with his college years in Hawaii. He then worked in the clinical laboratory business, hospitals and Medicaid-managed care prior to the Governor requesting that he head the Medicaid Program in Hawaii. Mr. Duarte stated that he held that position for three years, and then moved to the Truckee Meadows area in 2000 with his family to head the State Medicaid Program for twelve years.

He explained that, since Community Health Alliance is just beginning to be known in the community for who they are and what they do, he likes to take opportunities such as this to further inform the community of their services.

Mr. Duarte informed that CHA is a large, nonprofit organization in Washoe County, and because they are a federally qualified Community Health Center, they receive some federal grants to support and serve the underserved and the homeless in our area. Core services provided are primary medical care, dental, behavioral health and many other services. He stressed that they are not a free clinic, but they do everything they can to make their services available by using a sliding payment scale for those who are uninsured.

Community Health Alliance, previously known as HAWC, was founded in 1995 and founded by the Washoe County Medical Society. In 2012, HAWC merged with the Saint Mary’s Mission and Outreach Programs. When Saint Mary’s was being purchased by Prime Health, a for-profit corporation, they had to discharge their not-for-profit entities. Mr. Duarte explained this created a perfect merger opportunity for the nonprofits, and that all employees, assets and leases were transferred to the newly-merged nonprofit corporation that became Community Health Alliance.

Mr. Duarte informed that they now have six Health Centers located throughout the County and detailed their location and services, which includes medical, dental, chronic disease care and care for behavioral issues associated with chronic disease. He explained that they are using a team approach to medicine and are implementing this approach throughout their entire system. What this allows is for physicians, mid-level practitioners and primary care to work at the top of the scope of their practice in order to see as many patients as possible. Mr. Duarte stressed that the key to improving population health and serving a larger part of the community is getting patients into care. Their Quadruple Aim model adds ‘improve provider satisfaction’ to the Triple Aim objectives of improving the health of the served population, improving experience of individuals served and to make care as affordable as possible.

Mr. Duarte stated that CHA serves approximately 30K unduplicated patients and clients, 26K which are medical patients. He informed that they have 5,000 in their WIC Program
and that they partner closely with Washoe County Health District’s WIC Program. The majority of CHA staff are bilingual due to the high percentage of the 90K patients seen last year register as Hispanic, and of those, half have English as a second language. He informed that a large percentage of clients are on Medicare or Medicaid.

Mr. Duarte stated that there are 280 staff members, 70% are bilingual, and there are fifty licensed clinical professionals of all types. They have a wide range of services with the focus on prevention. Mr. Duarte explained that they do not provide obstetric care, but partner very closely with the Renown Pregnancy Center. They send some clients to Saint Mary’s, but to a lesser extent due to their reduced services for Medicaid clients.

Mr. Duarte expressed that they are very proud of their WIC Program, that staff in that Program are very engaged and happy to be providing these services to the community.

Regarding their behavioral health care, they cannot treat clients with serious chronic mental health illness due to lack of capacity. The model for their program is called Integrated Care, whose focus is a collaborative approach between primary and behavioral care providers to help patients achieve better health. Some associated behavioral issues are anxiety and depression, and those are addressed in order to improve compliance with their chronic disease management and self-management. If long-term therapy is required, CHA works with other partners in the community to provide that care.

Mr. Duarte informed that they have two in house 340B Pharmacies, with another scheduled to open soon in Sparks. He explained that a 340B Pharmacy receives prescriptions at some of lowest prices in the nation, and they pass the savings on to the patient. He informed that they are training their pharmacists to be clinical pharmacists, and they work directly with their primary care providers for the treatment of diabetes. There are plans for them to also to provide drug regimens for blood thinning.

The Healthcare for the Homeless Program is located on Center Street, but anyone who registers as homeless is served at any of their locations and care is free.

Dental care has been added to services provided to the homeless, working closely with the Volunteers of America (VOA) at the Community Assistance Center located on Record Street. CHA provides primary dentistry at three locations in the area, but work with community partners for specialty care.

Mr. Duarte informed that they have a Mobile Outreach Program that serves the community. One of those is the Adult Mobile Outreach Program which is a dental van with two operatories that travels to a number of locations including the VOA operated Senior Center, the Pregnancy Center at Renown, the Renown Healthcare Center and Crossroads. Another is the Cavity Prevention Program van that travels to twenty-seven Title 1 Schools with a dental hygienist that treats teeth in a preventive manner. These methods include providing elementary students with fluoride varnish, sealants and oral health and nutrition education.

Mr. Duarte stated that another service CHA proudly provides are the Health and Wellness Classes. Dr. Steve Shane, Pediatrician, started a healthy weight program for obese or near-obese children. It is a multi-disciplinary, clinical program, that involves a pediatrician, clinical psychologist, dietitian and staff support, who works with the family to teach them better habits and the rules of 5-2-1-0. This rule is messaged across CHA’s entire system to families – five servings or more of fruits and vegetables, no more than two hours of screen time, one hour or more of exercise and zero sugary drinks.

Mr. Duarte stated that CHA would love to promote 5-2-1-0 throughout the County at any location or venue possible, for free, to educate families and help prevent the epidemic of diabetes and obesity in Washoe County.
He also informed that CHA coordinates transportation services for their patients.

Mr. Duarte summarized his presentation by stating that CHA is a part of the healthcare community in Washoe County, and increasingly, he opined that the healthcare mechanism is becoming more and more fragile. As healthcare professionals, his belief is that the healthcare community is responsible to advocate for good policy, and that the Board of Health is an organization responsible to do just that. He expressed concern for the programs in jeopardy of being cut that are in support of public health, and the negative effect it will have on the health of citizens in our County and nationwide.

Mr. Delgado invited the Board to tour some of CHA’s sites to view the care being provided at these facilities. Chair Jung stated she would do so.

Mr. Dick thanked Mr. Duarte for his leadership at Community Health Alliance, for his strong participation on the Steering Committee at Truckee Meadows Healthy Communities, his contributions to and support of the Family Health Festival and Remote Area Medical Events, and for his tireless work to advocate for access to healthcare for the citizens of our community.

Chair Jung noted his comment regarding behavioral health management cases beyond their scope of operation, and asked what other partners CHA has other than the Children’s Cabinet. Mr. Duarte informed that there had been more partners in the past, but the list is dwindling. He stated that it is a huge problem for people with serious, chronic mental illness, and for children and adolescents it is even a larger problem. For patients on Medicaid, he stated that CHA depends on Medicaid managed care plans to locate a provider, but even they are struggling. Mr. Duarte informed that they work with Northern Nevada Hopes, although their capacity is limited.

Mr. Duarte stressed that the problem is real and is not going away. He opined that this issue can only be resolved through advocacy and action by organizations such as the Board of Health and the general community, working to increase funding for mental health and ease licensing restrictions that prevent good practitioners from practicing in this state.

Chair Jung informed that the largest provider of mental health services is the Washoe County Jail, which is a sad state of affairs.

Chair Jung inquired if CHA has partnered with the Eddy House for care of the homeless youth. Mr. Duarte informed that he had reached out two weeks ago with the offer to provide primary medical care for their clients, and a meeting would be scheduled to that end. He stated that they have extended the offer to this and other organizations serving the homeless and homeless youth specifically, to be utilized as a referral source.

Mr. Duarte informed that they have been working closely with Amber Howell on the services provided by Washoe County, particularly for children in foster care. He stressed that their doors are open to treat children.

Chair Jung inquired about the sliding scale fee for service and how it works. Mr. Duarte responded that the scale is based on income, and that it has three slide levels. Initially, CHA will assess a client’s eligibility for Medicaid for access to comprehensive medical care and provide staff support to assist their enrollment. If a client is not eligible for Medicaid, Silver State Health Insurance Exchange or any other insurance, CHA works to find options for them. One of those options is Access to Healthcare, which operates discount medical and dental programs for persons not eligible for Medicaid, and Mr. Duarte informed that CHA is one of their largest referral sources for clients. If a client does not qualify for Access to Healthcare, then costs for services are based on a sliding fee at CHA with separate sliding scales for medical and dental. He informed that oftentimes the necessary dental work is beyond their scope and requires referral to specialists. In this situation, CHA works to set a
payment plan that will allow the patient to afford the care they need.

Mr. Duarte informed that one issue with providing dental care for adults is that CHA is the only entity providing service for adults at reduced cost in the area, and they are booked well into next year for new patients. He stated that CHA is trying to expand capacity to provide service to more patients.

Mr. Duarte explained that CHA’s Patient Needs Fund is one that they fundraise for, and is used only when absolutely necessary. He spoke of other groups that will sometimes help patients in instances that there are no other options.

Chair Jung inquired if CHA takes all insurance, and Mr. Duarte confirmed that they do. She also requested that Mr. Duarte inform the Board if they could be of assistance in CHA’s efforts. She suggested promoting their 5-2-1-0 message by creating a PSA for broadcast, and Mr. Duarte expressed his appreciation of the offer. Chair Jung thanked Mr. Duarte for his exemplary service to the community, and opined that it is this type of dedication that makes our community a good place to live.

8. *Washoe County Food Policy Council updates and accomplishments
Staff Representatives: Lea Tauchen and Kelli-Goatley-Seals

Ms. Tauchen introduced herself as the Chair of the Washoe County Food Policy Council (WCFPC), and informed that the Council is a volunteer public/private partnership bringing together representation from all sectors of the food system for networking, collaboration and promotion of access to healthy foods. She stated that the WCFPC was established by the Washoe County District Board of Health in 2011 to help implement the Washoe County Food Plan. She informed that their mission is to support a vibrant, healthy and equitable local food system, or put more simply, that their goal is to work to reduce barriers so that all residents in our community have access to healthy foods.

Ms. Tauchen informed that the Council is currently comprised of seven members with three applicants pending; per their bylaws, the Council can have up to twelve members. She stated that they operate as a volunteer board without staff or an operating budget, and are able to meet at the Washoe County Complex. She expressed gratitude for having Ms. Goatley-Seals of the Health District’s Chronic Disease Program to assist with administrative duties.

Council meetings are held monthly, and she informed there are often guest speakers to learn from and collaborate with. The WCFPC Board has also met with local farmers and toured their farms.

Ms. Tauchen stressed that they seek opportunities to examine and improve food policies by monitoring food issues at the local, state and federal levels. Their Board monitors the agendas for the Reno and Sparks City Councils, the Washoe County Commission and each of their planning commissions. They also review the Health District and the Truckee Meadows Regional Planning Agency.

Their recent activities have included Council Members participating in community meetings and planning activities for both the Ignite Sparks Comprehensive Plan and the Reimagine Reno Master Plan. Ms. Tauchen informed that the WCFPC has provided language suggestions related to food access of which many were accepted and incorporated into their draft proposals. She informed they also anticipate contributing to the update of the Truckee Meadows Regional Planning Agency Plan.

Ms. Tauchen informed that the Council also presented a Food Day Proclamation to all three local municipalities to encourage residents to enjoy healthy eating by incorporating more real foods into their diets.

At the state level, WCFPC follows the Board of Agriculture, the Governor’s Food
Ms. Tauchen stated that some of their more recent accomplishments include successfully proposing language for the Nevada Housing Divisions 2017 Qualified Allocation Plan. She informed that the Division amended their plan to include WCFPC recommendations related to community food growing areas. Also, at the 2017 Legislative Session, the Council identified several key policy issues regarding urban agriculture, school gardens and food services for seniors. They tracked those bills and submitted written comments during those hearings for the record.

Ms. Tauchen informed that the Council stays abreast of federal initiatives, and are currently monitoring the FY18 Federal Budget and its impacts on programs like SNAP and Medicaid. Soon they will be meeting with the Congressional Delegation to discuss the Healthy Breakfast Help Kids Learn Act.

She stated that there are challenges they face as well as the accomplishments she’d outlined. Some of those challenges are the lack of funding and resources, and the struggle with member engagement and recruitment on their volunteer board. Another issue is the competing organizations with goals similar to those of the Washoe County Food Policy Council.

From a policy prospective, she offered the Health District their assistance for research in the instance of food issues. Ms. Tauchen stressed that the WCFPC’s goal is to strengthen our regional food system and insure that it is sustainable, and provide for a healthy future for Washoe County residents. She thanked the Board for their support.

Ms. Jung thanked Ms. Tauchen for her work in supporting the Washoe County Food Policy Council from its inception and as a lobbyist as Government Affairs Director with the Retail Association of Nevada.

Ms. Goatley-Seals stated that she had nothing to add, but praised Ms. Tauchen for her work. She informed that the Washoe County Chronic Disease Prevention Program has been involved with the Food Policy Council since it was formed.

Chair Jung informed that Ms. Goatley-Seals was the originator of and had executed the ACHIEVE grant, which funded the research that identified childhood and adult obesity as an area the District Board of Health and the Health District needed to address. The data collected lead to the creation of the Washoe County Food Policy Council.

Chair Jung inquired if WCFPC worked with or was aware of the Reno Gleaning Project, informing that it is a group of volunteers that harvest excess fruits and vegetables to the benefit of the Boys and Girls Club. Chair Jung suggested Ms. Pamela Mayne, founder of the Reno Gleaning Project, be invited to become a member of WCFPC’s Board.

Chair Jung inquired if WCFPC worked with the Regional Planning Governing Board to make recommendations on projects of regional significance. Ms. Tauchen informed that group had been a speaker at one of their board meetings and expressed the hope to work with them going forward in the process of updating their five-year plan. Chair Jung stressed the importance of having the food policy in their plan to insure access to food in their developments.

Chair Jung noted the comment of the WCFPC having no funding or resources. She inquired what types of funding and resources were needed, and how the District Board of Health could help. She requested Ms. Tauchen to write a proposal of the amount needed, information on the best practice nationwide and what the funds would be used for. She opined that, if projects were in place to put efforts toward, it would draw board members that would be happy to become engaged with those projects.

Mr. Delgado stated it was good to see the progress and accomplishments of the Washoe
County Food Policy Council. Regarding the Reno Master Plan, he inquired if she found the City of Reno to be open to having food related language in their Plan. Ms. Tauchen confirmed that they were, and that WCFPC was appreciative of the community outreach meetings that were held, and that they were a good platform to provide their insights. She informed that most of their contributions had been incorporated into the draft of the Reno Master Plan.

Mr. Delgado expressed appreciation for her skills in communicating successfully with the partners involved to achieve food related goals. He thanked Ms. Tauchen for her hard work.

9. Regional Emergency Medical Services Authority
Presented by Paul Burton
A. Review and Acceptance of the REMSA Operations Report for September 2017

Mr. Burton informed that Mr. Dow was not available to attend this meeting and that Mr. Hodge will attend the next District Board of Health Meeting. He identified himself as the Director of Operations and stated that he was available to answer any questions.

Ms. Brandhorst commended the members of REMSA for the work they provide to the community.

Chair Jung closed the public comment period.

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for September 2017. Mr. Delgado seconded the motion which was approved four in favor and none against.

*B. Update of REMSA’s Public Relations during September 2017

Mr. Burton informed that, after the extensive report given by Mr. Romero at the last meeting, he did not have any new information to report for this month.

10. *Regional Emergency Medical Services Advisory Board October Meeting Summary
Presented by: Brittany Dayton

Ms. Dayton introduced herself as EMS Coordinator, reporting on behalf of Christina Conti. She informed that the Quarterly Regional EMS Advisory Board Meeting was held on October 5, 2017. Ms. Dayton stated that the Board’s staff report was included in their packet and has a summary of the items discussed, but that she wished to highlight three items.

Ms. Dayton informed that the EMS Advisory Board heard a presentation and approved for distribution the Washoe County EMS Oversight Program Annual Data Report for FY2017.

She stated that the Board received information on the MAP Methodology used to review the REMSA Franchise Map.

Ms. Dayton informed that the Board heard an update on the EMS Strategic Planning Objective 5.1, which is to create a set of regional EMS protocol that will be used by eight EMS agencies within Washoe County. Several of these agencies will begin using these protocols in January 2018.

11. Review, Discussion, and Possible Direction to Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County
Staff Representative: Kevin Dick

Mr. Dick informed that this item is a result of a District Board of Health Meeting in May 2015 wherein the Board adopted new food regulations. He explained that those regulations
included eliminating the somewhat prescriptive requirements for training required for certification as Certified Food Protection Managers. At that meeting, there were concerns expressed that the removal of these requirements would result in the increased failure rate of the Certified Food Protection Manager Exams that occur at the national level. Because of these concerns, it was requested that failure rates be tracked during the course of inspecting businesses with employees who had taken the Exam and tracking Certified Food Protection Managers at these facilities. Mr. Dick informed that, as a result of that data collection, it was found that there was a three percent failure rate per the information collected. In the instance of failure of the Exam, the establishment either had them re-take the course or had another employee take the course and the Exam. Mr. Dick stated that, since there was very little impact related to the elimination of the local training requirements, it is the Health District’s recommendation to the Board is to provide direction to the Health District to discontinue collection of that information during inspections.

Chair Jung stated that the elimination of the local training requirement has improved the integrity of the Food Program by streamlining this process.

Mr. Young moved to direct Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County. Mr. Brown seconded the motion which was approved four in favor and none against.

12. Presentation and Acceptance of PHAB Progress Report and Timeline
Staff Representative: Catrina Peters

Ms. Peters stated that she would be giving an update on the status of the Health District’s Public Health Accreditation activities, informing that the District Board of Health had approved the Health District’s pursuit of Public Health Accreditation in June 2016. She stated that quite a number of the more substantial, required documents had been completed in this Accreditation process.

Ms. Peters detailed some of these larger requirements as being the Strategic Plan, the Community Health Needs Assessment and the Community Health Improvement Plan, which have all been completed and published.

Ms. Peters thanked her predecessor, Ms. Sara Behl, for developing a great Accreditation Team, and informed that all team members have undergone training on the Accreditation process. She stated that a team member from each Division within the Health District had been identified to allow for representation across the District. Staff turnover during this past summer had caused a bit of a delay in progress, but now the Accreditation process is again moving forward.

Ms. Peters informed that her employment began with the Health District on October 2, 2017, and with Accreditation as her top priority, has completed all the required training. She was pleased to announce that the Health District’s online registration has been submitted, which will allow the Health District to work toward the next step of submitting their application. Ms. Peters stated that there had been an Accreditation Team Meeting on October 19th, to organize and re-start the documentation gathering process, and that the team was excited to be back on track.

Ms. Peters presented a revised timeline, and informed that the application was ready to submit. Once submitted, the application will be complete, and shortly thereafter, PHAB will submit a request for the Health District to provide payment of the Accreditation fee. Once payment is made, Ms. Peters informed that she would attend an in-person training, tentatively the February 13-14, 2018 training. PHAB will then allow access to their online system to
upload all required documents, with that process planned to be complete by October 1, 2018.

Ms. Peters informed that when all documentation has been submitted and reviewed, the Accreditation Board will schedule a two-day site visit to tour the facility and review submitted documentation in person. When the site visit has been completed, the Accreditation Site Review Committee will draft a report to present to the Accreditation Committee for determination to either allow Accreditation for the Health District, or if not, provide the option to submit an Action Plan to address any shortcomings.

Chair Jung expressed that it was unfortunate that Dr. Novak was not present to have heard Ms. Peter’s report on Accreditation. She informed that he has a national position on the NALBOH Board and is a champion of Accreditation, and would be a great resource for her in the Accreditation efforts.

Mr. Brown moved to accept the PHAB Progress Report and Timeline. Mr. Delgado seconded the motion which was approved four in favor and none against.

Staff Representative: Charlene Albee and James English

Ms. Albee stated this presentation was in response to a request made by Dr. Novak at the September 28, 2017, District Board of Health Meeting for an update of the Accela Licensing program.

Ms. Albee informed that, within her twenty plus year career at the Health District, this is the largest regional project that she has ever been involved in. Her report reviewed the positive aspects first, in that there has been much progress in the way the system functions now compared to its initial functionality. She informed that thousands of permit records had been imported into this system from Permits Plus, and the challenges with that process have been resolved. Business licenses had been provided to the applicants from the imported information, and from information newly entered into the Accela system, as well.

Ms. Albee directed the Board’s attention to a table in her report that detailed the major accomplishments of the volume of new permits processed from the beginning of January through the end of September, 2017. She informed that these included over one thousand asbestos assessment abatement and projects and six thousand wood stove notifications and certificates. Environmental Health Services processed 926 food event permits in their condensed special events time frame, and over five hundred food permits were issued. Ms. Albee opined it is possible that staff doesn’t receive enough credit for progress made under the difficult circumstances that has been prevalent in working with Accela. During the first two months of going live with Accela on October 31, 2016, she informed that the lack of Accela’s functionality was very stressful for those dedicated employees who were trying to do their jobs and serve the public. Ms. Albee informed that the situation now is one of polishing the product, in that the workflow is much better and employees can accomplish their duties. The online Citizen Access Portal is being utilized now to a greater extent for permit application.

Ms. Albee stressed that much of the credit for these improvements goes to the front line staff working with Tech Services. She informed that the Air Quality Staff did a majority of designing Accela’s function within their Division, while other Divisions such as Environmental Health worked with consultants to develop workflows for their areas. Regardless of those details, she reiterated that the front line staff detailed the functions necessary to be built into the Accela program to allow them to perform their jobs.
Ms. Albee praised Tech Services for their skill and level of involvement. She informed that they have been able to progress to one-on-one weekly meetings with staff members to address issues, versus the whole of Accela's functionality being an issue. Ms. Albee did stipulate that the list of issues is not necessarily being reduced; as issues are resolved, new issues come to light, but it is an improvement from the previous state of lingering unresolved issues.

Ms. Albee informed that one of the most concerning issues is that the Health Module cannot print a receipt on the Citizen Access site. That issue has been elevated to Accela’s Customer Resource Center as attempts to resolve the issue by Health District staff and Tech Services were not successful. Tech Services has devised an interim resolution that is in the final stages of testing. When a citizen makes payment on the Citizen Access site, they will receive an automatically generated email containing their receipt.

Ms. Albee stated that there is a great deal of work being done with the other jurisdictions to achieve a consistent plan review workflow process to be used by each entity.

Ms. Albee informed that the Mobile Office for field inspectors is still challenged to produce the NRS required documentation and efforts are ongoing to resolve that issue.

Another issue is charging the correct fee amount for Air Quality Renewal Permits due to calculation issues in the program. Ms. Albee informed that this challenge requires the fee amount to be verified manually before the invoice is issued, and is hopeful for a resolution in the near future.

Ms. Albee stated that the last issue to arise is that of the financial internal controls for audit purposes. She informed that there are business practices in place to insure compliance for audit purposes, but the next step will be to have these controls automated. This issue has been elevated to the Treasurer, Comptroller and Internal Audit level.

Mr. English wished to thank Mr. Steve Fisher from Administrative Health Services for his contributions to Environmental Health Services Accela workflow development. Mr. English informed that they also had Tech Services and third party consultants working on the development. TruePoint and Byrne Consulting firms are being considered for additional work.

Mr. English stated that EHS is in the process of fine tuning some of the record types in Accela workflow, and adding some permit types and activities to create a complete base. He noted that some of these had not been available in Permits Plus or Sierra Permit. When complete, Accela will hold the complete range of information and will be automated and fully transparent.

Chair Jung wished to commend staff, and conveyed that the stress involved with the Accela process is region-wide. She opined that Accela’s product was not as it had been purported to be, and that staff took the brunt of working to resolve the many issues while trying to do their jobs. Chair Jung noted that the direction is not clear at this point as to what can be done, and stated that it may be that there is no option but to go forward.

Chair Jung requested Mr. English and Ms. Albee to thank their staff for their efforts and for the endurance of what may have been the worst year for staff in the face of this challenge.

Ms. Albee stated that they would continue to provide the best service possible, and that she was cautiously optimistic that the situation was improving.

Mr. Young expressed his appreciation of staff that excels in the face of adversity.

Chair Jung encouraged Ms. Albee and Mr. English to bring any ideas forward for a replacement program, and Ms. Albee indicated that they were looking at software that works with Accela and acts as a tutorial for the Citizen Access page. The Regional Coordinating Team is researching the options for this additional functionality.
14. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 18.
Staff Representative:  Laurie Griffey

Ms. Griffey informed that a policy within the WCHD Employee Policy Manual states that the Manual will be updated every two years, then taken before the District Board of Health for their approval and distributed to the employees.

Mr. Dick informed that the revised draft of the Policy Manual was reviewed by Ms. Admirand, and one of the updates to the Policy includes a revision to the Personal Appearance Policy. He opined that the Policy is stronger now and provides clear parameters for the employees and a reference for supervisors in the event of an employee’s appearance being questioned as appropriate.

Chair Jung opined that the appearance of staff is very important to relations with the public.

Mr. Young moved to adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal year 18. Chair Jung seconded the motion which was approved four in favor and none against.

15. Review and Approval of the District Health Officer’s Annual Performance Evaluation Results and Possible Approval of a 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017.
Presented by:  Chair Kitty Jung

Chair Jung referred to the staff report that details the rankings of the District Health Officer. She inquired of the Board Members if there were any concerns or any item they would make note of.

Chair Jung commented that this is the best District Health Officer that the District Board of Health and the Health District has had in over ten years. She opined that the physicians that previously held the position did not have the organizational effectiveness that Mr. Dick has, nor were they good administrators. Also, she stated that the fact that Mr. Dick does not have an MD has not been an issue in the performance of his duties.

In response to one comment noted on the results, Chair Jung stressed that the Health District is not in a supporting role to the local jurisdictions, and that the primary goal of the Health District is to protect the health of the citizenry.

Chair Jung moved to approve the District Health Officer’s Annual Performance Evaluation Results and approve the 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017. Mr. Delgado seconded the motion which was approved four in favor and none against.

Ms. Brandhorst spoke on the District Health Officer’s performance.

Chair Jung closed the public comment period.

Mr. Dick thanked the Board and stated it was his privilege to serve the District Board of Health and the community, and to have the opportunity to work with the excellent staff at the Health District.

Mr. Dick stated that there were some responses under the District Board of Health Relations he wished to comment on. He stated that, by the response, it was not clear if it was a Board Member that responded, but the items of concern were under Areas of Improvement for “responds well to requests, advice and constructive criticism” and “facilitates the Board decision making without usurping authority”. Mr. Dick requested if any Board members...
responded that improvement was needed in those areas, that they contact him to advise of any concerns they might have.

Chair Jung agreed that would be appreciated by her, as well, and thanked Mr. Dick for his service.

16. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

Ms. Albee informed that on October 25th, the Truckee Meadows Fire Protection District (TMFPD) issued a press release advising the public that there would not be any open burning this year due to the fire hazards. She stated that Air Quality has historically had an open burning season, but that the window of opportunity has narrowed for alignment with optimum air quality conditions and those conducive to safe burning. Ms. Albee informed that, over the years, many different options for permitting programs and practices have been tried, but in spite of these measures, Truckee Meadows Fire Protection District responded to twelve escaped fires from controlled residential burns last year alone.

Ms. Albee stressed that increased fuels this year present an unsafe risk, and that the Santa Rosa event underscores the need to rethink the disposal of green waste.

Ms. Albee informed that TMFPD initiated a Green Waste Recovery pilot project, wherein they utilize an Air Curtain Incinerator, also known as a burn box, for the disposal of the waste. She stated that one hurdle now is obtaining a permit to operate the burn box. Permitting for these devices is identified in federal regulations New Source Performance Standards (NSPS) as requiring a Title V Permit, which is a federal oversight permit. The typical application fee for a Title V Permit is in excess of $30K, which is cost prohibitive.

Ms. Albee informed that Air Quality Management has been in contact with Region 9, who has agreed to issue a general Title V Permit specifically for Air Curtain Incinerators for use by land management or construction companies, allowing them to rent and operate an incinerator.

Ms. Albee stated this process would require public notice and hearings and the District Board of Health would be requested to adopt the general permit. She also informed that a new fee representing the cost to manage those permits following the application would be brought before the Board for approval. Ms. Albee stated that the amount of the fee isn’t known at this time.

Ms. Albee informed that AQM has been directed to have TMFPD submit their application for a local district permit. The first day of operation of the burn box begins the one year time frame in which the application for the Title V Permit must be submitted. Ms. Albee expressed that AQM is confident that they will have everything in place within the year to convert the permit to a general Title V permit and to implement reporting and compliance standards.

Ms. Albee presented a video on the function of an Air Curtain Incinerator for the Board. She informed that these devices are used for clean up after hurricanes and other natural disasters that leave large amounts of debris to dispose of. She stated that federal regulations provide for an exemption from the Title V Permit if a State of Emergency has declared by the Governor. Ms. Albee noted it was agreed in conjunction with Region 9 that the use of the general permit would be the most effective option for Washoe County, and much more cost effective for all involved.
Mr. Brown informed that he had worked with these burn boxes in the cleanup process after a disaster. He opined that Truckee Meadows Fire Protection District is a leader in the industry with their decision to push forward the utilization of this equipment to better protect citizens and the environment in Washoe County. He stated that the disposal of biomass is an issue, but that this equipment is a valid solution. Mr. Brown thanked Chief Moore and his staff for bringing this initiative forward, and the staff of the Health District for their efforts in obtaining authorization to use the equipment.

Ms. Albee informed that there are areas in the nation utilizing a general permit for operation of the Air Curtain Incinerator, such as Arizona and Texas, but that Washoe County will have one of the first general permits in close proximity to Region 9. When the unit is ready to go online, Region 9 will come to watch the operation. Ms. Albee stated that they are excited to see this equipment being brought into the area and opined that it shows the good working relationship that Air Quality Management has with Region 9.

Mr. Dick informed that Ms. Albee created a process to calculate the new permit fee which will be substantially less than if Washoe County would have been required to obtain the Title V Permit. He stated that Chief Moore was present and is noticed of the year time frame in which the permit must be submitted; however, if it were not possible to meet that deadline, the Board would be requested to defer any assessment of the fee on the application until the amount could be established.

B. Community and Clinical Health Services, Steve Kutz, Director
Divisional Update – Patagonia Health; Orvis School of Nursing Accreditation; Data & Metrics; Program Reports

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

C. Environmental Health Services, Kevin Dick, Acting Director
EHS Division and Program Updates – Child Care, Food, Land Development, Schools, Vector-Borne Disease and Waste Management

Mr. Dick stated he had nothing to add to his report, but was available to answer any questions.

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

Dr. Todd stated that there were now forty-two confirmed cases of aseptic meningitis, and has confirmed the virus as Echovirus 30. He informed that this is the same virus causing the outbreak in Lassen County. Dr. Todd informed that 75% of the cases are in children and 60% are in school-aged children.

Chair Jung requested Dr. Todd to inform what the symptoms of aseptic meningitis are. Dr. Todd stated that aseptic denotes a non-bacterial infection and can mean caused by a virus, although there is cause for infection other than a virus. He detailed the symptoms as similar to a severe influenza, including fever, headache, stiff neck, sensitivity to bright light, tired or having difficulty waking, nausea, vomiting and lack of appetite.

Dr. Todd informed that it is communicable and preventive measures include hand washing. He stated that the virus can be spread by items touched such as Halloween candy and close physical contact.
Dr. Todd explained that viral meningitis is usually an infection that the patient can recover from. The more severe version of meningitis is bacterial, which can be deadly.

Dr. Todd informed that cases of coccidiodomycosis (Valley Fever) are holding at eighteen, which is double the previous high number. Regarding the testing done in conjunction with the CDC, the results came back as negative. Dr. Todd stated that the results are not surprising but disappointing, because it is very hard to locate in the environment.

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

District Health Officer Report – Water System Regulation and Plan Reviews, EHS Division Director, Strategic Planning Update, Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed that a meeting with the Builder’s Association of Northern Nevada was held on October 19th which was attended by representatives of the Southern Nevada Homebuilder’s Association, TMWA, the NDEP Administrator and representatives from the local municipalities. Discussed were issues around water project review and the advances achieved by efforts to streamline the review process, as well as issues remaining with the NAC and potential for revision.

Mr. Dick stated that the NDEP is willing to work collaboratively on possible revisions to NAC 445A. NDEP requested BANN to assemble a workgroup and to identify topics for discussion. He informed that of those topics identified, many had already been resolved.

Mr. Dick informed that a meeting scheduled with the City of Reno for October 20th did not occur.

Mr. Dick stated that the agenda for the Concurrent Meeting scheduled for November 6th should be posted on Monday, October 30th, to include an item, “Presentation, discussion and possible action on the status of the review and approval of water projects by the Truckee Meadows Water Authority, Washoe County Health District, and/or the Nevada Department of Environmental Protection”. Mr. Dick stated that he would be presenting at that meeting with Mr. Lovato, the NDEP Administrator, and Mr. Foree of TMWA.

Mr. Dick stated that he had attempted to keep the Board well briefed on the water project issues and informed that he is available to discuss any related items.

Mr. Dick expressed that he was very pleased to announce that a new Environmental Health Services Division Director, Mr. Chad Westom, has been chosen and will start the week of October 30th. He informed that Mr. Westom comes to the Health District most recently from the Nevada Division of Public and Behavioral Health where he has been serving as a Bureau Chief, and before promotion to that position was the head of the Environmental Health Program there. Mr. Westom will be joining the Strategic Planning Retreat to be held on November 2nd and will be introduced at that meeting.

Mr. Dick also wished to highlight the work of the Health District, Truckee Meadows Healthy Communities and the volunteers in support of the Remote Area Medical (RAM) Event that was held September 29th through October 1st. At that event, there were services provided to 430 patients at a total benefit of over $137K using the RAM infrastructure. Mr. Dick stated that Board Member Mr. Dahir volunteered and was one of many who participated at that event. Of those served, some received multiple
extractions, eye care and various other services which not only improved the health of those citizens, but alleviated pain and suffering, as well.

Mr. Dick wished to recognize staff members for their tremendous work in organizing the RAM Event: Falisa Hilliard and Rayona Dixon of the Office of the District Health Officer, and Robert Forrest who had been working with the Chronic Disease Division and was hired as an Intermittent Hourly Employee by the ODHO in support of this event.

Mr. Delgado inquired how patients from the RAM Event were referred for extended treatment. Mr. Dick informed that Northern Nevada Hopes and the Community Health Alliance offered to assist patients in receiving follow up care, and expressed his appreciation for the many generous offers of support following the event.

Mr. Delgado inquired how many of the dental volunteers at the RAM Event were local and the number that were from out of state. Mr. Dick informed that there were a few local providers, but that he was disappointed that there were not more volunteers from the area for both dental and eye care services.

Mr. Dick stated that there was only one optometrist volunteering at the event on the first day who had travelled from the east coast. He informed that there were a few more local volunteers on the second and third days resulting from the outreach through the Dental Society and Optometry Associations. Mr. Dick opined that if there had been more patients, there would not have been enough caregivers to serve them.

Mr. Delgado expressed his hopes that there would be a greater local response for future events.

17. Review, Discussion, and Possible Direction to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017.

Staff Representative: Kevin Dick

Mr. Dick informed of his contact with Chair Jung in relation to this item, noting the tight schedule between the October and November District Board of Health Meetings and the upcoming Strategic Plan Retreat scheduled for November 2\textsuperscript{nd}. The meeting schedule for November and December had been adjusted to accommodate the holidays, and reports would be due to Ms. Rogers by the November 3\textsuperscript{rd} to ready the packet for a November DBOH Meeting. In light of these time constraints, Mr. Dick stated his recommendation was to add this item to the agenda to obtain the Board’s direction as to whether the November DBOH Meeting could be cancelled. Mr. Dick stated that he would fully support their decision if they opted to have that meeting as scheduled.

Mr. Young moved to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017. Mr. Brown seconded the motion, which was approved four in favor and none against.

18. *Board Comment

Mr. Young informed that he has met with many of the Health District staff and is incredibly impressed with the quality of people and their dedication. He wished to state publically that the Health District has an exceptional staff and would challenge any Health District nationwide to match their dedication.

Chair Jung agreed with Mr. Young’s sentiment.

Chair Jung requested there be an update given on the Pignic Pub & Patio at the next District Board of Health Meeting on December 14\textsuperscript{th}. She also requested staff to review how other governments have evolved nationwide in response to trends set by new millennial business models. Her objective would be to anticipate these trends and proactively plan for
Chair Jung also wished to thank Chief Moore for his attendance at this meeting, who was present at her request in response to inquiries as to his lack of attendance at previous meetings. She informed he watches these meetings in his office at the County Complex.

19. *Public Comment

Ms. Cathy Brandhorst expressed her appreciation for the REMSA’s excellent service to the community.

Chair Jung closed the public comment period.

20. Adjournment

Chair Jung adjourned the meeting at 2:55 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](http://www.washoecounty.us/health)
State of Nevada Website: [https://notice.nv.gov](https://notice.nv.gov)

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Washoe County District Board of Health
FY18-21 Strategic Planning Retreat
Meeting Minutes

Thursday, November 2, 2017
9:00 a.m.

Informal mixer with Board members and staff: 8:30 to 9:00 a.m.
Washoe County Administration Complex
Medical Examiner’s Conference Room
990 East Ninth Street
Reno, NV

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 9:00 a.m.
The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. George Hess
Oscar Delgado
Michael Brown
Kristopher Dahir
Tom Young

Members absent: Dr. John Novak, Vice Chair
Ms. Rogers verified a quorum was present

2. *Pledge of Allegiance

Mr. Ulibarri 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

November 2, 2017
Mr. Delgado moved to approve the agenda for the November 2, 2017 District Board of Health Strategic Planning Retreat. Mr. Brown seconded the motion which was approved six in favor and none against.

Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY19 Budget Considerations

5. *Introductions, Meeting Outcomes, Discussion Flow, Planning Assumptions, Ground Rules, and Recap Core Purpose and Strategic Direction
Presented by: Chair Jung, Kevin Dick and Erica Olsen

Mr. Dick introduced the new Environmental Health Services Division Director, Mr. Chad Westom. He stressed that the position had remained open for some time pending the opportunity to recruit the right individual for the job. Mr. Dick informed that Mr. Westom has lived in Nevada since 2005 and detailed his background between the private and public sectors, stating that he had most recently held the Bureau Chief position at the Division of Public Behavioral Health. Mr. Dick welcomed Mr. Westom and expressed that he was happy to have him at the Health District.

Mr. Westom stated that it was an honor to have been selected and is looking forward to meeting the Members of the Board. He stated that EHS staff members are impressive; he had worked with many of them through his work at the State and was looking forward to working with them on the strategic initiatives. He thanked the group for the warm welcome.

Chair Jung congratulated Mr. Westom and welcomed him to the Health District.

Introductions were made around the room.

Ms. Olsen stated that the focus of the meeting would be on emerging issues, refining the Strategic Plan that had been developed eighteen months ago, and some discussion about possible budget impacts.

Ms. Olsen inquired if Board Members had any other outcomes they were expecting to be covered in the meeting, and there were none. She stressed the main objective of the meeting was to gain clear direction from the Board to confirm consensus of the Plan’s direction.

Mr. Dick stated the Strategic Plan that was developed a year and a half ago has been a great frame to structure work efforts around and track progress of those efforts. Another benefit has been the engagement of the entire staff on these unified priorities, and that the Health District is well positioned to continue to move forward on this path.

Mr. Dick stressed the importance of coming away from this meeting with the Board’s confirmation of support of ideas that will be presented as possible direction for the next phase of this Plan, as well as their direction for initiatives that may not have been included.

Ms. Olsen requested input regarding how the Plan is perceived to be working. Responses included the following:

- Concern regarding the large list of items to accomplish in a defined period of time
- Had the items been prioritized
- Learned not to be as ambitious in listing every activity on the plan
- The Plan has provided a great framework for identification, action and measurement of progress of a Goal
• The sustainability of the Plan initiatives balanced with the responsibilities outside of the Plan and the influx of new residents need to be considered
• In regards to increased area population, the Priorities won’t change, but the Initiatives and action steps may change
• Legacy planning for the many upcoming retirements is in place, and staffing to meet the Public’s needs is under constant review
• The Plan provides a clear and concise overview of what the Health District priorities are and what is expected of you as an employee

Ms. Olsen informed that there would be a Strategic Plan Debrief Meeting held in which the outcomes of the meeting would be incorporated into the Plan to create the final revision of the Strategic Plan.

6. *Community Priorities Briefing: Community Needs Stakeholders Priorities and Community Survey Results
Presented by:  Heather Kerwin

Mr. Dick informed that this is the second Community Health Needs Assessment (CHNA) and both have been done in partnership with Renown who provides financing to support their share of the CHNA, as well as in conjunction with Truckee Meadows Healthy Communities. Ms. Kerwin coordinated and produced both of the CHNAs.

Ms. Kerwin stated that this presentation would be a review for anyone who had attended Community Prioritization Workshop on September 8th.  The CHNA is a process that involves both qualitative and quantitative data on the feedback from the community. The purpose in outcomes of this activity is to:

• Identify the health needs of the area
• Identify assets within that community
• Inform the decision makers as to what the needs of the community are

This creates the framework for the Community Health Improvement Plan that will provide structure to meet the needs that were identified, and for Renown’s Community Benefit Plans.

Ms. Kerwin outlined the 250 health indicators and other data sources used to rank the priorities of the Health Topics in Washoe County. Washoe County data was compared to Nevada, the United States, and Healthy People 2020 objectives. Healthy People is an initiative that provides science-based, ten-year national objectives for improving the health of all Americans, and has been establishing benchmarks and monitoring progress for three decades.

Ms. Kerwin informed that the community survey’s focus was on areas where there is little or no data to identify barriers that prevent healthy activities. She presented slides showing some of the responses to the survey, detailed the reasons for ranking health care needs, and the methods used to rank the data.. She indicated that the points in which data received from the various sources intersect are the best opportunities for improvement. The top five preliminary priorities as of October 19, 2017 were:

• Access to Health
• Mental Health
• Social Determinants
• Crime & Violent-Related Behaviors
• Chronic Disease/Screenings
Ms. Kerwin informed that the Community Health Needs Assessment will be completed toward the end of December, 2017, and that these rankings could change with data that is still being received. The final version of the CHNA will be disseminated in early 2018; the Health District will work with Truckee Meadows Healthy Communities in the development of the Community Health Improvement Plan and the completed CHIP will be presented to the District Board of Health for their approval. The entire process will be repeated in 3-5 years.

Ms. Olsen inquired of Mr. Dick and Ms. Kerwin what the take away from this exercise should be. Ms. Kerwin stated that for her, the CHNA is a large piece of information that is fed into the Community Health Improvement Plan and the Community Benefits Plan and is supported by the Divisions in the daily work that they do. Mr. Dick stated that the CHNA underscores how big Public Health is, that it is beyond the ability of the Health District to affect meaningful change alone, and that successful implementation of the CHIP will require many community, State and federal partners. He opined the CHNA’s Priorities will show where efforts need to be focused and help clarify what is appropriate for the Health District to do in support to achieve the desired outcomes.

Mr. Delgado inquired how Truckee Meadows Healthy Communities would be utilized in the production of the CHIP. Mr. Dick informed that TMHC agreed to act as the backbone organization, bring community partners together around establishing the priorities for the CHIP’s focus areas and to develop the strategies for implementation. He stated that Priorities weren’t established in the initial CHNA, but they will be in current version partly due to an IRS requirement for Renown.

Mr. Dick stated that, in the process of the prior CHNA, a steering committee was created to determine the Priorities and the Health District led the effort in conjunction with TMHC. Mr. Dick expressed that, by engaging TMHC, the goal is to have the CHIP viewed as an entire community effort versus a Health District effort. Mr. Dick informed the plan is to bring the completed CHIP back to the Board for their approval as a part of the Health District’s Accreditation requirements.

Regarding the Community Benefits Plan, Mr. Delgado inquired if Renown’s efforts would be in conjunction with those of the Truckee Meadows Healthy Community Health Improvement Plan. Mr. Dick confirmed that Ms. Peters had met with Renown regarding potential collaboration, and the outcome was positive.

7. *Current Considerations for FY19: Hay Study, Surge Capacity, Service Delivery, Mosquito Abatement and Emerging Priorities – Accreditation
Presented by: Kevin Dick

Mr. Dick stated there would be future budget meetings and that there would be no request for budget-related decisions at this meeting, but wanted to give the Board information on the topics that could potentially affect the budget.

Mr. Dick informed that the County is involved in a position Benchmarking Study to determine if positions are at the appropriate grade level and pay with the Hay Group, a consulting firm that specializes in staffing, HR levels and position classification. He stated that the Hay Group is also reviewing the organizational structure and suggested that it would be appropriate for a Health District of this size to have governmental relations position. Mr. Dick agreed, and opined it to be beneficial for the Health District to have a position responsible for policy management, and that timing was good to request an above base request from the County based on the Hay study they initiated.

Chair Jung agreed the importance of having a point person for governmental relations
during the legislative sessions to coordinate efforts, as well as to mitigate situations such as the water plan review issue.

Mr. Dick stated that this position would also coordinate with all of the jurisdictions for the Health District, improving communication and relations.

Mr. Dahir agreed this would be a great improvement for all concerned in inter-jurisdictional communication.

Mr. Young cautioned that while this position would be beneficial, it would need to be weighed against other priorities to validate the expense.

Chair Jung agreed with Mr. Young’s concern, but informed that the position would be funded by a General Fund transfer from the County, which was agreeable to Mr. Young.

Mr. Dick stated that cuts during the recession are still impacting the Health District in Administrative and Clerical support, and another budget consideration would the addition of Office Assistant positions and creating a floating clerical position that would allow the ability to cross train. He informed that this is especially important to provide service to the increasing population.

Mr. Dick informed that mosquito abatement is also of great importance, and that the Health District had received $750K in contingency funds from the County in this mosquito season alone. Mr. Dick stated that the quantity of mosquito abatement chemicals purchased was reduced during the recession and hadn’t been restored to a higher level since then. He opined this would be an opportune time to request above base funding for the purchase of these chemicals in anticipation of a like mosquito season in the coming year.

Chair Jung requested Mr. Dick to review the circumstances around the reduction of the transfer from the County for mosquito abatement. Mr. Dick explained that a portion of taxes collected by the County had previously been dedicated to mosquito abatement. However, during the Great Recession the County decided to utilize those funds for other purposes.

Mr. Brown inquired if the application of the chemical is part of the abatement calculation and Mr. Dick informed that it is, however the cost of the chemical far outweighs the cost of application.

Mr. Dick stated that the Health District provides $20K per year to TMHC for their staff support, partially supported by contributions. He informed that another budget consideration is based on the plan for TMHC to coordinate the production and implementation of the CHIP, and opined it would be beneficial to provide additional funding to support their efforts.

Mr. Dick informed that the Health District has achieved a 20% ending budget balance and needs to strategize the best options for partial investment. He stressed the importance of not investing the in continuing costs due to the lack of sustainability, but rather to invest in external projects.

Mr. Dahir inquired if there was a minimum ending budget balance that should be maintained. Ms. Heenan informed that there is a Board of County Commissioners approved policy in place, and the Health District is bound to comply because of its status as a Special Revenue Fund within the books of the County. The range of ending fund balance is set between ten and seventeen percent of the expenditures.

Chair Jung inquired why the County would be able to regulate the Health District’s ending fund balance. Ms. Heenan informed that Washoe County set a global policy for all Special Revenue Funds because their operation impacts Washoe County. Ms. Heenan stressed that the County works well with the Health District and is very accommodating. She stated that the Health District strives to comply, but knows the County would work with the Health District should it not be possible to stay within that range.
Mr. Dick informed that the County’s policy changed wherein they currently support the departments maintaining a greater remaining fund balance versus during the recession when it was not possible.

Ms. Heenan informed that a portion of the fund balance is restricted, such as $500K for the Solid Waste Management Program, $600 for the Air Quality Program, a portion comprised of excess grant funds, and that the remaining balance is unrestricted.

Mr. Dahir inquired what the unrestricted amount is and Mr. Dick informed it was approximately $1M.

Chair Jung inquired if part of Ms. Zadra’s responsibilities at Truckee Meadows Healthy Communities is fund raising. Mr. Dick confirmed that it is and that she has been working to raise funds, but that her efforts are for both TMHC and the Affordable Housing initiative.

Mr. Delgado stated that the work that WCHD does with TMHC totals more than the $20K mentioned, and Mr. Dick agreed that was correct in regards to time spent by Health District employees on matters related to TMHC. Mr. Delgado expressed concern that the resources extended to TMHC might not be effective in light of their level of staffing, and wanted to know what the level of support is to TMHC from other community partners. Chair Jung requested to have this information brought back to the Board. Mr. Dick indicated that there is currently discussion around developing a financial model that may include a graduated dues structure for membership to TMHC. Mr. Dick also informed that TMHC’s 501c3 status allows them to fundraise to support the implementation of the initiatives built under the CHIP.

Mr. Dick informed that the Health District applied for Accreditation and submitted the application fee with the Public Health Accreditation Board (PHAB), and that the District Board of Health had just approved the timeline for implementation moving forward. He stated that Accreditation was not incorporated into the Strategic Plan previously, but opined that it should be included under Organizational Capacity in the Action Plan.

Mr. Dick stated that his last topic regarding budget revolves around the uncertainty at the federal level and the funds that the Health District relies on from the Department of Health and Human Services and the Environmental Protection Agency. He explained there is the need to maintain contingency funds balanced against the need to invest monies from the remaining fund balance. Mr. Dick stated that these considerations would be brought back before the Board for review and possible approval before submitting the final budget to the County.

Chair Jung informed that the County’s budget position was similar in light of the possible repeal of the Affordable Care Act and the indigent care funding the County would be responsible to pay to the local hospitals.

Ms. Olsen inquired if there were any other budget items to discuss, and hearing none, moved to the next agenda item.

8. *Strategic Direction of the Health District Over the next 12-24 Months*
   - #1: Healthy Lives (Steve & Randy)
   - #2: Healthy Environment (Chad & Dan)
   - #3: Local Culture of Health (Phil & Kevin)
   - #4: Impactful Partnerships (Catrina & Christina)
   - #5: Financial Sustainability (Anna & Kevin)
   - #6: Organizational Capacity (Kevin)

Presented by: Goal Champions

The Goal Champions presented the details to their Division’s Goals. Board Member
questions were answered and discussion around some points occurred.

Chair Jung requested that the Health District utilize Board Members as subject matter experts in media outreach to add validity to the message and to show the Board is active and engaged.

Some budget-related highlights of these discussions were:

- Impacts of the community’s misuse of 911 were reviewed, and the benefit of cross-jurisdictional campaigning to educate the populace was discussed. Ms. Conti informed on current initiatives to reduce the volume of nonemergent calls to 911 to improve service and decrease costs.
- Ms. Heenan informed that state funding has decreased substantially, and the national average is 26% for local Health District funding by the state, while Washoe County is at 1.1%. She informed that Mr. Dick had spoke to this disparity at the last Legislative session. Ms. Heenan opined that this would be a challenge for the new Government Affairs employee, should we be fortunate enough to create and fill this position.
- Mr. Dick stated that the State of Nevada is the lowest in the nation per capita for Public Health funding, that the State utilizes more of the federal dollars to support programs at the State that they themselves should be investing in, and this results in less funding coming through to the Local Health Districts in Nevada from both sources.
- Ms. Heenan highlighted the initiative to increase the amount of the General Funds Transfer from the County to cover COLA and increased insurance costs negotiated by the County.
- Ms. Heenan stated that Quality Improvement is utilized to help compensate for the shortfall in funding by streamlining and improving processes to realize cost savings.

9. Board Discussion on Strategic Priorities & Budget Considerations

i. Priority Discussion
   - Specific focus areas or initiatives
   - Verify Initiatives are complete and on target to achieve Priorities
   - Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression

ii. Budget Discussion
   - Determine the best investment of Public Health Resources
   - Initial thoughts on FY19 Budget Considerations

10. *Board Comment

Mr. Young expressed the appreciation he has for the Health District and staff, and stated that he is very impressed by the scope of work and the professionalism with which it is performed.

Chair Jung opined the Health District is the most highly educated Division in the County due to the nature of its work, and this fact should be stressed to the public.

Mr. Brown expressed he is still learning about the workings of the Health District and is continually impressed with staff and their dedication to improve quality of life in the community.

Dr. Hess stated that he initially had concerns regarding the ambitious scope of the Strategic Plan, but now was very optimistic about the Health District’s ability to implement the Plan. He opined it important to maintain flexibility in prioritization of the Strategic Plan.
Priorities, taking into consideration the ability to fund related activities and employee involvement required. He thanked those present for relieving his concerns.

Mr. Dick expressed he was thankful for the Health District to have been able to work with OnStrategy, which was made possible by grant funding to produce the first Strategic Plan. He stated the current Plan is an effective tool for moving progress forward, that it is definitely an ever evolving document, and that the bi-annual report to the DBOH is his opportunity to inform and request direction from the Board on possible adjustments to the Plan.

Mr. Delgado stated the Health District staff is very well respected in the community for their professionalism and customer service. He expressed his appreciation for the less formal forum of the Strategic Plan Retreat that allows open communication and opportunity for progress. He stated that he looked forward to the work ahead to improve the health of the community.

Chair Jung informed that in the 2009 budget crisis, the State gave the Board of County Commissioners the ability to raise the Government Services Tax paid at the DMV, and they have never enacted that ability. The total revenue for that increase is about $16M per year. Chair Jung stressed that, to obtain these much needed funds, she needed the advocacy of those present to request the other Commissioners to enact the increase in the GST. Chair Jung detailed the various projects the funds could be utilized for across the jurisdictions and underscored the importance of having the process complete before January 2018.

Mr. Dick expressed his appreciation for the positive comments from the Board Members. He stated that the Strategic Plan will be finalized and brought back for their review and approval with the target date of the December DBOH Meeting. He thanked Ms. Olsen and Mr. Robb of OnStrategy, Ms. Peters and Ms. Rogers of the ODHO staff and all of the Division Directors and Supervisors who worked to prepare the updated Strategic Plan and to implement it.

Mr. Dick thanked Dr. Knight and the Medical Examiner’s Office for allowing the use of their beautiful facility. He stated that Dr. Knight is an outstanding Medical Examiner for the community.

11. *Public Comment

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

12. Adjournment

Chair Jung adjourned the meeting at 12:25 p.m.
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

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STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
675-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of $82,963 ($25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.

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

The Community and Clinical Health Services Division received a Notice of Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on October 17, 2017 to support the Chronic Disease Prevention Program. The funding period is retroactive to October 1, 2017 through September 30, 2018. A copy of the Notice of Sub-Grant Award is attached.

Health District Strategic Priorities supported by this item:
Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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
No previous action has been taken relevant to this item.
BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name:  Supplemental Nutrition Assistance Program Education (SNAP-Ed)

Scope of the Project:  SNAP-Ed is an evidence-based program that helps people lead healthier lives.  SNAP-Ed programs increase the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles.  Funding will support staffing, travel, operating supplies to include promotional items, outreach and advertising and indirect expenses.

Benefit to Washoe County Residents:  This component of the Chronic Disease Prevention Program will support the Wolf Pack coaches’ challenge, a parks project to assess park utilization and implement changes to increase physical activity and access to fresh fruits and vegetables, and a community mural to promote tobacco prevention.

On-Going Program Support:  The Health District will apply for continuation funding to support this program.

Award Amount:  $ 82,963.00  (includes $7,542 indirect)
Grant Period:  October 1, 2017 through September 30, 2018
Funding Source:  U.S.D.A. Nutrition Ed & Obesity Grant
Pass Through Entity:  State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services
CFDA Number:  10.561
Grant ID Number:  7NV400NV5 / Ed1824
Match Amount and Type:  $25,000 non-federal support is funded by the Tobacco Prevention Program Grant IO#11128 for a smoke-free living outdoor art campaign and installation.

Sub-Awards and Contracts:  No Sub-Awards will be funded.  The award includes $12,000 for contractual expenses which will be executed in compliance with 2 CFR Part 200.

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget.  Should the Board approve this award, the adopted FY18 budget will need to be increased by $75,421.00 in the following accounts:

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<th>Description</th>
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RECOMMENDATION

It is recommended that the District Board of Health approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of $82,963 ($25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of $82,963 ($25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.”
NOTICE OF SUB-GRANT AWARD

Type: ☑ New; ☐ Amendment No. __

Program Name: SNAP Education
Division of Welfare & Supportive Services

Sub-grantee Name: Washoe County Health District

Address: 1470 College Parkway
Carson City, NV 89706-7924

Sub-grantee Address: 1001 E. 9th Street, Building B
Reno, NV 89512

Sub-grant Period: October 1, 2017 through September 30, 2018

Sub-grantee EIN #: *****0138
Vendor #: T40283400Q
Dun & Bradstreet #: 073786998

Reason for Award: Through Healthy Hunger-Free Kids Act of 2010, Division partners with government and non-profit agencies providing nutrition education, in order to improve the likelihood that SNAP recipients and those eligible for benefits will make healthy food choices within a limited budget and choose physically active lifestyles.

Purpose for Amendment:

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

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Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this sub-grant. Total reimbursement not to exceed $82,963 during the sub-grant period.

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

Authorized Signature – Washoe County Health District
Program Manager – Washoe County HD
Naomi Lewis, DA - Prog. & Field Ops.
Steve H. Fisher, Administrator
As a condition of receiving sub-grant funds from the Nevada Division of Welfare and Supportive Services, the Sub-grantee agrees to the following conditions:

1. Sub-grantee agrees grant funds may not be used for other than the awarded purpose. In the event Sub-grantee expenditures do not comply with this condition, any portion not in compliance must be refunded to the Division.

2. Sub-grantee agrees to submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditures beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.

3. Approval of sub-grant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work, the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this sub-grant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of sub-grants are required to maintain sub-grant accounting records, identifiable by sub-grant number. Such records shall be maintained in accordance with the following:
   a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted, if written approval has been requested and received from the Administrative Services Officer of the Division. Records may be destroyed by the Sub-grantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
   b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual sub-grants. If these records are not retained until the resolution of audit questions the parties expressly agree that the presumption is the claim for reimbursement should be denied.

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

5. Sub-grantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this sub-grant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. Sub-grantee agrees to comply with Title VI of the Civil rights Act of 1964, (Pub. L. 88-352), section 11(c) of the Food and Nutrition Act of 2008, as amended, the Age Discrimination Act of 1975 (Pub. L. 94-135) as amended, and the Rehabilitation Act of 1973, P.L. 93-112, sec. 504, and any relevant program-specific regulations, and that no person shall on the grounds of sex, race, color, age, political belief, religion, handicap, (including AIDS and AIDS-related...
conditions) or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination.


8. Sub-grantee certifies, by signing this agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Sub-grantee receiving any payment in whole or in part from federal funds.

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

10. No sub-grantee may receive a sub-award unless it has provided its DUNS number to the Division.

   The Division may not make a sub-award unless the potential sub-grantee has provided its DUNS number to the Division. Data Universal Numbering System (DUNS) Numbers is required by the Federal Funding Accountability Act (FFATA) 2 C.F.R. Part 25 Appendix A, published in the Federal Register, September 14, 2010.

11. The Sub-grantee has the affirmative duty to obtain all state, county, city, or federal licenses, authorizations, waivers, permits, qualifications, or certifications required by law to provide goods or perform the services required by this Sub-grant award/proposal. The Sub-grantee is required to notify Division of denied, revoked, debarred, excluded, terminated, suspended, lapsed, or non-renewal of any such requirement. The requirements of this paragraph include, but are not limited to, business licenses, Nevada Secretary of State filing fees, worker’s compensation insurance, and professional licenses. The Sub-grantee agrees that, at the Division’s sole discretion, a violation of this paragraph could result in the immediate disqualification of the Sub-grant award, denial of reimbursement of claims, and/or suspension of future funding under this Sub-grant.

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

13. Any audit of Sub-grantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of sub-grant funds.

In accordance with federal Office of Management and Budget (OMB) Circular A-133, any grantee annually expending $750,000 or more in federal funds must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO: NEVADA DIVISION OF WELFARE AND SUPPORTIVE SERVICES, BUDGET & STATISTICS UNIT, 1470 COLLEGE PKWY, CARSON CITY, NEVADA 89706-7924 within nine (9) months of the close of the Sub-grantee’s fiscal year. To ensure this requirement is met, Section D of this sub-grant must be filled out and signed.
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUB-GRANT AWARD
SECTION B

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Sub-grantee, agrees to provide services and reports according to the identified timeframes as described in:

**Scope of Work**

The Division of Welfare and Supportive Services (DWSS) agrees to:

1. Serve as liaison between the US Department of Agriculture, Food and Nutrition Services and the vendor.

2. Complete and amend, as needed, the application for federal funds to operate the Supplemental Nutrition Assistance Program Education (SNAP-Ed) in the State of Nevada.

3. Draw down federal funds to reimburse the vendor for operation of SNAP-Ed.

4. Provide answers to questions related to federal and state rules and regulations covering program policies and appropriate expenditures.

5. Monitor implementation of SNAP-Ed as required.

6. Prepare and submit all required federal program and financial reports.

The Sub-grantee agrees to:


2. Maintain adequate controls and documentation of revenues and expenditures in accordance with federal and state regulations.


4. Submit quarterly program reports to include evaluation of the project based on established goals, time sheets with employee and supervisors signatures and reports required as described in SNAP Plan Guidance located at [http://snap.nal.usda.gov](http://snap.nal.usda.gov) no later than 30 days after the end of the quarter and the Final Report including Education and Administrative Reporting System (EARS) data no later than November 15, 2018.

5. Submit quarterly invoices and support documentation for reimbursement to the DWSS itemizing the major categories of expenses for SNAP-Outreach no later than 30 days after the end of the quarter. Any costs that cannot be substantiated by source
documents or any costs which are not allowable cost as defined in SNAP-Ed Plan will be disallowed.

6. No later than November 15, 2018 provide a list of all outstanding obligations to be paid out of the approved funding ending September 30, 2018. All obligations must be liquidated by November 30, 2018.

7. Submit amendments to Plan, Budget and Waivers with appropriate support documentation for all changes that require approval from FNS-WRO prior to payment of SNAP-Ed 2018 funds. This includes at least; significant changes in program goals and objectives, changes in program delivery sites; test or content of materials and messages developed with SNAP-Ed funds, out-of-state travel or conference attendance that was not specifically approved in the 2018 plan and significant increase or decreases in budget. Budget Amendments must be submitted prior to April 1, 2018.

Washoe County Health District – Wolf Pack Coaches Challenge

FFY 2018 SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation and Collaboration

2. Description of projects/interventions. The following information should be provided:

Project Title: Wolf Pack Coaches Challenge, Parks Project, and Community Mural

Wolf Pack Coaches Challenge:

Wolf Pack Coaches Challenge (WPCC) is a collaborative effort between Washoe County School District, Nevada Athletics, and Washoe County Health District. The project facilitates physical activity and healthy eating among elementary students in Washoe County without over-burdening teachers. It provides a four-week curriculum that aligns with Nevada State education standards in language, arts and mathematics.

The WPCC was piloted in Washoe County during the 2016-2017 academic school year in a total of 11 elementary school classrooms. Overall, the program was a success with students that completed the pre/post-test, and analysis shows an increase in physical activity and knowledge of fruit/vegetable consumption and portion size. The WPCC was developed based on the successful UNLV Coaches Challenge program in Clark County that first began in 2007 and now reaches 10,000 students each year.

Adaptions determined after assessment of the pilot project include a need to concentrate focus on Title I schools, as they serve children from low-income families who are at need for improved physical activity and nutrition efforts.

Parks Project:

Washoe County Health District recently conducted an assessment of utilization of parks and open spaces in some of the community’s highest risk neighborhoods. Open spaces, including parks, are valuable assets in providing free, accessible opportunities for increased physical activity; however, the assessment found they are currently underutilized in our highest risk communities. The assessment and research indicate opportunities for environmental changes in parks and open spaces to influence increased physical activity and access to fresh fruits and vegetables.
Since completing the assessment of parks in zip code 89502, partnerships have been formed with City of Reno Parks and Recreation and the Truckee Meadows Parks Foundation. With these partners, Yori Park has been identified as a park where key improvements can be made to impact barriers to physical activity and access to healthy foods and beverages. Yori Park is located in a low-income neighborhood of Reno in the 89502 zip code and has desired amenities such as a play structure, water play area and skate features. It has also been assessed as being a park which needs upgrades and where residents do not feel safe. The neighborhood surrounding the park has a median family income of just over $15,000 and has a heavy concentration of minority populations and single female head of household. The percentage of students in the zip code where Yori Park is located (Wooster High School vertical) who qualify for free and reduced lunch is 98%.

A. Related State Objectives
Wolf Pack Coaches Challenge will assist the state in meeting the following Priority Objectives:

  ii. Increase Physical Activity and decrease sedentary behavior (R7)
  iii. Increase daily fruit and vegetable consumption (R2)

Program Objectives:

   By June 1, 2018 at least 50 title I elementary school classrooms will have signed up and completed the Wolf Pack Coaches Challenge.

   By June 1, 2018 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in physical activity compared with their behaviors prior to participating in the program.

   By June 1, 2018 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in vegetable and fruit consumption compared with their behaviors prior to participating in the program.

Parks Project will assist the state in meeting the following Priority Objectives:

  iv. Increase Physical Activity and decrease sedentary behavior (R7)
  v. Assist Nevadans in gaining access to healthy foods and beverages (R1 and R5)

Program Objectives:

   By December 31, 2017 in collaboration with the City of Reno Parks and Recreation work with the Community Neighborhood Advisory Committee to identify at least three priority projects to increase utilization of Yori Park.

   By September 30, 2018 assist with the implementation of one MOU with the Truckee Meadows Parks Foundation and the City of Reno Parks and Recreation Department for the planting and maintenance of edible landscaping in Yori Park.

   By September 30, 2018 collaborate with City of Reno to increase accessibility to Yori Park by providing at least one additional entrance.
By September 30, 2018 provide guidance and support to the proposed Yori Park Ambassador to identify at least two opportunities for community engagement to increase physical activity and at least two opportunities to improve access to healthy foods and water.

By September 30, 2018 have at least 6 bilingual signs promoting and encouraging physical activity and drinking water installed in play areas and walking path at Yori Park.

B. Audience
Wolf Pack Coaches Challenge will target elementary school children attending Title 1 elementary schools in Washoe County.

Parks project will target community members, particularly women and children, living near Yori Park, one of the highest risk community parks in the City of Reno.

C. Food and Activity Environments
Wolf Pack Coaches Challenge
- Provides nutrition and physical activity education and experiences within the classroom and school setting
  - Incorporates educational messaging for nutrition as described below in Educational Strategies
  - Incorporates physical activity breaks into the daily classroom experience
- Promotes physical activity and nutrition behaviors in the home environment
  - Promotes healthy eating in the home
  - Promotes physical activity in the home
- Promotes physical activity and healthy nutrition messages in the community
  - Collaborate with community partners and leverage resources to create a mural in a low-income neighborhood near Duncan Elementary School (a Title I school)

Parks Project
- Provides environmental supports and cues to support physical activity and consumption of healthy foods and beverages
  - Additional entrances to Park for ease of access
  - Installation of water fountain (Partner supported) and signage encouraging water consumption
  - Installation of signage to encourage physical activity (distance markers, etc.)
  - Establishment of policies that support edible landscaping and trees (Partner supported)

D. Project Description for Educational Strategies
Wolf Pack Coaches Challenge
- Educational messages will include:
  - My Plate and Go, Slow, Whoa! Foods – encourage and incentivize fruits and vegetable consumption
  - Healthy beverages – encourage and incentivize water and milk consumption; discourage sugar sweetened beverages
  - Serving size – appropriate portion sizes according to My Plate
  - Encourage and incentivize at least 60 minutes a day of physical activity
o Physical activity is fun and provides health benefits; recognize sedentary behaviors like screen time

Parks Project
- Educational messages include:
  o English/Spanish messaging promoting the importance of and prompting drinking water
  o English/Spanish messaging encouraging physical activity, including walking, playing sports, and other park opportunities

E. Project Description for Marketing Strategies
Wolf Pack Coaches Challenge marketing will be direct to teachers, principals, parent teacher organizations, and other school officials in partnership with Washoe County School District. A community mural will include depictions and messages encouraging and supporting the educational strategies summarized in section d above, including My Plate and Go, Slow, Whoa! Foods, healthy beverages, 60 minutes of physical activity a day, healthy portion sizes, and reduction in sedentary behaviors.

Parks Project marketing will be primarily through partnership. Key partners currently include the City of Reno Parks and Recreation Department and the Truckee Meadows Parks Foundation. Additional marketing will be through direct outreach to key stakeholders including faith based organizations, businesses, youth organizations, women’s organizations, local schools and apartment/mobile home property managers.

F. Evidence Base
The proposed activities related to increasing utilization of parks and implementation of Wolf Pack Coaches Challenge will incorporate the evidenced based approaches as presented by the National Collaborative for Childhood Obesity Research: SNAP-Ed Interventions Toolkit, physical activity and nutrition strategies for communities includes:
  - Engage local businesses, government, civic organizations, community groups, and citizens in active living
  - Use point-of-decision prompts to encourage use of stairs (Note – will be adapted to point-of-decision prompts to encourage physical activity in parks)
  - Use social support interventions in community settings

Helping family’s strategies include:
  - Support family-friendly physical activity opportunities throughout the year, throughout the community
  - Promote participation in and use of area physical activity resources, including partnerships with parks and trails organizations
  - Encourage the development and adoption of active-living policies

School strategies include:
  - Improve student, teacher, and staff access to nutrition information through classroom curriculum to improve student understanding of nutrition information
  - Support student participation in physical education, recess, and walking and bicycling to school

G. Policy, Systems, and Environmental Changes
Wolf Pack Coaches Challenge:
  - Through the implementation of the program the school environment provides more opportunities for physical activity and encouragement of consumption of
fruits and vegetables, with the ultimate goal of increasing demand for policy adoption

Parks Project:
- Provides environmental supports and cues to support physical activity and consumption of healthy foods and beverages
  - Assess for additional entrances to Park for ease of access
  - Installation of water fountain (Partner supported) and signage encouraging water consumption
  - Installation of signage to encourage physical activity (distance markers, etc.)
  - Establishment of policies that support edible landscaping and trees (Partner supported)

H. Use of Existing Educational Materials
Wolf Pack Coaches Challenge educational materials were adapted from the UNLV Coaches Challenge materials in Southern Nevada. Materials are based on educational campaigns and information from the National Institutes of Health, US Department of Agriculture (MyPlate), Dietary Guidelines for Americans, and Physical Activity Guidelines for Americans.

The materials were developed utilizing Common Core Curriculum, Next Generation Science Standards and Social Emotional Learning so they could be easily used by elementary school teachers and incorporated into the school learning environment.

For use in the schools, materials are only needed in English. All educational materials are made available to teachers on-line and no purchasing/printing of materials is required. Any materials intended for families are available in both English and Spanish.

There are no existing materials for the Parks project.

I. Development of New Educational Materials
There are not currently plans for development of new materials for Wolf Pack Coaches Challenge. However, on an annual basis the curriculum will be reviewed and updated to ensure the educational materials contain the most current recommendations on nutrition and physical activity.

Parks project educational materials are anticipated to be primarily signage in the park. Signage messages will be developed based on Dietary Guidelines for Americans, MyPlate, and Physical Activity Guidelines for Americans. To meet the needs of the neighborhood residents near Yori Park, educational materials will be developed in both English and Spanish and will include simple language (3rd grade reading level) to accommodate young children and those with low educational attainment. The signs will be designed and produced to be permanently installed in and around Yori Park.

J. Key Performance Measures/Indicators
Wolf Pack Coaches Challenge:
- Number of elementary school classrooms signed up and completed the Wolf Pack Coaches Challenge
- Percentage of students increasing physical activity compared with their behaviors prior to participating in the program.
- Percentage of students increasing vegetable and fruit consumption compared with their behaviors prior to participating in the program.

Parks Project:
- Number of priority projects identified to increase utilization of Yori Park.
- Number of MOUs established focusing on edible landscapes.
- Number of additional entrances identified into Yori Park.
- Number of opportunities identified to engage community to increase physical activity and improve access to healthy foods and water.
- Number of bilingual signs promoting and encouraging physical activity and drinking water in play areas and walking path at Yori Park.

3. Evaluation Plans: For each evaluation:

A. Name:
   Wolf Pack Coaches Challenge

B. Type:
   Program will be evaluated using various types of evaluation measures:

C. Questions:
   Students complete an easy-to-use form to track their vegetable/fruit consumption and physical activity each week. This data is used to track and measure healthy behaviors and any changes from the pre-program behaviors which is also measured with a weekly tracker.

   i. Process evaluation: As done with the Wolf Pack Coaches Challenge pilot project, program activities will be monitored to ensure they are being implemented as intended. Key informant interviews with teachers and administrators are conducted to obtain feedback on the curriculum, cultural appropriateness, and barriers to implementation. (ST6 from Evaluation Framework) Students complete and submit weekly tracking forms of physical activity and vegetable and fruit consumption. (ST1 and ST3 from Evaluation Framework).

   ii. Outcome evaluation: Completion of the program will be measured as well as the percent of students increasing physical activity and increasing consumption of vegetables and fruit. (MT1 and MT3 from Evaluation Framework).

   iii. Impact assessment: The Washoe County School District BMI data will be used to evaluate levels of underweight, healthy weight, overweight and obese. (R9 from Evaluation Framework) Evaluation is also done with teachers to understand the impact of the program on the classroom, including student behavior, attention, academics, etc. (LT5, LT6, and LT11 from Evaluation Framework) Key interviews are also completed with school district administration and Wolf Pack Athletics partners to evaluate program success, identify potential improvements, and ensure continued partnership. (ST7 and ST8 from Evaluation Framework).

D. Evaluation:
   All data gathered is analyzed, summarized and reported on. Reports are shared with the teachers, schools, school district, Wolf Pack Athletics, and key partners and stakeholders. Evaluation results are used to guide future efforts and make adaptions to the program to optimize results.
E. Use of SNAP-Ed Evaluation Framework

Evaluation Framework indicators will be used (priority indicators are bolded):

- Short term indicators: ST1, ST3, ST6, ST7, and ST8
- Medium term indicators: MT1 and MT3
- Long term indicators: LT5, LT6, and LT11
- Population results: R9

A. Name: Parks Project

B. Type: Program will be evaluated using various types of evaluation measures:

i. **Formative evaluation**: As the parks project is new, the formative evaluation components will be significant. Activities will be assessed for feasibility, appropriateness, and cultural sensitivity.

ii. **Process evaluation**: Project activities will be evaluated to ensure implementation as intended. Project aspects to be evaluated include number of priority projects identified to increase utilization of Yori Park; number of MOUs established related to edible landscapes; and number of locations identified as additional entrances to Yori Park. (ST5, ST6 and ST7 from Evaluation Framework). As this project involves significant partnerships, leveraged resources will be evaluated and reported on (LT9 from Evaluation Framework).

iii. **Outcome evaluation**: The number of signs installed prompting and encouraging physical activity and drinking water will be measured. Additionally, the number and type of environmental changes will be tracked and measured. (MT5 and MT6 from Evaluation Framework).

iv. **Impact assessment**: At the end of the funding period, an assessment will be completed to measure any changes and impact of the implemented environmental changes compared to pre-project assessment information. Key informant interviews will be completed with key partners and stakeholders to evaluate program successes, identify lessons learned, identify future projects, and ensure continued partnership. (ST7 and ST8 from Evaluation Framework). Evaluation of program recognition will also be measured by tracking recognition at public meetings, number of press releases, media reports, etc. (LT7 and LT8 from Evaluation Framework).

C. Questions: Assessments were completed on Yori Park including a parks audit assessing the park’s facilities and features. Additionally, a survey of people in the park was taken to measure number and demographics of park-goers; part of the survey included interviewing people in the park about their use of the park.

D. Evaluation: All data gathered will be analyzed, summarized and reported on. Reports will be shared with City of Reno Parks and Recreation, Truckee Meadows Parks Foundation, and other key partners and stakeholders. Evaluation results will be used to guide future efforts and make adaptions to the program to optimize results.
E. Use of SNAP-Ed Evaluation Framework: As noted above, the following SNAP-Ed Evaluation Framework indicators will be used (priority indicators are bolded):

- Short term indicators: ST5, ST6, ST7, and ST8
- Medium term indicators: MT5 and MT6
- Long term indicators: LT7, LT8, and LT9

4. Coordination Efforts

Wolf Pack Coaches Challenge: Communications with the Washoe County School District have indicated that this program is complementary to other programs happening within the school district. The program supports student learning and the student wellness policy. The partnership with Nevada Wolf Pack Athletics is a key incentivizing component to this project, and coaches and athletes reiterate healthy living messages of nutrition and physical activity. The Reno Housing Authority has offered a wall on the backside of one of their properties that faces a school playground/field for a mural project to further promote healthy lifestyles. Additionally, there are funds that can be leveraged that would make this mural project stronger.

Parks Project: Communication with parks stakeholders including at the City of Reno and Truckee Meadows Parks Foundation have ensured that the proposed efforts are not duplicative. The City of Reno Parks and Recreation Department has been an active partner in the assessment and planning for future PSE changes at Yori Park. They are committed to increasing Park usage by the community. Additional partnerships will be formed throughout the project to strengthen the activities and support the environmental changes within Yori Park. Additional partnerships can include those with faith based organizations, businesses, youth organizations, women’s organizations, local schools, and apartment/mobile home property managers.

FFY 2018 SNAP-Ed Staffing Plan

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Statement of work:

Intermittent Hourly Health Educator I/II - Coordination and implementation of activities, promotion of PSE with community partners.

Health Educator Coordinator – Writing of grant reports, and final decisions on projects.
FFY 2018 SNAP-Ed Plan Budget Information by Project

Budget Summary for Sub-Grantee

Salary/Benefit: $36,351

Contracts/Grants/Agreements for nutrition education services:

a. Name of sub-grantee:
   Shared project to complete mural
   Graphic artist TBD

b. Total Federal Funding, grant:
   $10,000 mural project
   $2,000 graphic artist signage

c. Description of services and/or products:
   Mural Project: The main mural project has been approved by a Tobacco Grant for a total of $25,000 (non-federal support). The addition of these dollars allows for healthy foods and physical activity to be included. The project is located on Reno Housing Authority property and is visible from a title 1 elementary school. This project will be highlighted and included in the WPCC program that will run at this elementary school.

   Signage at Yori Park: Temporary and Permanent signage promoting walking and water consumption. Temporary signage on already existing sandwich boards costs approximately $200 each to print and permanent signage exact costs will depend upon size and placement. All costs over the projected $10,000 may be covered by City of Reno Parks and Recreation or Truckee Meadows Parks Foundation.

d. Cost of specific services and/or products
   $12,000

Materials: $26,000
   Supplies: $11,400
   $6,000 to support community education for parks, and community priorities
   $2,500 for printing/copy machine for Parks and WPCC materials
   $2,400 for WPCC educational materials for teachers/administrators
   $500 for basic office supplies

   Reinforcers: $14,600
   $10,000 signage for Parks project
   $4,600 WPCC materials and support items including bags, awards, and teacher recognition
   • All participating students (in 50 classrooms) are expected to receive a pencil, a medallion and a cinch bag (apx cost per student = $4.00)
   • Students in winning classrooms (6 winning classrooms) may also receive additional incentives from an alternate funding source

Travel

A. In-State Travel

   Travel Purpose: Mileage and fleet use for local meetings, events, and community collaboration.
1. **How attendance will benefit SNAP-Ed program goals and objectives:**
   Transportation to local schools, parks, and meetings is required to build support for and complete program goals and objectives.

2. **Justification of need for travel:**
   Transportation to local schools, parks, and meetings is required to build support for and complete program goals and objectives.

3. **Travel destination (city, town, or country or indicate local travel):**
   Northern Nevada communities including but not limited to: City of Reno, City of Sparks, Washoe County

4. **Number of staff traveling:**
   2 staff will be traveling.

5. **Cost of travel for this purpose:**
   53.5 cents per mile x 2,000 miles = $1,070

   **Total in-State Travel Cost** $1,070

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   **B. Out-of State Travel**
   N/A

   **Total** $1,070.00
### FFY 2018 SNAP-Ed Plan Budget Information by Project

#### Budget Information by Project

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<tr>
<td>10 Indirect Costs***</td>
<td>$0</td>
<td>$7,542</td>
<td>$7,542</td>
<td>$0</td>
</tr>
<tr>
<td>(Indirect Cost Rate=10%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total Federal Funds</td>
<td>$0</td>
<td>$82,963</td>
<td>$82,963</td>
<td>$25,000</td>
</tr>
<tr>
<td>12 Estimated Funds Carry-over from Current FFY to Next FFY, if any****</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Sub-Grantee Name: Washoe County Health District

- Any activities performed under this sub-grant shall acknowledge the funding was provided through the Nevada Division of Welfare and Supportive Services.

- Sub-grantee must obtain written authorization before shifting funds from one category to another. Indirect cost may not exceed 10% of budget.

- Equipment purchased with these funds belongs to the federal program providing the funding and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Sub-grantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Sub-grantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the sub-grant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

- Additional expenditure detail will be provided upon request from the Division.
Additionally, the Sub-grantee agrees to provide:

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

**The Division of Welfare and Supportive Services agrees:**

- To provide technical assistance, upon request from the Sub-grantee
- To provide prior approval of reports or documents to be developed

- This program is 100% federally funded. No match, MOE, "in-kind", or earmarking (set-aside) is required.

- The Division reserves the right to hold reimbursement under this sub-grant until any delinquent forms, reports or expenditure documentation are submitted and accepted by the Division.

**Both parties agree:**

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

This sub-grant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Sub-grant Award, provided the termination shall not be effective until 30 calendar days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division of Welfare and Supportive Services, State of Nevada, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
NOTICE OF SUBGRANT AWARD  
SECTION C  

Financial Reporting Requirements

- A Request for Reimbursement is due on a quarterly basis, based on the terms of the sub-grant agreement.

- Reimbursement is based on actual expenditures incurred during the period being reported.

- Payment will not be processed without all reporting being current.

- Reimbursement may only be claimed for expenditures approved within the Notice of Sub-grant Award.

- PLEASE REPORT IN ACTUAL DOLLARS

Provide the following information on the top portion of the form: Sub-grantee name and address, Welfare sub-grant number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below:

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

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

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

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

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

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

*An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column ‘C’ is required.
Nevada Department of Health and Human Services

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

REQUEST FOR REIMBURSEMENT

Program Name: SNAP Education
Division of Welfare & Supportive Services

Sub-grantee Name: Washoe County Health District

Address: 1470 College Parkway
Carson City, NV 89706-7924

Sub-grantee Vendor#: T40283400Q

Address: 1001 E. 9th Street Building B
Reno, NV 89512

Sub-grant Period: October 1, 2017 through September 30, 2018

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
</table>
| Salary/Benefits               | $36,351 | $0 | $0 | $0 | $36,351 | 0%
| Contract/Grants/Agreements    | 12,000 | 0 | 0 | 0 | 12,000 | 0%
| Non-capital equip/Supplies    | 0 | 0 | 0 | 0 | 0 | -
| Materials                     | 26,000 | 0 | 0 | 0 | 26,000 | 0%
| Travel                        | 1,070 | 0 | 0 | 0 | 1,070 | 0%
| Administrative                | 0 | 0 | 0 | 0 | 0 | -
| Building/Space                | 0 | 0 | 0 | 0 | 0 | -
| Maintenance                   | 0 | 0 | 0 | 0 | 0 | -
| Equipment & Capital Exp       | 0 | 0 | 0 | 0 | 0 | -
| Total Direct Cost             | 75,421 | 0 | 0 | 0 | 75,421 | 0%
| Indirect Cost 10%             | 7,542 | 0 | 0 | 0 | 7,542 | 0%
| Estimated Funds Carry-over    | 0 | 0 | 0 | 0 | 0 | -

Total Federal Funds Expenditure: 82,963

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

Authorized Signature
Title
Date

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

FOR WELFARE DIVISION USE ONLY

Program contact necessary? _____ Yes _____ No  Contact Person: ____________________________

Reason for contact: ____________________________

Fiscal review/approval date: ___________ Signed: ____________________________

Scope of Work review/approval date: ___________ Signed: ____________________________

ASO or Chief (as required): ____________________________ Date: ________
1. All non-Federal entities that expend $750,000 or more of Federal awards in a year are required to obtain an annual audit in accordance with the Single Audit Act Amendments of 1996, OMB (2 CFR § 200.501 (a)), the OMB Circular Compliance Supplement and Government Auditing Standards.

2. Did your organization expend $750,000.00 or more in all Federal Awards during your most recent fiscal year? YES* _____ NO _____

*IF YES, A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA DIVISION OF WELFARE AND SUPPORTIVE SERVICES, ATTN: BUDGET DIVISION, 1470 COLLEGE PKWY, CARSON CITY, NV 89706-7924, within nine (9) months of the close of your fiscal year.

3. When does your fiscal year end? ________________________________

4. How often is your organization audited? ________________________________

5. When was your last audit performed? ________________________________

6. What time period did it cover? ________________________________

7. Which accounting firm conducted the audit? ________________________________

_________________________  ________________________________  ________________________________
SIGNATURE                      TITLE                          DATE
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT AWARD
SECTION E

CONFIDENTIALITY ADDENDUM

BETWEEN

Nevada Division of Welfare and Supportive Services
Hereinafter referred to as “Division”
and

Washoe County Health District
hereinafter referred to as “sub-grantee”

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Sub-grantee.

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

NOW, THEREFORE, Division and Sub-grantee agree as follows:

I. DEFINITIONS

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

1. Agreement shall refer to this document and that particular sub-grant or other agreement to which this addendum is made a part.

2. Confidential Information shall mean any individually identifiable information, health information or other information in any form or media.

3. Sub-grantee shall mean the name of the organization described above.

4. Required by Law shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

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

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

Sub-grantee hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.
IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUB-GRANTEE**
Sub-grantee shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary sub-grant or other agreement.

V. **USE OR DISCLOSURE OF INFORMATION**
Sub-grantee may use information as stipulated in the primary sub-grant or other agreement if necessary for the proper management and administration of Sub-grantee; to carry out legal responsibilities of Sub-grantee; and to provide data aggregation services relating to the operations of Division. Sub-grantee may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the sub-grant or other agreement to which this Addendum is made a part; or
3. The Sub-grantee has obtained written approval from the Division.

VI. **OBLIGATIONS OF SUB-GRANTEE**

1. **Agents and Subcontractors.** Sub-grantee shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Sub-grantee and are contained in this sub-grant.

2. **Appropriate Safeguards.** Sub-grantee will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by this sub-grant.

3. **Reporting Improper Use or Disclosure.** Sub-grantee will immediately report in writing to Division any use or disclosure of confidential information not provided for by this sub-grant of which it becomes aware.

4. **Return or Destruction of Confidential Information.** Upon termination of sub-grant, Sub-grantee will return or destroy all confidential information created or received by Sub-grantee on behalf of Division. If returning or destroying confidential information at termination of sub-grant is not feasible, Sub-grantee will extend the protections of this sub-grant to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Sub-grantee maintains will not be used or disclosed.

**IN WITNESS WHEREOF,** Sub-grantee and the Division have agreed to the terms of the above written Addendum as of the effective date of the sub-grant or other agreement to which this Addendum is made a part.

**Sub-Grant Organization:**

**Division:**

______________________________
Signature

______________________________
Signature

______________________________
Print Name

______________________________
Print Name

______________________________
Title

______________________________
Title

Steve H. Fisher

Administrator
SECTION F
Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, Subrecipient represents and warrants that if Subrecipient, or any employee of Subrecipient who will be performing services under this Subaward, is a current employee of the State or was employed by the State within the preceding 24 months, Subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency, and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES ☐ If “YES”, list the names of any current or former employees of the State and the services that each person will perform.

NO ☐ Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name Services

............................................................................................................................................................................................

............................................................................................................................................................................................

............................................................................................................................................................................................

............................................................................................................................................................................................

............................................................................................................................................................................................

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Signature Date Title
STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health
FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
       775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 and authorize the District Health Officer to execute the Subgrant Award.

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

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health on November 2, 2017 to support the Tuberculosis (TB) Prevention Program. The funding period is retroactive to October 1, 2017 through September 30, 2018. A copy of the Notice of Subgrant Award is attached.

Health District Strategic Priorities supported by this item:
Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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
No previous action has been taken relevant to this item.
BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: TB Prevention – Substance Abuse Prevention and Treatment (SAPT) Block Grant

Scope of the Project: Provide TB prevention services to residents of a substance abuse residential treatment facility (Crossroads). Funding will support per diem staffing, testing expenses and indirect expenses.

Benefit to Washoe County Residents: This funding will allow for services to Crossroads participants to prevent, control and eliminate Tuberculosis through rapid identification and diagnosis of the disease, outreach/education to providers and facilities and the collection and reporting the TB activity data.

On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: $15,000.00 (includes $1,364.00 indirect)

Grant Period: October 1, 2017 through September 30, 2018

Funding Source: Substance Abuse Prevention and Treatment Block Grant

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

CFDA Number: 93.959

Grant ID Number: 2B08TI010039-17 / HD#16244

Match Amount and Type: None

Sub-Awards and Contracts: None

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget. Should the Board approve this award, the adopted FY18 budget will need to be increased by $13,636.00 in the following accounts:

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Description</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-IO-11457-431100</td>
<td>Federal Grants</td>
<td>$13,636.00</td>
</tr>
<tr>
<td>2002-IO-11457-701130</td>
<td>Pooled Positions</td>
<td>$4,669.00</td>
</tr>
<tr>
<td>2002-IO-11457-705230</td>
<td>Medicare</td>
<td>$68.00</td>
</tr>
<tr>
<td>2002-IO-11457-710703</td>
<td>Biologicals</td>
<td>$5,581.00</td>
</tr>
<tr>
<td>2002-IO-11457-710721</td>
<td>Outpatient</td>
<td>$3,318.00</td>
</tr>
</tbody>
</table>
RECOMMENDATION

It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 and authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 and authorize the District Health Officer to execute the Subgrant Award.”
NOTICE OF SUBGRANT AWARD

Program Name: Behavioral Health Wellness and Prevention through Tuberculosis Prevention and Control Program
Office of Public Health Informatics and Epidemiology

Subgrantee Name: Washoe County Health District

Address: 4128 Technology Way, Suite #200
Carson City, NV 89705-2009

Sub Grant Period: October 1, 2017 through September 30, 2018

Subgrantee's:
- EIN: 88-6000138
- Vendor #: T40283400Q
- Dun & Bradstreet: 073786998

Address: PO Box 11130
Reno, NV 89520

Purpose of Award: To fund activities for the prevention and control of M. tuberculosis as stated in 441A of the Nevada Administrative Code (NAC) and Nevada Revised Statutes (NRS).

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

Approved Budget Categories:
1. Personnel $4,737.00
2. Travel $
3. Operating $8,899.00
4. Equipment $
5. Contractual/Consultant $
6. Training $
7. Other $1,364.00
Total Cost: $15,000.00

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed $15,000.00 during the subgrant period.

Source of Funds:
1. Substance Abuse Prevention and Treatment Block Grant

% Funds: 100%  CFDA: 93.959
FAA#: TI010039-17
Federal Grant #: 28087010039-17

Terms and Conditions:
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:
Section A: Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request;
Section F: DPHB Business Associate Addendum;
Section G: BHPW Program Requirements

Kevin Dick,
Health Officer, WCHD

Susan McElhany, DMD
TB Controller

Kyle Devine
Bureau Chief, BHPW

for Amy Routle, MBA
Administrator
Division of Public & Behavioral Health

Signature

Date 11/1/17

Subgrant Packet (BAA)  Page 1 of 33  Revised 7/17
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION A
Assurances

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

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.

2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
   a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
   b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).


8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.

9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Order 12549, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

a. Any federal, state, county or local agency, legislature, commission, council, or board;
b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.

12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:

a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
b. Ascertain whether policies, plans and procedures are being followed;
c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
d. Determine reliability of financial aspects of the conduct of the project.

13. Any audit of Subgrantee’s expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending $750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

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

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Subgrant Packet (BAA) Page 3 of 33 Revised 7/17
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION B

Description of Services, Scope of Work and Deliverables

These funds will be utilized in accordance with the mission of the Nevada State Tuberculosis Prevention and Control Program, which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and eliminating tuberculosis (TB). These funds are available to the Subgrantee to provide services within substance abuse treatment residential facilities to prevent, control and eliminate tuberculosis, which includes rapid identification and diagnosis of the disease, outreach/education to providers and facilities and the collection and reporting of TB activity data.

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

**Goal 1: Conduct TB testing at substance abuse residential treatment facilities.**

**Outcome Objective 1a: Conduct TB testing activities at approved substance abuse residential treatment facilities and report any positive TB tests to appropriate Local Health Authority (LHA) using the Confidential Morbidity Report Form.**

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The subgrantee will follow reporting and data collection regulations found at <a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a> including, but not limited to:</td>
<td>Ongoing through 9/30/2018</td>
<td>TB Testing &amp; Treatment Report, TB Testing/ Treatment Records, and Signs &amp; Symptoms Questionnaires</td>
</tr>
<tr>
<td>a) The Subgrantee will administer a TB test (Blood or Skin Test) and a Signs and Symptoms Questionnaire, within the timeframe permitted by law from when the patient was admitted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The positive or suspect TB case will be isolated, will participate in additional diagnostic testing and/or treatment, as applicable under Nevada law.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) All positive or suspect TB cases must be reported within 24 hours to the Local Health Authority; as well as reported to the DPBH TB Program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) The Subgrantee will use one of the two TB skin testing approaches (3 or 4 visit approach) found within the “Healthcare Facility TB Screening Manual” document and located on the Nevada Division of Public and Behavioral Health (DPBH) Tuberculosis Program's website: <a href="http://www.dpbh.nv.gov">www.dpbh.nv.gov</a>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The Subgrantee will have in place a process to electronically track all TB testing activities, and will submit this information to the DPBH TB Program using the TB Testing &amp; Treatment Report on an annual, or as requested, basis.</td>
<td>Ongoing through 9/30/2018</td>
<td>TB activities database/excel file or patient chart, etc., and TB Testing &amp; Treatment Report</td>
</tr>
</tbody>
</table>
**Goal 2:** Conduct or collaborate on TB treatment for patients at residential substance abuse treatment facilities.

**Outcome Objective 2a:** Provide residential substance abuse treatment facilities TB treatment services for their clientele, as needed.

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| 1. The Subgrantee will conduct and collaborate, as needed, any TB treatment that is required or prescribed for patients in their care at residential substance abuse treatment facilities. This includes performing the duties of case management and data collection/reporting.  
   a) This collaboration may be with the DPBH TB Program, the State Public Health Laboratory, and/or the Local Health Authority (LHA) where the treatment facility resides.  
   b) All active or suspect TB cases must be reported to the LHA within 24 hours of diagnosis; as well as be reported to the DPBH TB Program | Ongoing through 09/30/2018 | TB Testing & Treatment Report, and TB Treatment Records. |
| 2. The Subgrantee will have in place a process to electronically track all TB treatment activities, and will submit this information to the DPBH TB Program using the TB Testing & Treatment Report on an annual, or as requested, basis. | Ongoing through 09/30/2018 | TB activity database/excel file or patient chart, etc., and TB Testing & Treatment Report. |
**Goal 3:** Conduct TB education for patients of substance abuse treatment facilities.

**Outcome Objective 3a: Conduct TB education for patients of substance abuse treatment facilities.**

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| 1. The Subgrantee will conduct TB testing and treatment education for patients of substance abuse treatment in-patient facilities, within the timeframe permitted by law from when the patient was admitted.  
   a) The Subgrantee may ask for printed educational and outreach materials from the DPBH TB program, and they will be provided/shipped to the Subgrantee, as funds allow.  
   b) The Subgrantee may decide to also provide TB testing and education for out-patient facilities or specialized events. This may be decided by the LHA; however, the TB education and testing must be for clientele of facilities/agencies licensed in Nevada and Bureau of Behavioral Health Wellness and Treatment certified. | Ongoing through 09/30/2018 | TB Testing & Treatment Report; TB Testing/Treatment Records; and E-mail correspondence. |
| 2. The Subgrantee may ask for and utilize incentives and enablers that are available for adherence to TB testing and/or treatment for high risk populations.  
   a) The funds for these incentives and enablers are not available through SAPT Block Grant funds, but are available through a separate TB funding source. These incentives and enablers may only be used in rare circumstances as patient-centered behavioral reinforcement. Acceptable uses for incentives and enablers could include food gift cards or telephone calling cards. All incentives and enablers must be requested in writing to the DPBH TB Program at the following e-mail: smcelhany@health.nv.gov. The approval or denial of the incentives and enablers are dependent on available funding and the specific use. | Ongoing through 09/30/2018 | E-mail correspondence; and Incentive and Enabler Tracking Log. |
| 3. The Subgrantee will have in place a process to electronically track all TB education/outreach conducted for facilities or the healthcare providers within said facilities, and will submit this information to the DPBH TB Program using the Substance Abuse Treatment Facility Education Reports on a quarterly, or as requested by the DPBH TB Program. | Ongoing through 09/30/2018 | Substance Abuse Treatment Facility Education Reports |
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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**Goal 4: Data Collection and Reporting**

**Outcome Objective 4a: Prepare and submit reports to the DPBH TB program, as required.**

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee, will prepare and submit the following:</td>
<td>08/01/2018</td>
<td>Annual Performance Reports; TB Testing &amp; Treatment Report; and Substance Abuse Treatment Facility Education Reports.</td>
</tr>
<tr>
<td>a. Annual Performance Report will be submitted no later than August 1st to the DPBH TB Program. The Annual Performance Report is to be submitted electronically to <a href="mailto:smcelhany@health.ny.gov">smcelhany@health.ny.gov</a> or other designated e-mail. The Annual Performance Report will be completed using the template provided by the DPBH TB Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Annual Performance Report must include the current year’s Scope of Work/Workplan along with a Scope of Work/Workplan for the activities, goals and objective of the following year, template will be provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. TB Testing &amp; Treatment Report will be submitted by the end of the month following the end of each quarter and is to be submitted electronically to <a href="mailto:smcelhany@health.ny.gov">smcelhany@health.ny.gov</a> or other designated e-mail. The TB Testing &amp; Treatment Report will be completed using the template provided by the DPBH TB Program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. BHPW Facility Education Report will be submitted no later than August 1st. The annual Substance Abuse Treatment Facility Education Reports will be completed using the template provided by the DPBH TB Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcome Objective 4b: Review and update data and reports, when needed or as requested.**

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Subgrantee, or designated individual responsible for data collection and reporting, will review internal or external reports, cases/charts, TBB testing/treatment records and education and outreach activity efforts, and will update these sources of data/information, when needed or as requested by the DPTB Program.</td>
<td>9/30/2018</td>
<td>Attendance records</td>
</tr>
<tr>
<td>a. Staff will participate in an annual data collection and reporting training webinar/call provided by the DPBH TB Program to assist understanding data collection and reporting changes made to the 2017-2018 Scope of Work.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Goal 5: Provide Outreach and Education**

Outcome Objective 5: To provide TB testing/treatment outreach and education to substance abuse treatment facilities' healthcare providers, as needed.

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| 1. The Subgrantee will provide TB education and outreach to healthcare providers of substance abuse treatment facilities, or as needed or requested.  
   a. These outreach activities could include (but are not limited to) trainings to strengthen staffs' recognition of symptoms of TB and the facility’s screening processes as well as TB testing and treatment procedures.  
   b. The Subgrantee will have in place a process to electronically track all TB education/outreach conducted for facilities or the healthcare providers within said facilities, and will submit this information to the DPH TB Program using the Substance Abuse Treatment Facility Education Reports on an annual basis, or as requested by the DPH TB Program | Ongoing through 09/30/2018 | TB activities database/excel file etc., and Substance Abuse Treatment Facility Education Reports. |

**Goal 6: Participate in Human Resource Development activities**

Outcome Objective 6: To participate in Human Resource Development (HRD).

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee will participate on the DPHB TB Program’s Quarterly Conference Calls.</td>
<td>Ongoing through 09/30/2018</td>
<td>Call minutes and agendas</td>
</tr>
<tr>
<td>2. The Subgrantee will track attendance and participation of staff at any HRD or training activity. Report to DPHB TB Program by using the Annual Performance Report.</td>
<td>08/01/2018</td>
<td>Annual Performance Report</td>
</tr>
</tbody>
</table>
**Goal 7: Participate in Program Evaluation activities**

**Outcome Objective 7:** To participate in the TB Program Evaluation activities as outlined by the DPBH’s TB and SAPTA Programs.

<table>
<thead>
<tr>
<th>Activities Including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee will participate in a regularly scheduled site visit that will occur at least one (1) time per year, and will evaluate the TB activities and data collection/reporting conducted by this Subgrantee.</td>
<td>09/30/2018</td>
<td>Annual Performance Report; and Tuberculosis Checklist</td>
</tr>
</tbody>
</table>

**Goal 8: Participate in DPBH Fiscal/Monitoring activities**

**Outcome Objective 8:** To participate in DPBH fiscal reviews or monitoring activities for TB activities funded and performed under this Subgrant.

<table>
<thead>
<tr>
<th>Activities Including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee will participate in an annual monitor or review of any fiscal processes/funds that are not able to be reviewed through the Request for Reimbursement (RFR) process. A fiscal monitor or review is regulatory in nature and the purpose is to accomplish the following:</td>
<td>09/30/2018</td>
<td>Fiscal/Monitoring Tool (will be developed by DPBH TB Program; and Site Visit documentation and tools including the Tuberculosis Checklist</td>
</tr>
<tr>
<td>a. Verify that funds are being utilized as identified in grant award documents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ensure that DPBH funds programs in compliance with State and federal requirements and restrictions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Identify problems or difficulties at an early stage, collaborate together with DPBH TB Program and Subgrantee to problem-solve and implement solutions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Coordinate the efficient delivery of services to Nevada’s population while also analyzing cost-benefits with TB activity outcomes.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Goal 9:** Acknowledge and adhere to all aspects of the Subgrant Agreement

**Outcome Objective 9:** To adhere to all aspects of the Subgrant Agreement, specifically those related to the Scope of Work.

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.</td>
</tr>
<tr>
<td>2. If the Scope of Work is NOT being met, the Subgrantee will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subgrantee will have 60 days to improve the Scope of Work and carry out the approve action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.</td>
</tr>
<tr>
<td>3. The Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.</td>
</tr>
</tbody>
</table>
Goal 10: Adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols

Outcome Objective 10: To adhere to procedures and protocols for TB testing, investigation, and care, including infection control and the Occupations Safety and Health Administration (OSHA) requirements by following Nevada and/or DPBH regulations, the Centers for Disease Control and Prevention’s (CDC) recommendations, and those of the Substance Abuse and Mental Health Services Administration (SAMHSA).

<table>
<thead>
<tr>
<th>Activities including Evidence-based Programs</th>
<th>Date due by</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Subgrantee will follow and adhere to all Nevada health regulations: NAC 441A.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include e-mails, meeting notes, and reports.</td>
</tr>
<tr>
<td>2. The Subgrantee will follow guidance provided by Nevada TB Controller.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include e-mails, meeting notes, and reports.</td>
</tr>
<tr>
<td>3. The Subgrantee will follow guidance and recommendations provided by the CDC and/or SAMHSA.</td>
<td>Ongoing through 09/30/2018</td>
<td>Documentation may include e-mails, meeting notes, and reports.</td>
</tr>
</tbody>
</table>
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: “This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 2B08TI010039-17 from the Substance Abuse and Mental Health Services Agency (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Substance Abuse and Mental Health Services Agency (SAMHSA).”

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 2B08TI010039-17 from the Substance Abuse and Mental Health Services Agency (SAMHSA).

Subgrantee agrees to adhere to the following budget (budget costs have been rounded to nearest whole dollar):

<table>
<thead>
<tr>
<th>Category</th>
<th>Total cost</th>
<th>Detailed cost</th>
<th>Details of expected expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel</td>
<td>$</td>
<td>$4,669</td>
<td>Public Health Nurse, Hourly rate $29.18 @ 160 hrs. = $4,669</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medicare @ 1.45% of $4,669 = $68</td>
</tr>
<tr>
<td>2. Travel</td>
<td>$</td>
<td>$0.00</td>
<td>$</td>
</tr>
<tr>
<td>3. Operating</td>
<td>$8,899.00</td>
<td>$5,581</td>
<td>Tubersol &amp; Syringes @ $24.48 /dose x 228 doses = $5,581</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,609 QFT Testing @ $67.03/test x 24 tests = $1,609</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1,476 Chest X-rays (single view) @ $61.49/CXR x 24 = $1,476</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>233 X-ray Readings @ $9.69 x 24 = $233</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$0.00</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>5. Contractual</td>
<td>$0.00</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Training</td>
<td>$0.00</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7. Other</td>
<td>$1,364.00</td>
<td>$</td>
<td>10% Indirect costs, $13,636 x 10% - $1,364</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$15,000.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Subgrant must notify and obtain prior authorization (email is acceptable) for any funding adjustment(s).

- If additional FTEs not listed on this budget are asked to be reimbursed, details (such as position title and work to be performed as it relates to this subgrant) are required to be given to the Division of Public and Behavioral Health and prior approval requested.

- Personnel costs are budgeted based on estimated salaries. Actual salaries that will be charged will be based on time and effort.

- The Federal Award Identification Number (FAIN) for the Substance Abuse and Mental Health Services, SAPT Block Grant funding is TI010039-17.

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subgrantee agrees:

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- The maximum amount available through this subgrant is $15,000.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts may be needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Federal Block Grant Funds will not be awarded to any entity other than a public or nonprofit entity.
- Funds will be prioritized and awarded based on funding source requirements.
- Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget.
- The Subgrantee agrees grant funds may not be used for any other purpose than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the Subgrantee, or must be refunded to the Division.
- The Subgrantee acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable, the Division may restrict, reduce, or terminate funding under this award. Notice of any restriction or reduction will include instructions and detailed information on how the Division will fund the services and/or goods to be procured with the restricted or reduced funds.
- The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
- If the scope of work is NOT being met, the Subgrantee will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified subcontractor. The Subgrantee will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
- The Subgrantee agrees to use the SAPT Block Grant funds as the “payer of last resort” for all services. Therefore, programs should make every effort including the establishment of policies and procedures for eligibility determination and billing, if appropriate.
- Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funds, and/or termination of current funding.
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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The Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
- Prove assistance for the implementation of program activities;
- Coordinate with other state, federal, and international agencies;
- Collect and interpret required data;
- Conduct program evaluation and disseminate findings to Subgrantee;
- Forward any opportunities for education related to TB disease or Latent TB Infection;
- Forward any changes in the recommendation in the testing or care of TB cases or LTBI from the CDC;
- Serve as the authority responsible for ensuring necessary reports and document are submitted as required, per reporting deadlines;
- Forward reports to appropriate facility, e.g. CDC, interstate agencies, Department of Quarantine, etc.; and
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

Site-visit monitoring and/or audits will occur as needed but at least one (1) time per year and will be conducted by the State Tuberculosis Program and/or the Bureau of Behavioral Health Wellness and Prevention with related staff of the Subgrantee’s TB or Public Health program to evaluate progress and compliance with the activities outlined in the Scope of Work.

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

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

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

Financial Reporting Requirements

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

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Subgrantee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Wellness and Prevention through Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology</td>
<td>Washoe County Health District</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4126 Technology Way, Suite #200 Carson City, NV 89706-2009</td>
<td>PO Box 11130 Reno, NV 89520</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subgrant Period:</th>
<th>Subgrantee's:</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2017 through September 30, 2018</td>
<td>EIN: 88-6000138 Vendor #: T40283400Q</td>
</tr>
</tbody>
</table>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**
(must be accompanied by expenditure report/back-up)

<table>
<thead>
<tr>
<th>Month(s)</th>
<th>Calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Personnel</td>
<td>$4,737.00</td>
</tr>
<tr>
<td>2. Travel</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. Operating</td>
<td>$8,899.00</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. Contractual/Consultant</td>
<td>$0.00</td>
</tr>
<tr>
<td>6. Training</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Other</td>
<td>$1,364.00</td>
</tr>
<tr>
<td>Total</td>
<td>$15,000.00</td>
</tr>
</tbody>
</table>

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

Authorized Signature

Title

Date

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

**FOR DIVISION USE ONLY**

Program contact necessary? ____ Yes _____ No  Contact Person:

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required): ____________ Date
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION E
Audit Information Request

1. Non-Federal entities that expend $750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you must submit a copy of the final audit report to:

   Nevada State Division of Public and Behavioral Health
   Attn: Contract Unit
   4150 Technology Way, Suite 300
   Carson City, NV 89706-2009

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

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

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

5. How often is your organization audited?
   ________________________________

6. When was your last audit performed?
   ________________________________

7. What time period did your last audit cover
   ________________________________

8. Which accounting firm conducted your last audit?
   ________________________________

__________________________  __________________________
Signature                     Date

__________________________
Title
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION F
Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. Breach means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.

2. Business Associate shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.


4. Agreement shall refer to this Addendum and that particular agreement to which this Addendum is made a part.

5. Covered Entity shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

6. Designated Record Set means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. Disclosure means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.

9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.

10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.

11. **Individual** means the person who is subject of protected health information and is defined in 45 CFR 160.103.

12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.

13. **Parties** shall mean the Business Associate and the Covered Entity.

14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.

15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summonses issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.

18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.

19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.


II. **OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.

2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).

3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).

4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.

7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by; the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.

8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934 if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity’s obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.

10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.

11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).

13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate’s HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of
an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

15. Safeguards. The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(i).

16. Training. The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.

17. Use and Disclosure of Protected Health Information. The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

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

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

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate’s use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate’s use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate’s use or disclosure of protected health information.

4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:
   a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
   b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
   c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. Term. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it is not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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

VI. MISCELLANEOUS

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

2. Clarification. This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.

3. Indemnification. Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
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a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party’s performance under this Addendum.

4. Interpretation. The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

5. Regulatory Reference. A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.

6. Survival. The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.
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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

<table>
<thead>
<tr>
<th>Covered Entity</th>
<th>Business Associate</th>
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</table>
| Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706  
Phone: (775) 684-4200  
Fax: (775) 684-4211 | Business Name |
| | Business Address |
| | Business City, State and Zip Code |
| | Business Phone Number |
| | Business Fax Number |
| | Authorized Signature |
| for Amy Roukie, MBA  
Print Name  
Administrator,  
Division of Public and Behavioral Health  
Title | Authorized Signature |
| | Print Name |
| | Title |
| | Date |
| | Date |
SECTION G
PROGRAM REQUIREMENTS

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient’s pass through entities unless a particular section specifically indicates otherwise.

GENERAL REQUIREMENTS

Applicability: This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 - Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards

2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.

3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants

4. NRS 218G - Legislative Audits

5. NRS 458 - Abuse of Alcohol & Drugs

6. NRS 616A through D Industrial Insurance

7. GAAP – [Generally Accepted Accounting Principles] and/or GAGAS [Generally Accepted Government Auditing Standards]


9. The Division of Public and Behavioral Health, BBHWP policies and guidelines.

10. State Licensure and certification

   a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.

   b. The subrecipient’s certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.

11. The Subgrantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Subgrantee shall maintain coverage for its employees
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in accordance with NRS Chapter 616A. The parties acknowledge that Subgrantee has adopted a self-insurance program with liability coverage up to $2,000,000 and has excess liability coverage up to $20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Subgrantee is self-insured for workers’ compensation liability. Subgrantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Subgrantee is no longer a participant in the self-insurance program, then Subgrantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Subgrantee liability is limited by NRS 41.0305 through NRS 41.035.

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

13. The subrecipient shall provide proof of workers’ compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.

14. The subrecipient agrees to be a “tobacco, alcohol, and other drug free” environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;

15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).

16. The subrecipient shall maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subrecipient serves minors with funds awarded through this subaward.

17. Application to 2-1-1
   o As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.

18. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.

19. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.

20. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.

21. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written notice identifying the reduction of funds and the necessary steps.

22. The subrecipient will NOT expend BBHWP funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant Funds for any of the following purposes:
   a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
   b. To purchase equipment over $1,000 without approval from the Division.
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c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
d. To provide in-patient hospital services.
e. To make payments to intended recipients of health services.
f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDs.
g. To provide treatment services in penal or correctional institutions of the State.

23. Failure to meet any condition listed within the subaward award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

24. Subrecipients of the program who expend less than $750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.

25. Subrecipients of the program who expend $750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

Year-End Financial Report

26. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.

27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.

28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.

29. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.

30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
   a. List individual federal and State programs by agency and provide the applicable federal agency name.
   b. Include the name of the pass-through entity (State Program).
   c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
   d. Include the total amount provided to the non-federal entity from each federal and State program.

31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health Wellness and Prevention
Attn: Management Oversight Team
Limited Scope Audits

32. The auditor must:
   a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
   b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
   c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
   d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
   e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.

33. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.

34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
   a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
   b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
   c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
   d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).

35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

   Behavioral Health Wellness and Prevention
   Attn: Management Oversight Team
   4126 Technology Way, Second Floor
   Carson City, NV 89706

Amendments

36. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.

37. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.

38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.

39. Any significant changes to the scope of work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all scope of work amendments.

40. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.

41. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

Remedies for Noncompliance

42. The Division reserves the right to hold reimbursement under this subaward until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

SUBSTANCE USE TREATMENT SERVICES

Applicability
This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.

   a. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee's organization as applicable.

   b. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.

2. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:

   a. Pregnant injecting drug users;
   b. Pregnant substance abusers;
   c. Injection drug users;
   d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
   e. All others.

3. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division's Wait List and Capacity Management policy.
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4. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division’s Wait List and Capacity Management policy.

5. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.

6. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.

7. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.

8. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

Capacity of Treatment for Intravenous Substance Abusers

9. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division’s Capacity Management and Wait List policy.

10. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:

   a. Selecting, training and supervising outreach workers;
   b. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
   c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
   d. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
   e. Encouraging entry into treatment.

Treatment services for pregnant women (45 CFR § 96.131)

11. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Division's Capacity Management and Wait List policy.

12. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.

13. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of
such treatment services distributed to the network of community based organizations, health care providers, and social services agencies.

Records

14. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.

15. The system to protect confidentiality shall include, but not be limited to, the following provisions:
   a. Employee education about the confidentiality requirements, to be provided annually;
   b. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

Reporting

16. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.

17. The subrecipient agrees to participate in reporting all required data and information through the authorized BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

Fee for Service requirements

18. Subrecipients that have been awarded a fee for service subaward must comply with the Division’s Utilization Management policy and the following billing and eligibility rules for claims processing:
   a. The service must be delivered at a Division certified facility.
   b. The certifications must cover the service levels under which the qualified service was delivered.
   c. The service must be provided by an appropriately licensed/certified staff member.
   d. The service delivered must be a Division qualified service which is NOT reimbursable by Medicaid or other third party insurance carrier.
   e. The rate of reimbursement will be based on the Division approved rates (available upon request).
   f. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
   g. The subrecipient is responsible for ensuring that all third party liabilities are billed and collected from the third party payers and are NOT billed to the Division.
   h. Division funds will NOT be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
   i. Division funds will NOT be used to reimburse Medicare claims.
   j. Division funds will NOT be used to reimburse claims for which the client is pending eligible for insurance coverage.
   k. Division funds will NOT be used to reimburse for claims denied by Medicaid or other insurance carriers unless the claim was denied as “not a covered benefit”.
      a. Claims denied as “not a covered benefit” and billed to the Division must have the accompanying denial attached in order to guarantee payment.
   l. Division funds will NOT be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).
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m. The subrecipient agrees to use Division funds as the “payer of last resort” for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.

19. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
   a. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
   b. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client’s payment for services in accordance with their ability to pay; and
   c. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

Billing the Division

Fee-for-service only:

20. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.

21. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.

22. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.

23. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.

24. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.

25. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
   a. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
   b. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
   c. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
   d. The invoice must show the total number of services by CPT or HCPS code, the rate being charged, the total amount charged to that CPT or HCPS code line and summarize the totals by level of care.
   e. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
   f. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."
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PREVENTION SERVICES

Applicability
This section is only applicable to primary prevention coalitions and programs.

1. The subrecipient will implement the Center for Substance Abuse Prevention’s (CSAP) Strategic Prevention Framework Planning Process.

2. If the subrecipient is a certified prevention coalition, it will solicit representatives from local substance abuse prevention programs and treatment providers to become coalition members and assist with efforts to implement the CSAP’s Strategic Prevention Framework Planning Process.

3. The subrecipient representatives are required to attend prevention training listed below as applicable to provide prevention services:
   a. All fulltime staff must annually complete a minimum of twenty (20) hours of prevention training.
   b. All part-time staff must annually complete a minimum for ten (10) hours of prevention training.
   c. Participate in the implementation of evidence-based prevention programs, strategies, policies, and practices, and use the Prevention Program Operating and Access Standards as the basis for program, workforce, and agency development.

REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards):

1. A Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.

2. Reimbursement is based on actual expenditures incurred during the period being reported.

3. Requests for advance of payment will not be considered or allowed by the Division.

4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.

5. Payment will not be processed without all programmatic reporting being current.

6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.

7. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.

8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.

9. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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reimbursement requests for a period of three years from the date of submission of the State’s final financial expenditure report submitted to the governing federal agency.

The subrecipient agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.

Signature:

Authorized Subrecipient’s Official & Title   Date Approved
STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health
FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
       775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award.

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

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health on November 29, 2017 to support the Chronic Disease Prevention Program. The funding period is retroactive to October 1, 2017 through September 30, 2018. A copy of the Notice of Subgrant Award is attached.

Health District Strategic Priorities supported by this item:
Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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
No previous action has been taken relevant to this item.
BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Chronic Disease Prevention and Health Promotion

Scope of the Project: Funding will support programs and projects focused on population health infrastructure and address health concerns by supporting intermittent hourly staffing, travel and indirect expenses.

Benefit to Washoe County Residents: This component of the Chronic Disease Prevention Program will support the evaluation and surveillance of parks and open spaces and increase partnerships between parks and health programs that promote healthy lifestyle changes to help reduce chronic disease.

On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: $25,001.00 (includes $3,261.00 indirect)

Grant Period: October 1, 2017 through September 30, 2018

Funding Source: U.S. Department of Health and Human Services Preventive Health and Health Services Block Grant

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

CFDA Number: 93.758

Grant ID Number: 1 NB01OT009158-01 / HD# 16288

Match Amount and Type: None.

Sub-Awards and Contracts: None.

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget. Should the Board approve this award, the adopted FY18 budget will need to be increased by $21,740.00 in the following accounts:

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Description</th>
<th>Amount of Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-IO-11454-431100</td>
<td>Federal Grants</td>
<td>$21,740.00</td>
</tr>
<tr>
<td>2002-IO-11454-701130</td>
<td>Pooled Positions</td>
<td>$21,203.00</td>
</tr>
<tr>
<td>2002-IO-11454-705230</td>
<td>Medicare</td>
<td>$307.00</td>
</tr>
<tr>
<td>2002-IO-11454-710512</td>
<td>Auto Expense</td>
<td>$230.00</td>
</tr>
</tbody>
</table>
RECOMMENDATION
It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION
Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of $25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award.”
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Program Name: Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)

Subgrantee Name: Washoe County Health District (WCHD)

Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009

Address: PO Box 11130 Reno, NV 89520

Subgrant Period: October 1, 2017 – September 30, 2018

Subgrantee’s: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 07-378-6998

Purpose of Award: To increase physical activity in adults and youth through the promotion of existing infrastructure in high-risk neighborhoods.

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

Approved Budget Categories:

1. Personnel $ 21,510.00
2. Travel $ 230.00
3. Indirect $ 3,261.00

Total Cost: $ 25,001.00

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed $25,001.00 during the subgrant period.

Source of Funds:

1. Centers for Disease Control and Prevention (CDC) % Funds: 100% CFDA: 93.758 FAIN: NB01OT009158 Federal Grant #: 1 NB01OT009158-01

Terms and Conditions:

In accepting these grant funds, it is understood that:

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

Section A: Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request; and
Section F: DPBH Business Associate Addendum
Section G: Annual Work Plan
Section H: Quarterly Program Activity Tracking and Evaluation Worksheet
Section I: Staff Certification

Authorized Subgrantee Official
District Health Officer, WCHD

Jenni Bonk, MS
Section Manager, CDPHP

Beth Handler, MPH
Bureau Chief, CFCW

for Amy Roukie, MBA
Administrator,
Division of Public & Behavioral Health

Signature

Date

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION A
Assurances

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

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.

2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
   a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
   b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).


8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.

9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register.
10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the “PRO-KIDS Act of 1994,” smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

a. Any federal, state, county or local agency, legislature, commission, council, or board;
b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.

12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:

a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
b. Ascertain whether policies, plans and procedures are being followed;
c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
d. Determine reliability of financial aspects of the conduct of the project.

13. Any audit of Subgrantee’s expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending $750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee’s fiscal year. To acknowledge this requirement, Section E of this notice of subgrant award must be completed.
Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

### Scope of Work for WCHD

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity Outputs</th>
<th>Partners</th>
<th>Timeline</th>
<th>Evaluation Measures</th>
<th>Responsible Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase surveillance and utilization data of parks and open spaces in Washoe County.</td>
<td>1.1 Expand assessment and data collection efforts for eight (8) parks and/or open spaces.</td>
<td>Local parks departments, Truckee Meadows Parks Foundation</td>
<td>10/1/17-4/1/18</td>
<td># of park assessments completed</td>
<td>WCHD staff</td>
</tr>
<tr>
<td></td>
<td>1.2 Develop one (1) final report and present results to a minimum of one (1) key local decision maker.</td>
<td>Local parks departments</td>
<td>By 4/1/18</td>
<td># of reports completed</td>
<td># of key local decision makers educated</td>
</tr>
<tr>
<td></td>
<td>1.3 Encourage the use of data from parks and open spaces to guide programmatic and policy decision making.</td>
<td>Local parks departments, Truckee Meadows Parks Foundation</td>
<td>10/1/17-9/30/18</td>
<td># of presentations to key decision makers using parks data</td>
<td></td>
</tr>
<tr>
<td>2. Increase health promotion opportunities and community engagement of parks and open spaces in Washoe County.</td>
<td>2.1 Engage a minimum of five (5) businesses and community stakeholders to collaborate in promotion of healthy lifestyle activities and events.</td>
<td>Local parks departments, Truckee Meadows Parks Foundation, community businesses, community stakeholders</td>
<td>10/1/17-6/1/18</td>
<td># of businesses and community stakeholders engaged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Coordinate a minimum of two (2) opportunities to increase public use of parks and open spaces.</td>
<td>Local parks departments, Truckee Meadows Parks Foundation</td>
<td>4/1/18-9/30/18</td>
<td># of opportunities coordinated</td>
<td># of community members reached</td>
</tr>
<tr>
<td>3. Increase Environmental and Systems Change support for parks and open spaces in Washoe County.</td>
<td>3.1 Educate key stakeholders, including planners, leaders, and local decision makers about community design approaches involving parks and open spaces that can impact health behaviors.</td>
<td>Local parks departments, City and County planners, key local decision makers</td>
<td>10/1/17-9/30/18</td>
<td># of key stakeholders educated</td>
<td># of educational opportunities offered</td>
</tr>
<tr>
<td></td>
<td>3.2 Provide technical assistance (TA) on Environmental and Systems Change in parks and open spaces that will increase physical activity.</td>
<td>Local parks departments, City and County planners, community stakeholders, key local decision makers</td>
<td>10/1/17-9/30/18</td>
<td># of TA opportunities provided</td>
<td></td>
</tr>
</tbody>
</table>
Deliverables:

1) Compile/complete reports outlined throughout the Scope of Work’s objectives and activities.

2) Participate in the following Technical Assistance (TA) calls throughout the project period. **Participation in all TA calls is required.** Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.

**Technical Assistance Calls on the following dates:**

- January 29, 2018
- April 30, 2018
- July 30, 2018
- October 22, 2018

**Reporting Schedule**

Awardee shall provide to the Chronic Disease Prevention & Health Promotion Section an annual Work Plan within 30 days of receiving subgrant NOA and scope of work. Submit quarterly and annual reports electronically to the Chronic Disease Prevention & Health Promotion Section. Reports must include summary of data collection and progress on performance measures that align with the approved activities and objectives (see Section H).

- **Quarterly Reports**
  - Q1 Report (October 1, 2017 – December 31, 2017) due by January 15, 2018
  - Q2 Report (January 1, 2018 – March 31, 2018) due by April 16, 2018
  - Q3 Report (April 1, 2018 – June 29, 2018) due by July 16, 2018
  - Q4 Report (June 30, 2018 – September 30, 2018) due by October 15, 2018

- **Annual Report** due by October 15, 2018

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Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

<table>
<thead>
<tr>
<th>PERSONNEL: Position Title</th>
<th>Personel Costs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent Hourly Health Educator</td>
<td>$21,510</td>
</tr>
</tbody>
</table>

**TOTAL PERSONNEL COSTS:** $21,510

| TRAVEL: |
|-----------------|-----------------|
| Mileage: $0.535/mile x 430 miles | $230 |

**TOTAL TRAVEL COSTS:** $230

| INDIRECT: |
|-----------------|-----------------|
| Indirect: 15% of Direct Costs (21,740 x 15%) | $3,261 |

**TOTAL INDIRECT COSTS:** $3,261

**TOTAL BUDGET:** $25,001

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

The Subgrantee agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period:

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is September 30, 2018;
- The maximum amount available under this subgrant is $25,001.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices may not be approved for payment until the appropriately timed progress/quarterly reports are received by the Quality Improvement Manager;
• The Division reserves the right to conduct a site visit regarding this subgrant and deliverables. If deliverables are not met for this subgrant period, then the Division is not obligated to issue continuation funding; and

• Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

• To provide technical assistance upon request;

• To provide prior approval of reports/documents to be developed per the Scope of Work;

• To forward necessary reports to the CDC;

• The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

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

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

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

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

Financial Reporting Requirements

• A Request for Reimbursement is due monthly, based on the terms of the subgrant agreement, no later than the 15th of the month.

• Reimbursement is based on actual expenditures incurred during the period being reported.

• Payment will not be processed without all reporting being current.

• Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

CDPHP and Nevada Wellness Attribution Requirements:

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

Funding Attribution

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: “This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention.”

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention.
Nevada Wellness Logo

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

Usage Guidelines

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

  - **PMS Colors**:
    - PANTONE 3405 C
    - PANTONE 285 C
    - PANTONE 378 C
    - PANTONE 1225 C

  - **CMYK Colors**:
    - C:75, M:0, Y:75, K:0
    - C:83, M:40, Y:0, K:0
    - C:40, M:0, Y:100, K:0
    - C:0, M:20, Y:85, K:0

  - **RGB Colors**:
    - RGB Colors
      - Green: R:43 G:182 B:115
      - Blue: R:2 G:130 B:198
      - Lime Green: R:166 G:206 B:57
      - Yellow: R:255 G:200 B:67

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SECTION D

Request for Reimbursement Instructions

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

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

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

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

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

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

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

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

*An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.*
**Program Name:** Chronic Disease Prevention and Health Promotion
Bureau of Child, Family and Community Wellness

**Subgrantee Name:** Washoe County Health District (WCHD)

**Address:**
4150 Technology Way, Suite #210
Carson City, NV 89706-2009

**Subgrant Period:**
October 1, 2017 – September 30, 2018

**Address:**
PO Box 11130
Reno, Nevada 89520

**FINANCIAL REPORT AND REQUEST FOR FUNDS**
(must be accompanied by expenditure report/back-up)

<table>
<thead>
<tr>
<th>Month(s)</th>
<th>Approved Budget Category</th>
<th>A Approved Budget</th>
<th>B Total Prior Requests</th>
<th>C Current Request</th>
<th>D Year to Date Total</th>
<th>E Budget Balance</th>
<th>F Percent Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel</td>
<td>$21,510.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$21,510.00</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>2. Travel</td>
<td>$230.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$230.00</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>3. Indirect</td>
<td>$3,261.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$3,261.00</td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$25,001.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$25,001.00</strong></td>
<td><strong>0.0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

Authorized Signature: [Signature]
Title: [Title]
Date: [Date]

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

FOR DIVISION USE ONLY

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

Audit Information Request

1. Non-Federal entities that expend $750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization’s fiscal year, you must submit a copy of the final audit report to:

   Nevada State Division of Public and Behavioral Health
   Attn: Contract Unit
   4150 Technology Way, Suite 300
   Carson City, NV  89706-2009

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

3. When does your organization’s fiscal year end?  
   
   June 30th

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

5. How often is your organization audited?  
   
   annually

6. When was your last audit performed?  
   
   August 2017

7. What time period did your last audit cover  
   
   July 2016 - June 2017

8. Which accounting firm conducted your last audit?  
   
   Eide Bailly

Signature  Date  Title

Administrative Health Services Officer
SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. Breach means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.

2. Business Associate shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.


4. Agreement shall refer to this Addendum and that particular agreement to which this Addendum is made a part.

5. Covered Entity shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

6. Designated Record Set means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.

2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate’s compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).

3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).

4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors. The Business Associate must ensure that agents and subcontractors follow the same restrictions and conditions as the Business Associate.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.

9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.

10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.

11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.

12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.

13. **Parties** shall mean the Business Associate and the Covered Entity.

14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.

15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statues or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary’s designee.

18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.

19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.

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

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.

7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by; the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.

8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934 if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity’s obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.

10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.

11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).

13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate;
III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. Permitted Uses and Disclosures:
   a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
   b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
   c. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).

2. Prohibited Uses and Disclosures:
   a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this...
special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.

b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.

4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:
   a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
   b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
   c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. Term. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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

VI. MISCELLANEOUS

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

2. Clarification. This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
   a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
   b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party’s performance under this Addendum.

4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.

6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

<table>
<thead>
<tr>
<th>Covered Entity</th>
<th>Business Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Public and Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>4150 Technology Way, Suite 300</td>
<td></td>
</tr>
<tr>
<td>Carson City, NV 89706</td>
<td></td>
</tr>
<tr>
<td>Phone: (775) 684-4200</td>
<td></td>
</tr>
<tr>
<td>Fax: (775) 684-4211</td>
<td></td>
</tr>
<tr>
<td>Washoe County Health District (WCHD)</td>
<td></td>
</tr>
<tr>
<td>Business Name</td>
<td></td>
</tr>
<tr>
<td>PO Box 11130</td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
<tr>
<td>Reno, NV 89520</td>
<td></td>
</tr>
<tr>
<td>Business City, State and Zip Code</td>
<td></td>
</tr>
<tr>
<td>775.328.2400</td>
<td></td>
</tr>
<tr>
<td>Business Phone Number</td>
<td></td>
</tr>
<tr>
<td>775.328.3752</td>
<td></td>
</tr>
<tr>
<td>Business Fax Number</td>
<td></td>
</tr>
<tr>
<td>Authorized Signature</td>
<td>Authorized Signature</td>
</tr>
<tr>
<td>for Amy Roukie, MBA</td>
<td>Kevin Dick</td>
</tr>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Administrator, Division of Public and Behavioral Health</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
### SECTION G

**Annual Work Plan Template**

Evaluation Worksheet 3. CDPHP Subgrantee Annual Work Plan: October 2017 to September 2018

Date: Version: 0.2

<table>
<thead>
<tr>
<th>Strategy 1:</th>
<th>Annual Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Timeline Begin/Completion</th>
<th>Evaluation Measure (indicator)</th>
<th>Responsible Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Strategy 2:</th>
<th>Annual Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Timeline Begin/Completion</th>
<th>Evaluation Measure (indicator)</th>
<th>Responsible Persons</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 3:</th>
<th>Annual Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Timeline Begin/Completion</th>
<th>Evaluation Measure (indicator)</th>
<th>Responsible Persons</th>
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</tr>
</tbody>
</table>
**SECTION H**

Quarterly Program Activity Tracking and Evaluation Template

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

<table>
<thead>
<tr>
<th>Action Plan Period:</th>
<th>MM/DD/17 - MM/DD/18</th>
<th>Funding Amount:</th>
<th>$25,001</th>
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</thead>
<tbody>
<tr>
<td>Data Collection Date:</td>
<td>MM/DD/YY</td>
<td>Reimbursement to date:</td>
<td>$</td>
</tr>
</tbody>
</table>

### Goal 1:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Quarterly Program Progress (When, How, Who, Barriers)</th>
<th>Evaluation Results (for evaluator use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Objective: 1.1 -</td>
<td>Annual Activity: 1.1.1 -</td>
<td>(after description of progress, may use hyperlinks or insert PDFs if needed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Objective: 1.2 -</td>
<td>Annual Activity: 1.2.1 -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Progress**

(paragraph format reporting entered in here—coordinators could request word limits/requirements)

**Successes**

**Barriers**

1. 2.

**Other**

### Goal 2:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Quarterly Program Progress (When, How, Who, Barriers)</th>
<th>Evaluation Results (for evaluator use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Objective: 2.1 -</td>
<td>Annual Activity: 2.1.1 -</td>
<td>(after description of progress, may use hyperlinks or insert PDFs if needed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Objective: 2.2 -</td>
<td>Annual Activity: 2.2.1 -</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Progress**

(paragraph format reporting entered in here—coordinators could request word limits/requirements)

**Successes**

**Barriers**

1. 2.

**Other**
### SECTION I
Staff Certification

Washoe County Health District

**STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES**

For the Period October 1, 2017 through September 30, 2018

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Title</th>
<th>% time (level of effort) spent on duties related to HD 16288</th>
<th>% time (level of effort) spent on</th>
<th>% time (level of effort) spent on</th>
<th>% time (level of effort) spent on</th>
<th>Total must equal 100%</th>
<th>I certify that the % of time (level of effort) I have stated is true and correct</th>
<th>Employee Signature</th>
<th>Date Certified</th>
</tr>
</thead>
</table>

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

Authorized Official Name

Title

Signature

Date

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

**Note:** Add columns as needed to reflect % allocation across all funding sources.
STAFF REPORT
BOARD MEETING DATE: December 21, 2017

TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer
       775-328-2418, pbuxton@washoecounty.us
SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of $170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

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 Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2017 through July 31, 2018 in the total amount of $170,522 in support of the CDC Epidemiology and Laboratory Capacity Grant Program, IO 10984. A copy of the Notice of Subgrant Award is attached.

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.

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

PREVIOUS ACTION
There has been no previous action taken by the Board this year.
BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: CDC Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System.

Scope of the Project: The Subgrant Award scope of work addresses the following goals:
- Cross-Cutting Epidemiology
- Detect, Contain and Prevent Healthcare Associated Infections (HAI)

Benefit to Washoe County Residents: This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division’s mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

On-Going Program Support: These funds support on-going activities in the Epidemiology and Laboratory Capacity Program.

Award Amount: Total award is $170,522 ($142,319 direct/$28,203 indirect)
Grant Period: August 1, 2017 – June 30, 2018
Funding Source: Centers for Disease Control and Prevention (CDC)
Pass Through Entity: State of Nevada, Department of Health and Human Services Division of Public & Behavioral Health
CFDA Number: 93.323(42%) and 93.521 (58%)
Grant ID Number: 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01
Match Amount and Type: None
Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY18 budget in Internal Order 10984 was adopted with a total of $299,322.14 in revenue (includes $49,301 of indirect) and $250,021.14 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of $170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.
POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of $170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.”
NOTICE OF SUBGRANT AWARD

Program Name:
Office of Public Health Informatics and Epidemiology
Community Services

Subgrantee Name:
Washoe County Health District (WCHD)

Address:
4126 Technology Way, Suite #200
Carson City, NV 89706-2009

Address:
1001 East Ninth Street
Reno, NV 89502

Subgrantee Period:
August 1, 2017 through July 31, 2018

Vendor #:
T40283400

Dun & Bradstreet:
073-786-998

Purpose of Award:
This award is funded through the Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System grant from the CDC. WCHD will use these funds to complete health information system development and exchange activities throughout Washoe County.

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

Approved Budget Categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$136,240</td>
</tr>
<tr>
<td>Travel</td>
<td>$3,889</td>
</tr>
<tr>
<td>Operating</td>
<td>$1,110</td>
</tr>
<tr>
<td>Other</td>
<td>$1,080</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0</td>
</tr>
<tr>
<td>Training</td>
<td>$0</td>
</tr>
<tr>
<td>Indirect</td>
<td>$28,203</td>
</tr>
</tbody>
</table>

Total Cost: $170,522

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed $170,522.00 during the subgrant period.

Source of Funds:

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>% Funds</th>
<th>CFDA</th>
<th>PAIN</th>
<th>Federal Grant #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Centers for Disease Control &amp; Prevention</td>
<td>42%</td>
<td>93.323</td>
<td>U50CK000419</td>
<td>5 NU50CK000419-03-00</td>
</tr>
<tr>
<td>2. Centers for Disease Control &amp; Prevention</td>
<td>58%</td>
<td>93.521</td>
<td>U50CK000419</td>
<td>6 NU50CK000419-03-01</td>
</tr>
</tbody>
</table>

Terms and Conditions:
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:
Section A: Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request; and
Section F: DPBH Business Associate Addendum

Kevin Dick, District Health Officer
Washoe County Health District

Judy DuMonte
Program Manager, ELC

Andrea R. Rivers
Health Program Manager II, OPHIE

for Amy Roukie, MBA
Administrator
Division of Public & Behavioral Health

Signature
Date
11/30/17
11/30/17
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION A

Assurances

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

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.

2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

   a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.

   b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).


8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.

9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12554, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

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

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

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

13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending $750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

   Nevada State Division of Public and Behavioral Health
   Attn: Contract Unit
   4150 Technology Way, Suite 300
   Carson City, NV 89706-2009

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

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

SECTION B

Description of Services, Scope of Work and Deliverables

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

**Scope of Work for Washoe County Health District**

<table>
<thead>
<tr>
<th>Goal 1: Cross-Cutting Epidemiology (Project A)</th>
<th>Activities</th>
<th>Due Date</th>
<th>Documentation Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective Provide an Epidemiology Program Manager to oversee all operations of the Epidemiology and Laboratory Capacity (ELC) grant activities.</td>
<td>The Epidemiology Program Manager will provide assistance with communicable disease investigating, follow-up, analysis and reporting, as needed, within Washoe County. This position will work closely with the Nevada Division of Behavioral and Public Health and participate in testing activities when laboratories or hospitals are involved in Electronic Laboratory Reporting (ELR) activities.</td>
<td>As needed</td>
<td>Quarterly report</td>
</tr>
<tr>
<td>Provide at least one ELC funded staff member to be a part of the ELC Governance Team.</td>
<td>ELC Governance Team member will attend no less than 2 of the 4 quarterly meetings annually, including at least one of the in-person meetings either in Las Vegas or Reno.</td>
<td>Quarterly</td>
<td>Quarterly report</td>
</tr>
<tr>
<td>One ELC funded staff will attend the 2017 annual ELC Grantee Meeting.</td>
<td>Funded staff will travel to Atlanta, GA to attend the 2017 ELC Grantee Meeting (date TBD).</td>
<td>As scheduled</td>
<td>Quarterly report</td>
</tr>
<tr>
<td>Maintain a Washoe County Health District (WCHD) communicable disease cellular smart phone.</td>
<td>Funded Epidemiologist will maintain a smart cellular phone for the purpose of reporting communicable disease outbreaks in Washoe County during and after hours.</td>
<td>Ongoing</td>
<td>Quarterly report</td>
</tr>
<tr>
<td>Objective</td>
<td>Activities</td>
<td>Due Date</td>
<td>Documentation Needed</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Provide an Epidemiologist to oversee the overall operation of Antibiotic Resistance (AR) related activities for WCHD.</td>
<td>1. The Epidemiologist will administer all AR activities to include, but not limited to 1) Participate in the statewide HAI taskforce; 2) Continue CRE/CRPA (Carbapenem-resistant Enterobacteriaceae/Calculated Panel Reactive Antibodies) surveillance by working with local hospitals and the state lab; 3) To be in charge of HAI cases, clusters, or outbreak investigations when needed; 4) Complete 2016 community-wide antibiogram under the guidance of Epidemiology Program Manager and start collecting 2017 data; 5) Continue keeping stakeholders engaged in CRE and CRPA surveillance activities by hosting regular stakeholder's teleconference.</td>
<td>As needed</td>
<td>Quarterly report</td>
</tr>
<tr>
<td></td>
<td>2. Epidemiologist will host bi-monthly AR teleconferences with all stakeholders.</td>
<td>As scheduled</td>
<td>Quarterly report</td>
</tr>
<tr>
<td></td>
<td>3. Funded staff will travel to Port Falls, ID to attend the 2017 West Coast Epi conference on October 12 – 13, 2017.</td>
<td>10/13/2017</td>
<td>Quarterly report</td>
</tr>
<tr>
<td></td>
<td>4. Funded staff will travel to Atlanta, GA to attend the 2017 HAI/AR Grantee Meeting (date TBD).</td>
<td>As scheduled</td>
<td>Quarterly report</td>
</tr>
</tbody>
</table>
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD  

SECTION C  

Budget and Financial Reporting Requirements  

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."  

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01 from the Centers for Disease Control and Prevention.  

Subgrantee agrees to adhere to the following budget:  

<table>
<thead>
<tr>
<th>Category</th>
<th>Total cost</th>
<th>Details of expected expenses</th>
</tr>
</thead>
</table>
| 1. Personnel | $136,240   | Epidemiology Program Manager @ $98,786 x .60 FTE ($59,272) + fringe ($23,827) = $83,099  
Epidemiologist @ $83,421 x .45 FTE ($37,539) + fringe ($15,602) = $53,141 |
| 2. Travel    | $3,889     | In-State Travel:  
Attend the ELC Governance Team meeting in Las Vegas, NV – Travel costs must follow SAM and Government per diem rates and not exceed a total of $478  
Out of State Travel:  
Attend the 2016 West Coast Epidemiologists Conference in Port Falls, ID, October 2017. Travel costs must follow SAM and Government per diem rates and not exceed a total of $639  
Attend the CDC’s Antibiotic Resistant (HAI/AR) meeting in Atlanta, GA (date TBD). Travel costs must follow SAM and Government per diem rates and not exceed a total of $1,302  
Travel to ELC grantee meeting in Atlanta, GA, for 1 Governance team member. Travel costs must follow SAM and Government per diem rates and not exceed a total of $1,470 |
| 3. Operating | $1,110     | Teleconference fees ($360), general office supplies ($500), Computer printing supplies ($250) |
| 4. Other     | $1,080     | Annual cellular phone service ($1,080)                                                        |
| 5. Contractual | $0         |                                                                                               |
| 6. Training  | $0         |                                                                                               |
| 7. Indirect  | $28,203    | 20% of direct costs, excluding ELC grantee travel in the amount of $1,302, funded by the Office of Public Health Informatics and Epidemiology (OPHIE) |
| Total Cost   | $170,522   |                                                                                               |

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

Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subgrantee agrees:

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

Requests for Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month;

- The maximum available for this subgrant is $170,522;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

To provide reimbursements, not to exceed a total of $170,522, for the entire subgrant period;

To provide technical assistance, upon request from the Subgrantee;

To provide prior approval of reports or documents to be developed;

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other epidemiology or laboratory capacity priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories; and
- Reallocating funds to another subgrantee or funding recipient to address other identified Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

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

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

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.

- Reimbursement is based on actual expenditures incurred during the period being reported.

- Payment will not be processed without all reporting being current.

- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD  

SECTION D  

Request for Reimbursement  

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Subgrantee Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology</td>
<td>Washoe County Health District</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
</table>
| 4126 Technology Way, suite 200  
Carson City, NV 89706 | 1001 East Ninth Street  
Reno, NV 89502 |

<table>
<thead>
<tr>
<th>Subgrant Period:</th>
<th>Subgrantee's:</th>
</tr>
</thead>
</table>
| August 1, 2017 through July 31, 2018 | EIN: 55-6000138  
Vendor #: T40283400 |

<table>
<thead>
<tr>
<th>Month(s)</th>
<th>Calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$136,240.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$3,889.00</td>
</tr>
<tr>
<td>Operating</td>
<td>$1,110.00</td>
</tr>
<tr>
<td>Other</td>
<td>$1,080.00</td>
</tr>
<tr>
<td>Contractual</td>
<td>$0.00</td>
</tr>
<tr>
<td>Training</td>
<td>$0.00</td>
</tr>
<tr>
<td>Indirect</td>
<td>$28,203.00</td>
</tr>
<tr>
<td>Total</td>
<td>$170,522.00</td>
</tr>
</tbody>
</table>

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

Authorized Signature:  
Title:  
Date:  

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

FOR DIVISION USE ONLY

Program contact necessary?  
____ Yes  
____ No  
Contact Person:  

Reason for contact:  

Fiscal review/approval date:  

Scope of Work review/approval date:  

ASO or Bureau Chief (as required):  

Date  

Subgrant Packet (BAA)  
Page 9 of 18  
Revised 7/17
SECTION E

Audit Information Request

1. Non-Federal entities that expend $750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization’s fiscal year, you **must** submit a copy of the final audit report to:

   **Nevada State Division of Public and Behavioral Health**
   Attn: Contract Unit
   4150 Technology Way, Suite 300
   Carson City, NV 89706-2009

2. Did your organization expend $750,000 or more in all federal awards during your organization’s most recent fiscal year?

   YES ☑  NO ☐

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

   June 30, 2018

4. What is the official name of your organization?

   Washoe County Health District

5. How often is your organization audited?

   Annually

6. When was your last audit performed?

   FY17 - BCA accepted on 11/28/17

   July 1, 2016 - June 30, 2017

7. What time period did your last audit cover

8. Which accounting firm conducted your last audit?

   Eide Bailly LLP

---

Signature: [Signature]
Date: 12/1/17

Title: Administrative Health Services Officer
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION F
Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. Breach means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.

2. Business Associate shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.


4. Agreement shall refer to this Addendum and that particular agreement to which this Addendum is made a part.

5. Covered Entity shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

6. Designated Record Set means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
Disclosure means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

Electronic Protected Health Information means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.

Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.

Health Care Operations shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.

Individual means the person who is the subject of protected health information and is defined in 45 CFR 160.103.

Individually Identifiable Health Information means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.

Parties shall mean the Business Associate and the Covered Entity.

Privacy Rule shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.

Protected Health Information means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

Required by Law means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.

Secretary shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.

Security Rule shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.

Unsecured Protected Health Information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.

USC stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. Access to Protected Health Information. The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.

2. Access to Records. The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).

3. Accounting of Disclosures. Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).

4. Agents and Subcontractors. The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and
subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. Amendment of Protected Health Information. The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. Audits, Investigations, and Enforcement. The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.

7. Breach or Other Improper Access, Use or Disclosure Reporting. The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(i)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.

8. Breach Notification Requirements. If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. Breach Pattern or Practice by Covered Entity. Pursuant to 42 USC 17934 if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity’s obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.

10. Data Ownership. The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.

11. Litigation or Administrative Proceedings. The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. Minimum Necessary. The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).

13. Policies and Procedures. The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

14. Privacy and Security Officer(s). The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate;
development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).

16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.

17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

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

2. **Prohibited Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.

b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.

4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:
   a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.

   b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.

   c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. Term. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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

VI. MISCELLANEOUS

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

2. Clarification. This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
   a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
   b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.

4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.

6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.
IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

<table>
<thead>
<tr>
<th>Covered Entity</th>
<th>Business Associate</th>
</tr>
</thead>
</table>
| Division of Public and Behavioral Health  
4150 Technology Way, Suite 300  
Carson City, NV 89706  
Phone: (775) 684-4200  
Fax: (775) 684-4211 | Washoe County Health District  
Business Name |
| 1001 E. 9th Street  
Business Address |  
Reno, NV 89502  
Business City, State and Zip Code |
| 775-328-2410  
Business Phone Number |  
775-328-3752  
Business Fax Number |

Authorized Signature  
for Amy Roukie, MBA  
Print Name  
Administrator,  
Division of Public and Behavioral Health  
Title

Authorized Signature  
Kevin Dick  
Print Name  
District Health Officer  
Title

Date  

Date
STAFF REPORT
BOARD MEETING DATE: December 21, 2017

TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer 775-328-2418, pbuxton@washoecounty.us
SUBJECT: Approve 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 $2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; 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 AFDO on November 30, 2017. A copy of the award letter 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
The Board has accepted several awards in FY17 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY
Project/Program Name: Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference
Scope of the Project: The scope of work addresses the following:

- Attend the Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference. The conference generally focuses on identifying and addressing food safety issues pertinent to food manufacturing, distribution and retail sales and consumption within the State of Nevada. Attendance at this conference will enhance the Health District’s conformance to Standard 2 (Trained Regulatory Staff) and Standard 7 (Industry and Community Relations).

- **Benefit to Washoe County Residents**: This Award supports the EHS Food Program efforts 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 $2,673 ($2,673 direct/$0 indirect)

**Grant Period:** January 1, 2018 – June 30, 2018

**Funding Source:** Food and Drug Administration (FDA)

**Pass Through Entity:** Association of Food and Drug Officials (AFDO)

**CFDA Number:** 93.103

**Grant ID Number:** G-FPTF-1709-05312

**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 $2,673 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 $2,673 in the following accounts:

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Description</th>
<th>Amount of Increase/(Decrease)</th>
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</thead>
<tbody>
<tr>
<td>2002-IO-TBA</td>
<td>-431100 Federal Revenue</td>
<td>$2,673</td>
</tr>
<tr>
<td></td>
<td>Total Revenue</td>
<td>$2,673</td>
</tr>
</tbody>
</table>
Subject: Approval of Award – AFDO – Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

Date: December 21, 2017

Page 3 of 3

-710509 Seminars and Meetings $ 375
-711210 Travel $2,298

Total Expenditures $2,673

RECOMMENDATION

Staff recommends that the District Board of Health approve 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 $2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; 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 approve 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 $2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.”
November 30, 2017

Grant Number: G-FPTF-1709-05312
Project Title: Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference
Award Value: $2,673.00
Project Period: January 1, 2018 to June 30, 2018

Amber English
Senior Environmental Health Specialist
Washoe County Health District
1001 East 9th Street
Reno, Nevada 89512

Dear Amber English:

We have approved your application for Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference as part of the Retail Standards Grant Program, funded by the United States Food and Drug Administration (FDA). Approval is based on review of the application submitted by you on behalf of Washoe County Health District to the Association of Food and Drug Officials (AFDO).

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

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

- The grantee must complete the full scope of work and all tasks outlined in the approved grant application by June 30, 2018 unless a written exception is granted by the AFDO Programmatic Point of Contact for this grant award.
- Any changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.
- The grantee must abide by the grant guidance for the program, available as a PDF file on the Retail Standards Grant Program portal at http://afdo.org/retailstandards. This portal is also the site where you can find additional information/updates regarding this grant program, and where you can log in for project status and submission of required reports.
- Per United States Department of Health and Human Services Grants Policy, expenses for food or beverage are generally not allowed unless it is part of a per diem allowance provided in conjunction with allowable travel.
- A Final Project Report must be submitted through the online grants portal no more than 45 days after June 30, 2018. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award, accompanied by the documentation specified in the reporting section of the grant guidance.
- As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Retail Program Standards, available at: http://afdo.org/fda_vnrfrps.

The amount of $2,673.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that Retail Standards Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.
Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 8/11/2016, is 93.103. Your grant is considered a subaward under this AFDO grant.

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

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

Sincerely,

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

AFDO Programmatic Point of Contact:  
Michael Turner  
retailstandards@afdo.org  
(850) 583-4593

Follow the link below to obtain contact information for the FDA Regional Food Specialist assigned to assist your jurisdiction:  
http://afdo.org/retailstandards/fdaregionalcontacts

cc: Daniel Lukash (daniel.lukash@fda.hhs.gov)  
    Catherine Hosman (catherine.hosman@fda.hhs.gov)
STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health
FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
       775-328-6159; skutz@washoecounty.us
       Nancy Kerns Cummins, Fiscal Compliance Officer
       775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve the modification of the Community and Clinical Health Services Fee
          Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2
testing.

SUMMARY
The Washoe County District Board of Health must approve changes to the adopted fee schedule.

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee schedule to
add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 blood testing.

Health District Strategic Priorities supported by this item:
Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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 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**

The Family Planning Program is requesting approval to add Lidocaine with Epinephrine (injection), Naproxon 500mg, and laboratory testing for Herpes Simplex 1 and 2. The Advance Practice Registered Nurses (APRNs) are requesting the addition of Lidocaine with Epinephrine to reduce bleeding during Nexplanon removals. APRNs would also like to provide clients with a single dose of Naproxon 500mg for administration prior to an IUD insertion. CCHS clinics currently offer Herpes Simplex, non-specific testing.

**FISCAL IMPACT**

Should the Board approve the proposed revisions to the CCHS Fee Schedule, the following will be added:

- Lidocaine with Epinephrine injection 10 ml $ .27
- Naproxon 500mg (included with J8499 fee schedule) $ .22
- Herpes Simplex 1 and 2 Testing $ 89.47

The actual fiscal impact cannot be determined as the application the schedule of discounts and client’s ability to pay varies. It is CCHS’ policy to maximize collections from clients and third party payers.

**RECOMMENDATION**

Approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be “move to approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing.”
STAFF REPORT

DISTRICT BOARD OF HEALTH MEETING DATE: December 14, 2017

TO: District Board of Health

FROM: Christina Conti, Preparedness & EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us

SUBJECT: Review and possible approval of the Department Emergency Operations Plan.

SUMMARY
The Washoe County Health District’s Department Emergency Operations Plan (DEOP) comprehensively describes the approach to responding to emergencies within the department or in Washoe County that would suddenly and significantly affect the need for the department’s services or its ability to provide those services. The plan is compliant with the FEMA National Incident Management System (NIMS) and meets the Center for Disease Control and Prevention (CDC) grant and Public Health Accreditation Board requirements.

District Health Strategic Objective supported by this item:
1. Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.
2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION
The District Board of Health approved the last update to the DEOP on June 27, 2013.

BACKGROUND
The District Board of Health (DBOH) has jurisdiction over all public health matters within Washoe County, which includes Reno, Sparks and the unincorporated areas. The WCHD is responsible for conducting and managing its own emergency operations, including organizing and managing its personnel and resources during emergencies. During times of emergency it is crucial to maintain discipline and organization.

The WCHD’s mission is to protect and enhance the quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services. To accomplish this mission, the WCHD must ensure its operations are performed efficiently with minimal disruption, especially during an emergency.
The DEOP and its associated annexes are the official instruments by which local actions are coordinated relating to a public health emergency and/or the response of WCHD employees during a regional emergency. The DEOP interfaces with the Washoe County Regional Emergency Operations Plan (REOP) and incorporates NIMS, which establishes the official emergency management policy for all Washoe County agencies and municipalities.

The DEOP provides an overview of the WCHD’s response organization and policies cites the legal authority for conducting emergency operations, explains the general concept of emergency operations, and assigns responsibility for emergency planning and operations. This plan is designed to be a useable tool for every employee of the WCHD.

Upon hire at the WCHD, each employee is required to review and become familiar with the DEOP. Additionally, it is a part of the biannual policy review to ensure employees continue to be prepared in the event of an emergency.

**FISCAL IMPACT**

There is no anticipated fiscal impact should the Board approve the Department Emergency Operations Plan.

**RECOMMENDATION**

Staff recommends the Board approve the Department Operations Plan.

**POSSIBLE MOTION**

Should the Board agree with the drafted emergency operations plan without changes, a possible motion would be:

“Move to approve Department Operations Plan.”
WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Emergency Operations Plan

2018-2020
PLAN REVIEW

The Washoe County Health District (WCHD) Emergency Operations Plan (EOP) is a dynamic document and will be reviewed and updated every three years. WCHD personnel will meet to review any relevant after-action reports from the previous three years and recommend changes to the plan if necessary. These after-action reports could be from real-world events, drills, and/or exercises. The applicable recommended changes will be incorporated into the plan review and a summary of the meeting notes will be kept with the updated EOP documents.

The plan may be updated more frequently upon direction from the District Health Officer (DHO).
RECORD OF CHANGES

<table>
<thead>
<tr>
<th>Date of Review</th>
<th>Reviewed By</th>
<th>Page(s)</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015</td>
<td>Sara Dinga</td>
<td>Cover Page and Footers</td>
<td>Renamed the “Washoe County Health District Department Emergency Management Plan” to the “Washoe County Health District Emergency Operations Plan” to keep in line with FEMA terminology and Public Health Accreditation Board terminology.</td>
</tr>
<tr>
<td>October 2015-</td>
<td>Sara Dinga</td>
<td>Almost all pages</td>
<td>Revisions were made to the WCHD Emergency Operations Plan to better align with: a) the planning framework, b) Public Health Accreditation Board requirements, and c) Project Public Health Readiness requirements.</td>
</tr>
<tr>
<td>November 2015</td>
<td>Sara Dinga</td>
<td>v</td>
<td>Added Record of Distribution</td>
</tr>
<tr>
<td>November 2015</td>
<td>Sara Dinga</td>
<td>9</td>
<td>Updated the newly defined hazards for Washoe County based on the 2015 Washoe County Hazard Mitigation Plan recently completed under the coordination of Washoe County Emergency Manager, Aaron Kenneston.</td>
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<td>9</td>
<td>Deleted: a) the section on Built Environment, b) the sections describing how hazards are defined/scored during the mitigation planning process, and c) descriptions of the hazards as they pertain to the probability and severity of each hazard. This information is newly updated and very lengthy. Please refer to the 2015 Washoe County Hazard Mitigation Plan, Section 5, for specific information related to each hazard.</td>
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<td></td>
<td>A link to the Washoe County Hazard Mitigation Plan has been added.</td>
</tr>
<tr>
<td>November 2015</td>
<td>Sara Dinga</td>
<td>33</td>
<td>Added Annex 12: WCHD Evacuation Plan</td>
</tr>
<tr>
<td>June 2017</td>
<td>PHP Team</td>
<td>Entire Document</td>
<td>Entire document reviewed and updated based on changes made during 2015, event and drill after action reviews.</td>
</tr>
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</table>

PLAN DISTRIBUTION

An electronic or hard copy of the *Washoe County Emergency Operations Plan, January 2018-June 2020* has been distributed to all WCHD Division Directors and the District Health Officer. A copy of this plan has also been posted to the Washoe County Health District’s intranet and the Washoe County
Department of Emergency Management Homeland Security secured instance of WebEOC, to be utilized during emergencies by the region.

The master hard copy of the WCHD EOP will be managed and maintained by the Division of Epidemiology and Public Health Preparedness, Public Health Preparedness Program. All WCHD staff will receive awareness-level training on plan components annually at a regularly held staff meeting and/or online training.

In accordance with Nevada Revised Statutes (NRS) 239C.210, the information contained within this document is confidential information intended only for the use of those individuals and agencies to which this document is issued.

RECORD OF DISTRIBUTION

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Date of Delivery</th>
<th>Electronic Copy or Flash Drive?</th>
<th>Signature</th>
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</thead>
<tbody>
<tr>
<td>Kevin Dick</td>
<td>District Health Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WCEMHS</td>
<td>Emergency Manager</td>
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</table>
A. AUTHORITY AND SIGNATURES

The contents of this WCHD EOP have been reviewed and approved by the WCHD Leadership Team. The contents of this plan are to be supplemented with approved Division-specific plans that are consistent with the EOP.

This EOP and its associated annexes are the official instruments by which local actions are coordinated relating to a public health emergency and/or the response of WCHD employees during a regional emergency. This EOP interfaces with the Washoe County Regional Emergency Operations Plan (REOP) and incorporates the National Incident Management System (NIMS) which establishes the official emergency management policy for all Washoe County agencies and municipalities. This EOP and its annexes will become an integral part of the Washoe County REOP and in most cases will be activated in conjunction with and as part of that plan.

Authority for this plan and any actions resulting from activation of this plan will be initiated by the DHO or his/her designee. This version of the WCHD EOP (January 2018-2020) was approved by the District Board of Health (DBOH) and supersedes any previous WCHD EOPs. The signature affixed below affirms participation in authoring and/or agreement with incorporated content of response activities described in this WCHD EOP.

______________________________  __________________________
Kevin Dick        Date
District Health Officer
B. STATUTES AND AUTHORITY

This document works in conjunction with the Washoe County Regional Emergency Operations Plan, which governs responses to local threats and emergencies and is authorized by the following statutes and regulations:

**Nevada Revised Statute (NRS) 414 - Emergency Management Act:**
NRS 414 allows the Governor to declare a state of emergency and gives the Governor and the Director of the Nevada Division of Emergency Management control of emergency management. It allows the Governor and Director to delegate authority to carry out critical emergency functions involving the peace, health, safety, and property of the people of Nevada.

**Nevada Revised Statute (NRS) 441A – Infectious Diseases; Toxic Agents:** NRS 441A deals with Communicable Diseases and Isolation/Quarantine and grants authority to the Health District to administer and enforce laws and rules relating to the control of communicable disease. It gives the power to declare, enforce, modify and abolish isolation/quarantine of persons, animals and premises, and to specify the conditions and procedures for imposing and releasing quarantine.

**Nevada Administrative Code (NAC) 441A – Infectious Diseases; Toxic Agents:** NAC 441A governs disease reporting and control of communicable diseases and conditions which may significantly affect Public Health. It also empowers a health authority (a term which is defined to include officers and agents of a health district and a district health officer) to isolate a person or groups of persons infected with, or reasonably believed to be infected with a communicable disease or to quarantine a person or groups of persons exposed to, or reasonably believed to have been exposed to a communicable disease.

**Washoe County Code, Chapter 65, Safety and Disaster Services:**
An emergency is defined by the Washoe County Code (65.300(4)) as any man-made or natural event or circumstance causing or threatening loss of life, injury to person or property, human suffering or financial loss to the extent that extraordinary measures must be taken to protect the public health, safety, and welfare. Such events include, but are not limited to, fire, explosion, flood, severe weather, drought, earthquake, volcanic activity, spills of oil or other hazardous substances, disease, blight, infestation, disruption of utility or transportation service, civil disturbance, riot, sabotage, and war.

**Emergency/disaster declaration process** - Based on the severity of the event, the DHO may recommend a declaration of emergency. Chapter 65 Section 320 of the Washoe County Code provides the procedure for declaring an emergency within Washoe County. In the case of a mass illness, the DHO will activate the WCHD Department Operations Center (DOC), and notify the Washoe County Emergency Manager of the emergency and the activation of the DOC. The Washoe County Emergency Manager will refer the matter to the Board of County Commissioners, who will determine if a state of emergency exists. If the County declares a State of Emergency, the Washoe County Emergency Manager will be able to assume centralized control of and have authority over all
departments and divisions of the County except where prohibited by law. The WCHD will continue to work within the Incident Command System (ICS) structure and DOC, but will coordinate through its liaison with the Regional Emergency Operations Center (REOC). During a mass illness emergency, the DHO may be given the authority to manage the event from the REOC.

C. MAINTENANCE

Call-down lists and response team assignment lists associated with this plan and any of its annexes will be reviewed and updated each year prior to June 30th for activations, tests, drills, and/or exercises, whichever is more frequent.
Section Two: Introduction

A. BACKGROUND

The District Board of Health (DBOH) has jurisdiction over all public health matters within Washoe County, which includes Reno, Sparks and the unincorporated areas. The WCHD is responsible for conducting and managing its own emergency operations, including organizing and managing its personnel and resources during emergencies. During times of emergency it is crucial to maintain discipline and organization.

The WCHD’s mission is to protect and enhance the quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services. To accomplish this mission, the WCHD must ensure its operations are performed efficiently with minimal disruption, especially during an emergency.

The WCHD Emergency Operations Plan (EOP) provides an overview of the WCHD’s response organization and policies cites the legal authority for conducting emergency operations, explains the general concept of emergency operations, and assigns responsibility for emergency planning and operations. This plan is designed to be a useable tool for every employee of the WCHD.

B. EMERGENCY PLANNING AND RESPONSE

Emergency planning and response is a continual cycle of planning, training, exercising, and revision that takes place throughout the four phases of the emergency management cycle (preparedness, response, recovery, and mitigation).

Washoe County administration and preparedness staff coordinate with other local, state, and federal public health and medical partners to create, validate and improve the County’s emergency management capabilities and capacities.
C. PURPOSE

The WCHD EOP is both an emergency preparedness planning and operations based document that provides guidance for all aspects of health-related emergency management activities and functions. It is flexible so that it may be used in any emergency, even unforeseen events, is inclusive of hazard-specific information based on a hazards analysis, and is comprehensive in that it covers all aspects of emergency mitigation, preparedness, response, and recovery.

The WCHD EOP and its annexes are part of the Washoe County REOP which establishes the official emergency management policy for all county agencies and municipalities, and may be activated in conjunction with those plans.

D. OBJECTIVES

The WCHD EOP objectives include:

- Establish fundamental policies, program strategies, and assumptions defining management of emergencies affecting the WCHD as well as citizens and visitors of Washoe County.
- Determine lead staff responsibilities and pre-identify staff that will carry out the emergency management functions.
- Identify activities to be performed in relation to emergency response and recovery phases of emergency management.

E. SCOPE

The WCHD EOP applies to any public health emergency associated with any hazard, natural or human caused. Specific tasks of the WCHD EOP include:

- Reduce vulnerability of the citizens and visitors to loss of life, injury, or illness resulting from natural, technological, or man-made emergencies, by preparing staff to carry out prompt and efficient response and recovery activities.
- Perform assessments of the emergency’s impact on the WCHD’s capability to perform required services, the damage to the health and medical infrastructure of the community, and the effect upon people within the impact area.
- Develop procedures which will allow for rapid and orderly restoration of programs and initiation of community responsibilities, giving priority to those persons directly affected by the emergency.
- Identify those tasks or actions which will assist in the recognition and implementation of mitigation efforts, within and beyond the WCHD’s scope of authority, before the next major emergency.
- Define actions and activities to coordinate assistance with the community (public), and with other agencies in the event of a significant emergency.
F. SITUATION

1. Identification of Hazards

Hazards are conditions or situations that have the potential for causing harm to people, property, or the environment. Hazards can be classified into three categories: Natural (e.g., tornadoes and earthquakes), Intentional (e.g., terrorism or civil disturbance), and Technological (e.g., failure of the power grid or hazardous materials spills).

In 2005, WCHD contracted with the UCLA Center for Public Health and Disasters to develop a Hazard Risk Assessment specific to hazards most likely to occur in Washoe County that have the greatest threat to public health. The 16 hazards listed in this Hazard Risk Assessment are included in Table Two, below. In 2012, the Health District updated their Public Health Hazard Risk Assessment based on the same 16 hazards. The hazards marked with a (P) are those with the highest probability of occurring, and those marked with a (S) are those deemed to have the greatest severity of consequences.

<table>
<thead>
<tr>
<th>Naturally Occurring Hazards</th>
<th>Manmade Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avalanche (P)</td>
<td>Biological Terrorism (S)</td>
</tr>
<tr>
<td>Drought</td>
<td>Civil Disorder (S)</td>
</tr>
<tr>
<td>Earthquake (S)</td>
<td>Hazardous Materials Incident – fixed facility</td>
</tr>
<tr>
<td>Extreme Summer Weather (S)</td>
<td>Hazardous Materials Incident – transportation</td>
</tr>
<tr>
<td>Flood (P)</td>
<td>Transportation</td>
</tr>
<tr>
<td>Landslide</td>
<td></td>
</tr>
<tr>
<td>Naturally Occurring Outbreak (P)</td>
<td></td>
</tr>
<tr>
<td>Severe Winter Storm (P) (S)</td>
<td></td>
</tr>
<tr>
<td>Thunderstorm and Lightning</td>
<td></td>
</tr>
<tr>
<td>Wildfire (P)</td>
<td></td>
</tr>
<tr>
<td>Windstorm</td>
<td></td>
</tr>
</tbody>
</table>

Furthermore, in 2016, WCHD conducted a Jurisdictional Risk Assessment (JRA) to determine the greatest risks to public health in Washoe County. This comprehensive analysis reviewed 41 potential hazards and provided a hazard score for preparedness planning efforts. Through analysis, the top three risks to public health were defined as: 1) hazardous materials incident involving transportation, 2) biological disease outbreak, and, 3) pandemic influenza.

2. Vulnerable Populations

Washoe County is home to a substantial number of population cohorts that may be particularly vulnerable to the social, health, economic, or other impacts of disasters. Populations with access and functional needs are those citizens who require additional assistance during a public health emergency or incident. This includes, but is not limited to, populations with:
• Physical, cognitive or sensory limitations
• Chronic medical conditions
• Limited or no English proficiency
• Chemical dependency
• Geographic or cultural isolation
• Mental/behavioral issues
• Low income,
• Frailty
• Advanced age
• Young children.

Additional planning considerations include the following:

People with Disabilities – The U.S. Census Bureau estimates that as of 2010 there were over 41,500 people with disability status.

Poverty Level – The U.S. Census Bureau (2010) estimates 12.6 percent of the population was below the poverty level.

Non-English Speakers – The U.S. Census Bureau estimates that as of 2010 there were over 91,000 people – nearly 22% of the County’s population – who speak a language other than English at home.

Children – The 2010 preschool and school-age population (0-19 years of age) was approximately 112,042.

Retirees – The 2010 retired population (65+) was approximately 51,000.

Incarcerated People – The Washoe County Detention Center houses approximately 1,085 inmates at any given time.

G. PLANNING ASSUMPTIONS

Although substantial research and information goes into developing an emergency operations plan, it is necessary to rely on certain assumptions that provide input to plan development. For the purposes of developing the WCHD EOP, the following statements are initially accepted:

• The hazards identified represent actual sources of potential human, economic, and property loss in Washoe County. They may produce a minor disaster (presenting no need or minimal need for state and/or federal assistance), a major disaster (requiring recovery and possibly some state and/or federal assistance), or, in the case of the high-risk hazards, a catastrophic disaster (requiring substantial and immediate state and/or federal assistance as well as long-term recovery assistance).
• Maintaining preparedness requires public awareness and education.
• Effective emergency response strategies rely upon public cooperation.
• Actions will be initiated to protect WCHD personnel and facilities.
• All WCHD resources will be available to support activation of the WCHD EOP.
• The WCHD will exhaust, or expect to exhaust, all available resources before requesting outside assistance.
• Normal WCHD operations will continue according to the prioritization of mission critical functions as outlined in the WCHD’s Continuity of Operations Plan (Annex 5).
• Priority goals in an emergency response, in order are: 1) life safety, 2) incident stability, and 3) property preservation.
• The Incident Command System (ICS) is the structure and the EOP is the management tool that will be used for emergency response in accordance with the NIMS.
• The WCHD will be called upon and expected to respond in an efficient manner to any emergency situation affecting life or health.
• An incident may occur with little or no warning that may rapidly overwhelm the resources of the WCHD. If this occurs, WCHD will contact the Washoe County Manager who may activate the REOC in accordance with the REOP. If necessary, a Unified Command structure may be established to assist the WCHD.
H. NORMAL OPERATIONS

The WCHD is under the direct supervision of the DHO who has been delegated authority to exercise management and administrative control from the DBOH. The DHO is appointed by and reports directly to the DBOH.

I. EMERGENCY RESPONSE LEVELS

The WCHD utilizes a bottom up approach to operations especially in the case of emergency situations. This means activations are determined by the DHO and/or the Washoe County Emergency Manager based on the situation and the number of resources required to respond. This is consistent with the general policy of the State of Nevada and the NIMS to resolve all issues at the lowest possible level. Table Three below identifies the emergency response levels for the Washoe County Health District.

<table>
<thead>
<tr>
<th>Level of Incident</th>
<th>Description</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1: Monitoring</td>
<td>- Threat or indication of a significant event that requires minimal or no coordination with outside entities. -Situation is monitored and assessed for need of additional resource support</td>
<td>- Use of internal resources only.</td>
</tr>
<tr>
<td>Not Activated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 2: Dynamic Emergency</td>
<td>- A potentially significant event is impending or underway.</td>
<td>- Significant reallocation of internal resources.</td>
</tr>
<tr>
<td>Partial Activation</td>
<td>- Limited coordination between multiple agencies is needed.</td>
<td>- Possible liaison/staffing at the REOC, as appropriate to the incident.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3: Regional</td>
<td>- Major public health event or outbreak. -One or more significant events are underway in the community. -The event has exceeded the response capability of the WCHD to effectively respond and contain the outbreak.</td>
<td>- Regional, state and/or federal resources are required to safely and effectively manage the operations.</td>
</tr>
<tr>
<td>Emergency Full Activation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J. PLAN ACTIVATION

The WCHD’s EOP and/or appropriate annexes should be activated to coordinate response to expected or unexpected events caused by natural or man-made events. Activation of the EOP is determined by the DHO, his/her designee. The recommendation to activate could be made by any Division Director (DD) or personnel within WCHD with firsthand knowledge of the incident. The WCHD utilizes the following general response model for activation in an emergency incident. The number of steps taken depends on the level of severity:

**Emergency Activation Sequence**

```
Event Occurs  
\|-- Appropriate Health Department Staff Convene  
\|  \|-- Department Operations Center (DOC) Activation Decision (Physical or Virtual)  
\|  \|-- Washoe County Crisis Action Team (CAT)  
\|       \|-- Washoe County Regional Emergency Operations Center (REOC)  
\|          \|-- State of Nevada State Emergency Operations Center (DEM)  
```

The chart also represents the flow of requests for resources and support in accordance with the NIMS.

K. COMMAND AND CONTROL

The WCHD is the lead agency during any incident involving a disease outbreak in Washoe County, and its primary responsibility is to ensure the citizens, visitors, and first responders are protected to the greatest possible extent during any health emergency or disaster incident.
It is the responsibility of the DHO to provide overall direction and leadership when the WCHD is called upon to respond to an emergency or disaster incident. In order to accomplish this mission, the DHO will utilize the structure and principles of the NIMS and ICS.

This system must remain flexible to adapt to changing conditions. All WCHD Incident Command positions will be backed up by alternates, whenever possible. The following figure illustrates a basic example of WCHD’s ICS.

Washoe County Health District ICS (example)

L. OPERATIONAL PERIODS

Work shifts vary depending on the individual situation and will be determined by the Incident Commander. Typically, shifts are created as follows:

- Short term disasters: 8-12 hours.
- Long term disasters: 12-hour shifts.
- Mid-day disasters: Short-term shifts are developed until 12-hour shifts can be established.

For long-term disasters, most support staff switches shifts at 7 a.m. and 7 p.m.

M. SURGE CAPACITY

In the event of a major public health emergency or bioterrorism event, the ability of the WCHD to sustain a response is limited. Additional assistance in the form of personnel, supplies, equipment,
and other general assistance may be required after initial response. To garner the required surge capacity, the DHO or designee will take the following steps, as required by the situation:

1. Request activation of WCHD Outbreak Response Team (ORT)
2. Request Activation of the Department Operations Center (DOC)
3. Request activation of Washoe County Crisis Action Team (WC-CAT)
4. Request activation of the REOC and all appropriate emergency support functions to initiate their operational plans in support of the Health District.
5. Request activation of State Division of Emergency Management for resource support.

The response request will only rise to the highest activation necessary, so assistance may not be required for all WCHD emergency incidents.

N. MUTUAL AID

In Washoe County, the Office of Record for Emergency Management Assistance Compact (EMAC) and Nevada Emergency Management Assistance Compact (NEMAC) requests is Washoe County Emergency Management Homeland Security. The State of Nevada Division of Emergency Management is responsible for negotiating and managing both EMAC and NEMAC.

The WCHD does not maintain separate mutual aid agreements for emergency response services, but relies on those maintained by the State of Nevada Division of Emergency Management. Assistance is assured by WCHD's membership and participation in the REOC and the Washoe County Emergency Preparedness Council.

O. DEMOBILIZATION

At the beginning of the emergency response, the Planning Section should begin planning for the demobilization of Health District personnel and resources. Demobilization is the orderly, safe, and efficient return of incident resources to their original location and status. If necessary, the Incident Commander will coordinate with the Planning Chief during demobilization to prioritize critical resource needs and reassign resources.

**Nonexpendable Resources**: Nonexpendable resources, such as personnel, firetrucks, and durable equipment, are fully accounted for both during the incident and when they are returned to the providing division. Broken or lost equipment should be replaced through the appropriate resupply process, with invoicing responsibility for the incident, or as defined in existing agreements. In the case of human resources, adequate rest and recuperation time and facilities should be provided. Important occupational health and mental health issues should also be addressed, including monitoring the immediate and long-term effects of the incident (chronic and acute) on emergency management/response personnel.

**Expendable Resources**: Expendable resources (such as water, food, fuel, and other one-time-use supplies) must be fully accounted for as they arrive at the incident location. The incident management organization bears the costs of expendable resources, as authorized in financial agreements executed by preparedness organizations. Restocking occurs at the point from which a resource was issued.
P. AFTER-ACTION REPORT

An After-Action Report (AAR) will be completed if a significant deployment occurs, the DOC is activated, when unusual circumstances are involved or when directed to do so by a higher authority.
Section Four: Organization and Assignment of Responsibilities

WASHOE COUNTY HEALTH DISTRICT ICS POSITION STAFFING

The **ICS Command Staff** report directly to the Incident Commander and consist of the following positions (see figure above):
- Safety Officer
- Liaison Officer
- Public Information Officer

The **ICS General Staff** report directly to the Incident Commander and consist of the following positions (see chart above):
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

To best prepare WCHD employees to fulfill their assigned duties within the ICS structure during a public health emergency, and to ensure WCHD is in compliance with FEMA training requirements, employees must complete NIMS trainings within specified timeframes (beginning July 1, 2011).

WCHD staff filling **ICS Command Staff** positions are required to complete the following training courses: IS 100, IS 200, IS 700, ICS 300 and ICS 400 within 2 years of hire (unless notified otherwise).

WCHD staff filling **ICS General Staff** positions are required to complete the following training courses: IS 100, IS 200, IS 700 and ICS 300 within 2 years of hire (unless notified otherwise).

Other ICS positions that report to ICS Command and General Command Staff may be filled by persons in other WCHD job classifications. All WCHD employees are required to complete IS 100 and IS 700 (or its equivalent) within 90 days of hire. IS 200 (or its equivalent) must be completed within 1 year of hire. In addition, all WCHD employees are required to complete an ICS refresher course every 2 years.

**Table Four: Emergency Management Roles and Responsibilities**

<table>
<thead>
<tr>
<th>Incident Command System Command Staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Commander (IC)</td>
<td>The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.</td>
</tr>
<tr>
<td>Public Information Officer (PIO)</td>
<td>A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information</td>
</tr>
<tr>
<td>Role</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Safety Officer</td>
<td>A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.</td>
</tr>
<tr>
<td>Liaison Officer</td>
<td>A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.</td>
</tr>
<tr>
<td>Operations Section Chief</td>
<td>The Operations Section Chief is responsible for all tactical incident operations and implementation of the Incident Action Plan.</td>
</tr>
<tr>
<td>Planning Section Chief</td>
<td>The Planning Section Chief is responsible for the collection, evaluation, dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.</td>
</tr>
<tr>
<td>Logistics Section Chief</td>
<td>The Logistics Section Chief is responsible for providing facilities, services, and materials for the incident.</td>
</tr>
<tr>
<td>Finance and Administration Section Chief</td>
<td>The Finance/Administration Section Chief is responsible for all administrative and financial considerations surrounding an incident.</td>
</tr>
</tbody>
</table>
Q. DEPARTMENT OPERATIONS CENTER FUNCTIONS AND RESPONSIBILITIES

The WCHD, pursuant to NRS 439.410 has jurisdiction over all public health matters in Washoe County, Nevada. It is the responsibility of the WCHD to provide leadership, direction, and coordination for public health related considerations or emergencies.

In a county-wide emergency and activation of the REOC, the Washoe County Emergency Manager will designate appropriate command and control staff in an ICS structure and the WCHD will cooperate fully with those roles.

When public health resources are activated as part of the REOP, the DHO or other appropriate staff will be deployed to the REOC to coordinate that function. The table on the following page indicates REOC staffing and public health functions and responsibilities.

Table Five: DOC Functions and Responsibilities

<table>
<thead>
<tr>
<th>REOC Staffing</th>
<th>Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The DHO will make the determination of who represents the WCHD based on the nature of the emergency or incident.</td>
<td>Provide medical- and health-related support to state and local entities involved in providing emergency response efforts.</td>
</tr>
<tr>
<td></td>
<td>Support public shelters with medical support personnel through the activation of the MOU with the Medical Reserve Corps.</td>
</tr>
<tr>
<td></td>
<td>Support public shelters through Environmental Health Services inspections.</td>
</tr>
<tr>
<td></td>
<td>Support other emergency responders, relief workers, and volunteers as directed by the Emergency Manager or designee, including but not limited to, preventive health information or actions (i.e., inoculations, health education, or preventative actions and resources).</td>
</tr>
<tr>
<td></td>
<td>Perform, in conjunction with support agencies, an evaluation of the situation to provide immediate field intelligence regarding area of impact, extent of damage, and need for health and medical response actions and resources.</td>
</tr>
<tr>
<td></td>
<td>Provide health-related advice concerning communicable disease and environmental issues following a disaster.</td>
</tr>
<tr>
<td></td>
<td>Coordinate all local and state health and medical resources expended in response to a local disaster.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WCHD Responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan, coordinate, and direct all public health related activities required to respond to the disaster or event.</td>
<td>Maintain lists of available health resources from local agencies, their addresses and after-hour point of contact.</td>
</tr>
</tbody>
</table>
Ensure that emergency public health related activities are conducted in accordance with existing State and Federal rules, regulations, and guidelines, as well as existing standards and practices.

Monitor area of impact for potential health and medical hazards.

Provide public health coordination to a disaster or public health emergency.

Communicate all resources allocations, response actions, and critical decisions to Section Chief, Emergency Manager, or designee.

Document all actions, pertinent information and communications in WebEOC.

### R. RESPONSIBILITIES FOR EMERGENCY RESPONSE IN WASHOE COUNTY

The following table lists specific emergency response functions for the WCHD.

#### Table Six: Functions and Responsibilities

<table>
<thead>
<tr>
<th>Function</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate Emergency Operations Center</td>
<td>Establish Emergency Operations Center and appropriate emergency support functions to coordinate response activities</td>
</tr>
<tr>
<td>Alerts and Advisories</td>
<td>Measures taken to notify WCHD staff regarding the emergency event/response</td>
</tr>
<tr>
<td>Case Investigation</td>
<td>Measures taken in conjunction with a criminal or epidemiological inquiry into the etiology, distribution, and determinants of infected and exposed persons</td>
</tr>
<tr>
<td>Decontamination</td>
<td>Advisory role to organizations responsible for the removal of hazardous materials or organisms from people and environments</td>
</tr>
<tr>
<td>Disposal</td>
<td>Supporting role to jurisdictions to provide information regarding measures taken to permanently destroy items made hazardous during the event</td>
</tr>
<tr>
<td>Environmental</td>
<td>Measures to evaluate and control the event’s environmental effects, including vector control, sewage and water treatment, air handling in buildings, etc.</td>
</tr>
<tr>
<td>Evacuation</td>
<td>Identification of areas requiring removal of people from environments believed to be hazardous or needed for use by response agencies</td>
</tr>
<tr>
<td>Facility Restrictions</td>
<td>Issuance of restrictions on the opening and closing of certain facilities and the scope of services they may provide</td>
</tr>
<tr>
<td>Media Relations</td>
<td>Advising media representatives, supplying official briefings, and distributing official announcements in coordination with Washoe County</td>
</tr>
<tr>
<td>Quarantine/Isolation</td>
<td>Measures taken to confine exposed or potentially exposed persons to prevent the spread of disease/Measures taken to confine infected or potentially infected persons to prevent the spread of disease</td>
</tr>
<tr>
<td>Sampling/Testing</td>
<td>Activities related to the collection, documentation, handling, examination, and reporting of results from clinical and environmental specimens</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Activities related to increasing the intensity of operations used to detect the existence of cases, potential cases, and adverse health conditions before or during the emergency event</td>
</tr>
<tr>
<td>Tracking/Monitoring</td>
<td>Tracking the movement or outcomes of patients associated with a mass casualty or facility evacuation. Monitoring of supplies and assets of WCHD.</td>
</tr>
<tr>
<td>Vaccines and Prophylaxis</td>
<td>Receipt, distribution, and monitoring of vaccines and drugs used to prevent or control infections related to the event</td>
</tr>
<tr>
<td>Recovery</td>
<td>Restoration of environments, facilities, and services to pre-event functional status</td>
</tr>
<tr>
<td>Recovery</td>
<td>CDC recommends Community Assessment for Public Health Emergency Response (CASPER) Toolkit be utilized during and after a major public health event</td>
</tr>
</tbody>
</table>
Section Six: Communications

The WCHD DOC will serve as the meeting location for incident-related information collection, analysis, and information dissemination related to public health emergencies that do not go beyond the scope of what the Health District can handle. When an event goes beyond the Health District’s capacity, coordination of information will occur between the WCHD, the REOC, and if/when necessary, the State Emergency Operations Center. A Joint Information Center (JIC) will be used to provide coordinated information to the public on a regular basis. As necessary, all available media outlets will be utilized.

Information provided to responding staff will be disseminated through the appropriate channels via the established ICS structure. Regular briefings will occur to update ICS staff and responding agencies.

The Washoe County Health District Public Information Officer (PIO) is responsible for:

- Ensuring all information released is approved by the DHO.
- Ensuring that all information released regarding the Strategic National Stockpile (SNS) is reviewed by appropriate subject matter experts for clarity, consistency, and accuracy.
- Ensuring that all information released to the public regarding how special populations can access medications is reviewed by appropriate subject matter experts for clarity, consistency, and accuracy.
- Ensuring consistent messaging with the State, County and regional public health response partners.

Please refer to Annex Eight, the Public Information and Communication (PIC) Plan, for more information related to information collection, analysis and coordination.

A. COMMUNICATION PATHWAYS

Communications will be coordinated between the Washoe County Health District and all responding agencies.

The primary means of communication for the Washoe County Health District include:

- Cell phones,
- Land lines,
- FAX,
- Internet,
- E-mail,
- CDC Health Alert Network (HAN)
- WebEOC
Alternate means of communication include:

- 1st Alternate Means = 800 MHz Radio and mobile phones
- 2nd Alternate Means = National Public Health Radio Network - HF radio and/or RACES/ARES
- 3rd Alternate Means = Runners

B. COMMUNICATIONS TRAINING

All new employees of the WCHD identified to potentially be in a leadership position receive training on redundant communications upon hire and periodically thereafter. At a minimum, all leadership staff shall be trained on the use of 800 MHz radio and receive quarterly e-mails and/or telephone calls to test the WCHD Emergency Notification System (Communicator NXT). The training is validated in training records.
Section Seven: Administration, Finance and Logistics

During a public health emergency, the WCHD Administrative Health Services Office will provide support for the following:

- Assisting the logistics section with resource needs
- Administration of mutual aid agreements
- Policies utilized during an emergency response
- Liability/legal issues
- Financial record keeping

Specific needs addressing the five bullets above will be determined under the ICS structure and coordinated by the Finance and Logistics Sections. In the event of a regional emergency, administration, finance and logistics will be facilitated at the REOC at a regional level.
Section Eight:
Appendices

Section Nine includes the following Appendices:

Appendix One: Acronyms
Appendix Two: Terms and Definitions
Appendix Three: Hierarchy of Plans
Appendix Four: Standard Operating Guidelines
Appendix Five: Incident Complexity
Appendix Five: Department Operation Center Supplies and Room Arrangement
# APPENDIX ONE: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS</td>
<td>Administrative Health Services</td>
</tr>
<tr>
<td>AQM</td>
<td>Air Quality Management</td>
</tr>
<tr>
<td>BDS</td>
<td>Biohazard Detection System</td>
</tr>
<tr>
<td>CCHS</td>
<td>Community and Clinical Health Services</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Disease Control and Prevention</td>
</tr>
<tr>
<td>CERT</td>
<td>Community Emergency Response Team</td>
</tr>
<tr>
<td>COOP</td>
<td>Continuity of Operations Plan</td>
</tr>
<tr>
<td>DEMC</td>
<td>Department Emergency Management Committee</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>DOC</td>
<td>Department Operations Center</td>
</tr>
<tr>
<td>EHS</td>
<td>Environmental Health Services</td>
</tr>
<tr>
<td>EMAC</td>
<td>Emergency Management Assistance Compact</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency Management System</td>
</tr>
<tr>
<td>EOP</td>
<td>Emergency Operations Plan</td>
</tr>
<tr>
<td>EPHP</td>
<td>Epidemiology &amp; Public Health Preparedness</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>HD-CAT</td>
<td>Health Department Crisis Action Team</td>
</tr>
<tr>
<td>IAP</td>
<td>Incident Action Plan</td>
</tr>
<tr>
<td>IC</td>
<td>Incident Commander</td>
</tr>
<tr>
<td>ICS</td>
<td>Incident Command System</td>
</tr>
<tr>
<td>LEPC</td>
<td>Local Emergency Planning Committee</td>
</tr>
<tr>
<td>MCMDD</td>
<td>Medical Countermeasure Distribution and Dispensing Plan</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MRC</td>
<td>Medical Reserve Corps</td>
</tr>
<tr>
<td>NAC</td>
<td>Nevada Administrative Code</td>
</tr>
<tr>
<td>NDPBH</td>
<td>Nevada Division of Public and Behavioral Health</td>
</tr>
<tr>
<td>NEMAC</td>
<td>Nevada Emergency Management Assistance Compact</td>
</tr>
<tr>
<td>NIIMS</td>
<td>National Incident Management System</td>
</tr>
<tr>
<td>NRF</td>
<td>National Response Framework</td>
</tr>
<tr>
<td>NRS</td>
<td>Nevada Revised Statute</td>
</tr>
<tr>
<td>PIC</td>
<td>Public Information &amp; Communications</td>
</tr>
<tr>
<td>PIO</td>
<td>Public Information Officer</td>
</tr>
<tr>
<td>PHP</td>
<td>Public Health Preparedness</td>
</tr>
<tr>
<td>POD</td>
<td>Point of Dispensing</td>
</tr>
<tr>
<td>ORT</td>
<td>Outbreak Response Team</td>
</tr>
<tr>
<td>REOC</td>
<td>Regional Emergency Operations Center</td>
</tr>
<tr>
<td>REOP</td>
<td>Regional Emergency Operations Plan</td>
</tr>
<tr>
<td>SCEMP</td>
<td>(Nevada) State Comprehensive Emergency Management Plan</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>WC-CAT</td>
<td>Washoe County Crisis Action Team</td>
</tr>
<tr>
<td>WCHD</td>
<td>Washoe County Health District</td>
</tr>
</tbody>
</table>
# APPENDIX TWO: TERMS AND DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biohazard Detection System</strong></td>
<td>Designed exclusively for the Postal Service, the BDS uses sophisticated DNA matching to detect the presence of anthrax in the mail. All the BDS processes are automated. The equipment collects samples of air as the mail moves through a canceling machine. It absorbs the airborne particles into a sterile water base. This creates a liquid sample that can be tested. The liquid sample is injected into a cartridge, and the automated test for a DNA match is performed.</td>
</tr>
<tr>
<td><strong>Centers for Disease Control and Prevention</strong></td>
<td>A federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States with the goal of improving overall public health.</td>
</tr>
<tr>
<td><strong>Community Emergency Response Team (CERT)</strong></td>
<td>CERT is disaster preparedness and response training. These classes are designed for the &quot;general citizen&quot; and provide a broad base of training in disaster preparedness, light search and rescue, disaster medical, fire safety and many other aspects of preparation and response. No prior experience or training is necessary. CERT volunteers help not only during disasters, but also assist professional responders during training and exercises.</td>
</tr>
<tr>
<td><strong>Emergency Management Assistance Compact (EMAC)</strong></td>
<td>An interstate mutual aid agreement that provides a mechanism for sharing personnel, equipment and resources among states during emergencies and disasters. EMAC has traditionally been used by states for National Guard, emergency management and other types of response assistance. More recently, it has been used to provide public health and medical assistance.</td>
</tr>
<tr>
<td><strong>Emergency Operations Center (EOC)</strong></td>
<td>The physical location for coordination of emergency activities. The Nevada State Emergency Operations Center is located in Carson City. The Washoe County Regional Emergency Operations Center (REOC) is in Reno, Nevada.</td>
</tr>
<tr>
<td><strong>Federal Emergency Management Agency (FEMA)</strong></td>
<td>An independent agency of the United States government that provides a single point of accountability for all federal emergency preparedness and mitigation and response activities.</td>
</tr>
<tr>
<td><strong>Incident Action Plan (IAP)</strong></td>
<td>The IAP Guide explains how to plan and execute operations during any incident. This document, based on the Incident Management Handbook (IMH), explains the Incident Command System (ICS) incident action planning process, describes how to use it during FEMA incidents, defines the specific roles and responsibilities of the various participants, and establishes standards for incident action planning during FEMA incidents.</td>
</tr>
<tr>
<td><strong>Incident Command System (ICS)</strong></td>
<td>The Incident Command System is a standardized, on-scene, all-hazards incident management approach that allows for the integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; and establishes common processes for planning and managing resources. ICS is flexible and can be used for incidents of any type, scope and complexity. ICS allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents.</td>
</tr>
<tr>
<td><strong>Medical Reserve Corps (MRC)</strong></td>
<td>A national network of local groups of volunteers committed to improving the public health, emergency response, and resiliency of their communities.</td>
</tr>
</tbody>
</table>
| **Memorandum of Understanding (MOU)** | A Memorandum of Understanding or a cooperative agreement is a document written between parties to cooperatively work together on an
| **National Incident Management System** | National Incident Management System or NIMS is a system prescribed by Homeland Security Presidential Directive 5 to coordinate emergency preparedness and incident management among various federal, state, and local agencies. NIMS provides a uniform nationwide approach to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents no matter what the cause, size or complexity, including catastrophic acts of terrorism and disasters. It is a system that is commonly used in U.S. Federal agencies that are required to use the NIMS system in domestic incident management and in support of state and local incident response and recovery activities. |
| **National Response Framework** | This National Response Framework (NRF) is a guide to how the Nation conducts all-hazards response. It is built upon scalable, flexible, and adaptable coordinating structures to align key roles and responsibilities across the Nation, linking all levels of government, non-governmental organizations, and the private sector. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters. |
| **Nevada Administrative Code** | The codified, administrative regulations of the Executive Branch of the State of Nevada. |
| **Nevada Emergency Management Assistance Compact** | The system provides for mutual assistance among the participating political subdivisions and other governmental entities in the prevention of, response to and recovery from, any disaster that results in a formal state of emergency in a participating political subdivision, subject to that participating subdivision’s criteria for declaration. |
| **Nevada Revised Statutes** | The Nevada Revised Statutes are the current codified laws of the State of Nevada. |
| **Nevada State Comprehensive Emergency Management Plan** | The State Plan is developed and maintained by the Nevada Division of Emergency Management. It provides for an emergency management system including a broad range of preparedness, response, recovery, and mitigation responsibilities. The primary purpose of the plan is to outline roles, responsibilities, and appropriate actions to be taken as a result of an emergency. The Washoe County Health District’s Department Emergency Plan (DEMP) has the same responsibilities. |
APPENDIX THREE: HIERARCHY OF PLANS

Nevada State Comprehensive
Emergency Management Plan

Mass Fatality
Management Plan

Washoe County Regional
Emergency Operations Plan

Washoe County Health District
Emergency Operations Plan

Washoe County
Board of Health

Multi Casualty
Incident Plan

Mutual Aid
Evacuation Annex

Annex 1: Pandemic Influenza Plan
Annex 3: Medical Countermeasure Distribution and Dispensing Plan
Annex 4: Postal Services Biohazard Detection System
Annex 5: Continuity of Operations Plan
Annex 6: Mass Illness/Isolation and Quarantine Plan
Annex 7: Outbreak Response Standard Operating Procedures
Annex 8: Public Information and Communication Plan
Annex 9: Volunteer Management Plan
Annex 10: Access and Functional Needs Plan
APPENDIX FOUR: STANDARD OPERATING PROCEDURES

These Standard Operating Procedures are consistent with the Emergency Management Guide that can be found hanging on walls throughout the Washoe County Health District.

**PUBLIC HEALTH EMERGENCIES IN THE COMMUNITY**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>If there is a life-threatening emergency, call <strong>9-911</strong>.</td>
</tr>
<tr>
<td>2.</td>
<td>If this is an emergency that may affect the Washoe County Health District, contact your supervisor.</td>
</tr>
<tr>
<td>3.</td>
<td>Supervisors or Directors, contact the District Health Officer for all public health emergencies that may affect more than one division.</td>
</tr>
<tr>
<td>4.</td>
<td>If a jurisdictional EOC has been activated, a Department Operations Center will be automatically convened.</td>
</tr>
</tbody>
</table>

**FIRE (Code Red)**

1. In the case of encountering a fire within the building, immediately activate pull station to sound the fire alarm. If no alarms available, call **9-911**. Also use the overhead paging system (call **250**) and state "**Code Red**, this is not a drill, **Code Red**, this is not a drill."

2. If the fire is small, such as in a trash can, attempt to extinguish it with a portable fire extinguisher. If unable to extinguish, close the door or enclose perimeter and begin evacuation procedures.


4. Do not attempt to carry out non-essential equipment or personal belongings.

5. Evacuate building using the shortest evacuation route.

6. Do not use elevators; use stairways.

7. Walk, do not run. Avoid panic.

8. Assist individuals with disabilities and non-County personnel along evacuation routes. *Never take a wheelchair down the stairs – ask non-ambulatory persons how best to assist them.*

9. When circumstances permit, Evacuation Representatives will check meeting, conference, and bathrooms for staff or clientele in need of assistance. Doors will be closed but not locked after room is checked.

10. Follow evacuation procedures.

**EARTHQUAKE (Code Red)**

1. Remain calm. Assess your situation. Avoid panic and try to organize yourself and others for maximum personal safety.

2. Seek shelter under tables, desks, or stand in a corner. Cover your head and neck with your hands and arms.

3. If possible, keep at least 15 feet away from windows.

4. Keep away from filing cabinets, bookcases, and other large, potentially unstable items.

5. If the power goes out, do not use matches, candles or other open flames.

6. If evacuation is necessary, watch for falling debris, electrical wires, and possible aftershocks.

7. Do not use elevators.

8. Do not dash for exits such as stairways as they may be broken and crowded with people.

9. If you are outside, stay outside. Move to the WCHD emergency evacuation site away from the buildings, trees, power lines and roadways.

10. If driving, pull over to the side of the road and stop. Stay inside your vehicle until the shaking is over.

11. Be prepared for aftershocks.
### HOSTAGE SITUATION/UNWANTED VISITOR

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>As soon as possible and when safe to do so, call <strong>9-911</strong>.</td>
</tr>
<tr>
<td>1</td>
<td>Remain calm. This is your best defense.</td>
</tr>
<tr>
<td>2</td>
<td>Cooperate with all requests. Do not antagonize.</td>
</tr>
<tr>
<td>3</td>
<td>Do not take comments/threats personally.</td>
</tr>
<tr>
<td>4</td>
<td>Do not volunteer information.</td>
</tr>
<tr>
<td>5</td>
<td>Keep personal belongings out of sight.</td>
</tr>
<tr>
<td>6</td>
<td>Make mental notes of physical descriptions and conversations.</td>
</tr>
<tr>
<td>7</td>
<td>If you are aware of a hostage situation, yet not personally in danger, leave the immediate area without raising suspicion and contact <strong>9-911</strong>.</td>
</tr>
<tr>
<td>8</td>
<td>Do not discuss the situation with any other employee, but wait for the arrival of law enforcement and provide them with as much information as possible.</td>
</tr>
</tbody>
</table>

### CIVIL DISORDER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All doors to the building should be locked by Security.</td>
</tr>
<tr>
<td>2</td>
<td>Stay away from windows.</td>
</tr>
<tr>
<td>3</td>
<td>Avoid confrontations.</td>
</tr>
</tbody>
</table>

### UTILITY FAILURE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During normal business hours, notify Facilities Management.</td>
</tr>
<tr>
<td>2</td>
<td>After business hours, call the Sheriff’s Central Control at (775) 328-2953.</td>
</tr>
<tr>
<td>3</td>
<td>Stay in your work area and await further instructions from a supervisor.</td>
</tr>
<tr>
<td>4</td>
<td>If evacuation of the building is necessary, do not use the elevator. Exit using the stairways.</td>
</tr>
<tr>
<td>5</td>
<td>If individuals are trapped in an elevator:</td>
</tr>
<tr>
<td></td>
<td>• Try to keep them calm and advise them that you will get help.</td>
</tr>
<tr>
<td></td>
<td>• Call the emergency number posted in the elevator.</td>
</tr>
<tr>
<td></td>
<td>• Talk to them until help arrives.</td>
</tr>
</tbody>
</table>
### EARTHQUAKE (Code Green)

1. If safe to do so, call **9-911** and inform them you need assistance.
2. Evacuate building using the shortest evacuation route. Do not use elevators; use stairways.
3. Assist individuals with disabilities and non-County personnel along evacuation routes.
4. When circumstances permit, Evacuation Representatives will check meeting, conference, and bathrooms for staff or clientele in need of assistance.
5. Do not attempt to carry out non-essential equipment or personal belongings.
7. Employees are to gather by the appropriate colored flag and wait for further instructions. The evacuation site is the Livestock Events Center Administration Building (the small, single-story building located north of the Health District, adjacent to Wells Avenue). The colors assigned to the divisions are:
   - AHS – Blue
   - AQM – Yellow
   - CCHS – Red
   - EHS – Green
   - EPHP – Orange
8. Alternate evacuation sites include the Livestock Events Center (this is the building with steps, which face west, directly across from the Wells Avenue entrance), and the Salvation Army parking lot (NW corner of Sutro and Oddie).

### EVACUATION REPRESENTATIVES’ RESPONSIBILITIES

1. Implementing the Emergency evacuation Plan under direction from the Division Director (or Assistant Division Director or designee).
2. Monitoring the north and south main entrances, clinic entrance and the employee entrance on the north side of the building to prevent people from entering the building.
3. Supervising and expediting evacuation of staff and clientele in their designated areas by:
   - Assuring that all persons have vacated the community areas for which they are assigned.
   - Assuring the doors are closed.
   - Assisting handicapped employees and clientele to evacuate.
   - Attending to personal safety and assisting co-workers injured or in need.
   - Time permitting, assuring that electrical appliances that could be hazardous if left on, are turned off, i.e., coffee pots, heaters.
   - Reporting to their Director regarding the status of their area after relocating at the Health District emergency evacuation site.

### SHELTERING IN PLACE

1. Depending on the nature of the event it may be safer to stay in the building than to leave. **Do not evacuate unless told to do so by someone in authority.** To do otherwise may subject you to more harm. Examples are a hazardous materials event outside the building or a violent person outside.
HAZARDOUS SPILL

<table>
<thead>
<tr>
<th></th>
<th>If you are not trained to handle chemical spills, call your supervisor. There is a labeled chemical spill kit located in the lab room under the table.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Be familiar with the chemicals you are handling. Material Safety Data Sheets are available from the manufacturer and are kept in binders in each clinical area.</td>
</tr>
<tr>
<td>2</td>
<td>Utilize appropriate personal protective equipment for handling any hazardous spill.</td>
</tr>
</tbody>
</table>
| 3 | Utilize the “spill drill” REACT:  
**R**emove the source  
- If it is dripping, stop the drip with a wooden plug or putty, or upright the container.  
- If it is from a leaky connection, tighten the connection or replace the broken parts.  
**E**nvelop the spill (also called contain the spill)  
- If it is flowing, put an absorbent sock or pad down to catch the flow. Try to prevent the material from reaching any sink or floor drains.  
- Use a towel or other suitable tool to build a small dam or berm.  
**A**bsorb/Accumulate  
- On a hard surface, put down dry absorbent, or use an absorbent pad or sock to pick up the material.  
**C**ontainerize the hazardous waste  
- Place used absorbent material in a plastic bag or container that can be sealed closed.  
**T**ransmit a report  
- Tell your supervisor what you spilled and what you did about it. Supervisor will notify the Hazardous Materials Specialist in EHS for proper disposal guidelines. |

By REACTing quickly, you eliminate hazards that could cause injury. You also give the spill less of a chance to seep somewhere where it will be more difficult to clean up.
**BOMB THREAT**

* The Health District may be a target of a threat, which could present as a chemical, biological, nuclear, or an explosive threat. The following guidelines should be followed for any threat to the facility.

* Due to the number of threats reported, the bomb squad does not do bomb searches for an organization when a threat is received. Additionally, the bomb squad has no familiarity with a building’s “normal” vs. “foreign” content or objects.

* Employees should always be alert to unusual or unauthorized individuals in designated work areas (non-public areas). They should also watch for foreign or suspicious objects or parcels.

**TELEPHONE CALL**

* A threat is most commonly made by a telephone call to the targeted organization.

1. **Use the Bomb Threat Form (final page of Appendix 4)**

2. Keep the caller on the phone as long as possible. Ask for the caller’s name and ask that any messages be repeated.

3. Be calm, courteous, and do not interrupt the caller.

4. Get as much information as possible regarding a description of the caller such as tone, accents, speech impediments, whether male or female, affiliation with a particular group, and other information such as background noise such as street or house noise. Document as much of the conversation as possible while the caller is talking.

5. Report the call immediately to a supervisor.

6. Do not discuss it with other personnel, other than your supervisor.

**LETTER BOMB THREAT**

1. Do not handle letter or envelope unnecessarily.

2. **DO NOT OPEN.**

3. Evacuate the immediate area.

4. Do not put in water or a confined space such as a desk drawer or filing cabinet.

**REAL/SUSPECTED DEVICE**

1. Do not attempt to remove or disturb the device.

2. Report the finding and location to a supervisor.

3. Do not use radios or cellular phones. Shut off all cell phones.

* Evacuation may be ordered by the DHO under his/her authority or under direction from local authorities having jurisdiction.
### BOMB OR OTHER THREAT CHECKLIST

#### EXACT WORDING OF THE THREAT:

| Sex of caller: ___________ | Race: ____________ |
| Age: ___________ | Length of call: ____________ |
| Number at which call is received: |

| Time: ___________ | Date: __/__/_______ |

#### CALLER’S VOICE:

- Calm
- Angry
- Excited
- Slow
- Rapid
- Soft
- Loud
- Laughter
- Crying
- Normal
- Distinct
- Slurred
- Nasal
- Stutter
- Lisp
- Raspy
- Deep
- Ragged
- Clearing throat
- Deep breathing
- Cracking voice
- Disguised
- Accent
- Familiar

If voice is familiar, who did it sound like?

- ________________________________

#### QUESTIONS TO ASK:

- When is the bomb going to explode?
- Where is it right now?
- What does it look like?
- What kind of bomb is it?
- What will cause it to explode?
- Did you place the bomb?
- Why?
- What is your address?
- What is your name?

#### REPORT CALL IMMEDIATELY TO:

Supervisor and 9-9-1-1
Phone number reported to: ________________________________

Your name ________________________________
Position ________________________________
Phone number ________________________________

#### BACKGROUND SOUNDS:

- Street noises
- Crockery
- Voices
- PA system
- Music
- House noises
- Motor
- Office

- Factory machinery
- Animal noises
- Clear
- Static
- Local
- Long distance
- Booth
- Other: ________________________________

#### THREAT LANGUAGE:

- Well spoken
- (educated)
- Foul
- Irrational

- Incoherent
- Taped

- Message read by threat maker

#### REMARKS:

- ________________________________

- ________________________________

- ________________________________
**BIOLOGICAL EMERGENCY (DISEASE OUTBREAK)**

* If you received notice of a Biological Event, refer all calls to the Communicable Disease program. The 24/7 telephone number is (775) 328-2447.

### Bioterrorism Agents/Diseases

<table>
<thead>
<tr>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
</tr>
</thead>
</table>
| High priority agents include organisms that pose a risk to national security because they:  
  - Can be easily transmitted from person to person;  
  - Result in high mortality rates and have the potential for major public health impact;  
  - Might cause public panic and social disruption; and  
  - Require special action for public health preparedness | Second highest priority agents include those that:  
  - Are moderately easy to disseminate;  
  - Result in moderate morbidity rates and low mortality rates; and  
  - Require specific enhancements of CDC’s diagnostic capacity and enhanced disease surveillance. | Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of:  
  - Availability;  
  - Ease of production and dissemination; and  
  - Potential for high morbidity and mortality rates and major health impact. |

Examples of Category A Agents include:  
- Anthrax  
- Botulism  
- Plague  
- Smallpox  
- Tularemia  
- Viral Hemorrhagic Fevers

Examples of Category B Agents include:  
- Brucellosis  
- Epsilon toxin of Clostridium perfringens  
- Food safety threats (i.e., Salmonella species, Escherichia coli 0157:H7, Shigella)  
- Glanders  
- Ricin toxin  
- Typhus Fever

Examples of Category C Agents include:  
- Emerging infectious diseases such as Nipah virus and hantavirus
### APPENDIX FIVE: INCIDENT COMPLEXITY

Incident and/or event complexity determines emergency and incident response personnel responsibilities as well as recommended audience for NIMS curriculum coursework delivery. The *NIMS Training Program* training recommendations reflect the following five levels of complexity:

| Type 1 | • This type of incident is the most complex, requiring national resources for safe and effective management and operation.  
• All command and general staff positions are filled.  
• Operations personnel often exceed 500 per operational period and total personnel will usually exceed 1,000.  
• Branches need to be established.  
• A written incident action plan (IAP) is required for each operational period.  
• The agency administrator will have briefings, and ensure that the complexity analysis and delegation of authority are updated.  
• Use of resource advisors at the incident base is recommended.  
• There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions. |
|---|---|
| Type 2 | • This type of incident extends beyond the capabilities for local control and is expected to go into multiple operational periods. A Type 2 incident may require the response of resources out of area, including regional and/or national resources, to effectively manage the operations, command, and general staffing.  
• Most or all of the command and general staff positions are filled.  
• A written IAP is required for each operational period.  
• Many of the functional units are needed and staffed.  
• Operations personnel normally do not exceed 200 per operational period and total incident personnel do not exceed 500 (guidelines only).  
• The agency administrator is responsible for the incident complexity analysis, agency administration briefings, and the written delegation of authority. |
| Type 3 | • When incident needs exceed capabilities, the appropriate ICS positions should be added to match the complexity of the incident.  
• Some or all of the command and general staff positions may be activated, as well as division/group supervisor and/or unit leader level positions.  
• A Type 3 IMT or incident command organization manages initial action incidents with a significant number of resources, an extended attack incident until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2 IMT.  
• The incident may extend into multiple operational periods.  
• A written IAP may be required for each operational period. |
| Type 4 | • Command staff and general staff functions are activated only if needed.  
• Several resources are required to mitigate the incident, including a task force or strike team.  
• The incident is usually limited to one operational period in the control phase.  
• The agency administrator may have briefings, and ensure the complexity analysis and delegation of authority is updated.  
• No written IAP is required but a documented operational briefing will be completed for all incoming resources.  
• The role of the agency administrator includes operational plans including objectives and priorities. |
<table>
<thead>
<tr>
<th>Type 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The incident can be handled with one or two single resources with up to six personnel.</td>
</tr>
<tr>
<td>• Command and general staff positions (other than the incident commander) are not activated.</td>
</tr>
<tr>
<td>• No written IAP is required.</td>
</tr>
<tr>
<td>• The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.</td>
</tr>
<tr>
<td>• Examples include a vehicle fire, an injured person, or a police traffic stop.</td>
</tr>
</tbody>
</table>
APPENDIX SIX: DOC SUPPLIES AND ROOM ARRANGEMENT

Each DOC position should have a cache of supplies at their disposal to be transported to any location necessary. There are boxes of supplies with commonly used materials that may be used in the completion of their responsibilities. These boxes are located in the storage area of Auditorium A. Some of those materials include:

<table>
<thead>
<tr>
<th>SUPPLIES</th>
<th>ICS MATERIALS</th>
<th>PERSONAL ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vests</td>
<td>• Organization chart</td>
<td>(Not in DOC)</td>
</tr>
<tr>
<td>• Office supplies</td>
<td>• Mission statements</td>
<td>• Food / water</td>
</tr>
<tr>
<td>• Pens/paper</td>
<td>• Checklists</td>
<td>• Lap top Computer</td>
</tr>
<tr>
<td>• Phone lists/ department directory</td>
<td>• Forms</td>
<td>• Cell phone and charger</td>
</tr>
<tr>
<td>• Report forms</td>
<td>• Maps</td>
<td>• GO BAG</td>
</tr>
<tr>
<td>• Extension cords</td>
<td>• Emergency Preparedness Manual</td>
<td></td>
</tr>
<tr>
<td>• White board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Easel Pad (Post-it)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Signs, table, chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communications equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yellow Post-Its</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Highlighter pens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following floor plan of Auditoriums A and B of the Health District indicate the placement of various tables and communications for the Department Operations Center. Each event is different and as technology advances, it will be necessary to adjust positions and relationships accordingly.
Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health

FROM: Andrea Esp, Public Health Emergency Response Coordinator
775-326-2440, aesp@washoecounty.us

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

SUBJECT: Approval to donate evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of $3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00).

SUMMARY
The Washoe County Health District’s Public Health Preparedness Program (Program) requests permission to provide evacuation tags to skilled nursing and long-term care facilities when such facilities become members of the Mutual Aid Evacuation Annex (MAEA) of the Multi-Casualty Incident Plan (MCIP). These supplies would be used in the event of an evacuation of a healthcare facility, either to receive or evacuate patients.

The Program also requests permission to provide triage tags to our regional EMS partners and hospitals. The anticipated usage of these tags is for training purposes. WCHD works with partners to improve medical surge capability by providing additional triage tags for training to ensure competency during incidents that exceed the limits of the medical infrastructure within the community.

District Board of Health strategic priority:

1. Impactful Partneships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

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

PREVIOUS ACTION
The DBOH approved the donation of evacuation and triage tags on October 27, 2016.

The DBOH approved the Assistant Secretary for Preparedness and Response (ASPR) grant allowing the purchase of supplies on August 24, 2017.
BACKGROUND
Annually, the Program receives ASPR grant funds designed to improve healthcare preparedness within the region. The DBOH approved the FY18 ASPR grant on August 24, 2017, which included the purchasing of supplies for the healthcare coalition (Inter-Hospital Coordinating Council).

The Washoe County Health District is the fiduciary agent for the Inter-Hospital Coordinating Council (IHCC). The IHCC had identified a regional need for additional supplies to be available to skilled nursing, long-term care, hospital and EMS partner agencies for training and response planning efforts. The IHCC approved the purchase and distribution of evacuation and triage tags at the August 2017 monthly meeting.

Current facility to receive evacuation tags:
- Hearthstone Rehabilitation Center

Evacuation tags will be distributed to facilities who become a member/signatory of the MAEA. WCHD currently has seven sub-acute care facilities participating in the MAEA, which strengthens the regions medical infrastructure within the community.

The triage tags are to be distributed as follows:
- Northern Nevada Medical Center
- Saint Mary’s Regional Medical Center
- REMSA
- Renown Regional Medical Center

Triage tags will be available for regional partners when exercise/training opportunities are identified and supplies are requested.

FISCAL IMPACT
Should the Board approve this donation, there will be no additional fiscal impact to the FY18 adopted budget as the purchase of triage and evacuation tags were anticipated and included in the adopted budget in Internal Order 10708 (ASPR Grant Program) and G/L 710300 (operating supplies).

RECOMMENDATION
It is recommended the Washoe County District Board of Health approve the donation of evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of $3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00).

POSSIBLE MOTION
Should the board agree with staff’s recommendation, a possible motion would be; “Move to approve the donation of evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of $3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00).”
Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us
SUBJECT: Recommendation for the Board to Uphold Notice of Violation Citation No. 5658
Issued to Harry Stewart, Case No. 1198, for a violation of the District Board of Health Regulations Governing Air Quality Management with a $3450.00 Negotiated Fine.

SUMMARY
Washoe County Air Quality Management Division Staff recommends Citation No. 5658 be upheld and a fine of $3450.00 be levied against Harry Stewart for the removal of asbestos containing materials without obtaining an Acknowledgement of Asbestos Assessment and failing to follow asbestos control work practices in an EPA regulated facility. Failure to obtain an Acknowledgement of Asbestos Assessment and follow proper asbestos control work practices are major violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP) Subpart M, which is implemented through Section 030.107 Hazardous Air Pollutants, (A) Asbestos Sampling and Notification and (B) Asbestos Control Work Practice.

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

PREVIOUS ACTION
No previous actions.

BACKGROUND
On September 20, 2017, the Washoe County Health District Air Quality Management Division (AQMD) received an anonymous complaint about a possible asbestos disturbance at 944 Victorian Avenue in Sparks, Nevada. The complainant stated work was being performed at this address without obtaining the required permits. The complainant stated that the site was being prepared for a future Picasso and Wine location. A preliminary records search did not produce any permits or notifications for the noted address. Air Quality Specialist (AQS) Scott Baldwin was dispatched to the site to conduct an initial investigation and place a Stop Work Order on the property until an investigation of the work could be completed.

On September 21, 2017, AQS Suzanne Dugger and AQS Scott Baldwin returned to the above address in an attempt to make contact with a contractor and identify the scope of the demolition and potential asbestos disturbance inside the building. There were no persons present at the property on this date. During the weeklong investigation that followed, AQS Dugger determined the property at 944 Victorian Avenue was leased by Mses. Alanna and Alissa Woods for a future Picasso and Wine
location. The Woods sisters hired Mr. Harry Stewart to complete demolition work on the interior of
the building which started in July of 2017 and stopped on August 23, 2017 after the City of Sparks
placed a Notice of Violation on the door of the property for not having a business license or a building
permit. AQS Dugger determined Mr. Stewart started demolishing the inside of the building prior to
obtaining building permits, sampling for asbestos containing materials and obtaining an
Acknowledgement of Asbestos Assessment.

On September 28, 2017, AQS Dugger received a complete asbestos survey of the space in question.
The survey determined that the floor tile and mastic inside the building contained asbestos. During
the investigation, AQS Dugger confirmed Mr. Stewart did not employ proper asbestos control work
practices while removing a portion of these materials from the floor of the building.

On October 2, 2017, AQS Suzanne Dugger issued Notice of Violation No. 5658 to Mr. Harry Stewart
for failing to conduct asbestos sampling prior to demolition, failing to obtain an Acknowledgment of
Asbestos Assessment and failing to follow asbestos work practices, each is a major violation of
Section 030.107 (A) and (B) of Washoe County District Board of Health Regulations Governing Air
Quality Management.

On October 5, 2017, Senior AQS Joshua Restori conducted a negotiated settlement meeting attended
by AQS Suzanne Dugger and Mr. Harry Stewart. After careful consideration of all the facts in the
case, Senior AQS Restori recommended that Citation No. 5658 be upheld with a fine of $3450.00 for
the major violations of the Washoe County District Board of Health Regulations Governing Air
Quality Management. Mr. Stewart agreed to the terms of the settlement agreement. A Memorandum
of Understanding was signed on this date by all parties present.

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

**RECOMMENDATION**
Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5658,
Case No. 1198, and levy a fine in the amount of **$3450.00** as a negotiated settlement for a **major
violation**.

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

1. The Board may determine no violation of the regulations has occurred and dismiss
   Citation No. 5658.

   Or

2. The Board may determine to uphold Citation No. 5658 and levy any fine in the range of
   $0 to $10,000 per day for the major violation.
**POSSIBLE MOTION(s)**

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

1. “Move to grant the uphold Citation No. 5658, Case No. 1198, as recommended by Staff.”

Or

2. “Move to uphold Citation No. 5658, Case No. 1198, and levy a fine in the amount of *(range of $0 to $10,000)* per day for each major violation, with the matter being continued to the next meeting to allow for Harry Stewart to be properly noticed.”
NOTICE OF VIOLATION

NOV 5658

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

ISSUED TO: HARRY STEWART PHONE #: 775-560-6614
MAILING ADDRESS: 7052 CINNAMON DR. CITY/ST: SPARKS ZIP: 89436
NAME/OPERATOR: HARRY STEWART PHONE #: 775-560-6614
COMPLAINT NO. WCM P17-00701

DATE ISSUED: 10-2-2017

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10-2-2017 (DATE) AT 3:30 P.M. (TIME),
YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD
OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

☐ MINOR VIOLATION OF SECTION:
☐ 040.030 DUST CONTROL
☐ 040.055 ODOR/NUISANCE
☐ 040.200 DIESEL IDLING
☐ OTHER

☒ MAJOR VIOLATION OF SECTION:
☐ 030.000 OPERATING W/O PERMIT
☐ 030.2175 VIOLATION OF PERMIT CONDITION
☐ 030.105 ASBESTOS/NESHAP
☐ OTHER 030.107 (A)(B)

VIOLATION DESCRIPTION:
(A) ASBESTOS SAMPLING & NOTIFICATION - FAILURE TO
SAMPLE FOR ASBESTOS PRIOR TO DISTURBING BUILDING MATERIALS, FAILURE TO OBTAIN
ASBESTOS ASSESSMENT ACKNOWLEDGMENT FORM.
(B) ASBESTOS CONTROL WORK PRACTICE -
FAILURE TO PERFORM ACCEPTABLE WORK PRACTICES.

LOCATION OF VIOLATION: 944 VICTORIAN AVE, SPARKS, NV 89431

POINT OF OBSERVATION: INTERIOR OF 944 VICTORIAN AVE, SPARKS, NV 89431

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: NA

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

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

☐ CITATION: You are hereby notified that effective on 10-2-2017 (date) you are in violation of the section(s) cited above. You are
hereby ordered to abate the above violation within hours/days. You may contact the Air Quality Management Division
to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date
of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management
Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission
of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

Signature

SIGNING THIS FORM IS NOT AN ADMISSION OF GUilt

Issued by: Date: 10-2-2017

☐ PETITION FOR APPEAL FORM PROVIDED

Title: ADS II

H-AR-09 (Rev. 04/12)
MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: October 5, 2017

Company Name: Harry Stewart
Address: 7052 Cinnamon Drive

Notice of Violation #: 5658  Case #: 1198
The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.107 (A) Asbestos Sampling and Notification and 030.107 (B) Asbestos Control Work Practices

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of $ 3450.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 16, 2017.

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

Harry Stewart  Joshua Restori
Signature of Company Representative  Signature of District Representative

Print Name  Print Name
Title  Senior Air Quality Specialist

Witness

AIR QUALITY MANAGEMENT
1001 East Ninth Street  P.O. Box 11130  Reno, Nevada 89520
AQM Office: 775-784-7200  Fax: 775-784-7225  washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.
Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

Company Name: Harry Stewart
Contact Name: Harry Stewart

Case: 1198 NOV 5658 WVIO-AQM 17-0013

I. Violation of Section: 030.107 (A) Asbestos Sampling and Notification

I. Recommended/Negotiated Fine = $ 1850

II. Violation of Section: 030.107 (B) Asbestos Control Work Practices

II. Recommended/Negotiated Fine = $ 1600

III. Violation of Section: 0

III. Recommended/Negotiated Fine = $ 0

IV. Violation of Section: 0

IV. Recommended/Negotiated Fine = $ 0

V. Violation of Section: 0

V. Recommended/Negotiated Fine = $ 0

Total Recommended/Negotiated Fine = $ 3450

Air Quality Specialist: 10-5-2017
Senior AQ Specialist/Supervisor: 10-5-2017
Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

Company Name: Harry Stewart
Contact Name: Harry Stewart

Case: 1198 NOV 5658 WVIO-AQM 17-0013
Violation of Section: 030.107 (A) Asbestos Sampling and Notification

I. Base Penalty as specified in the Penalty Table = $2,000.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation
(The degree of which the person/company has deviated from the regulatory requirements)

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

Comment: Violation of 030.107 (A) constitutes a major violation per 020.040.A

2. Toxicity of Release
Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x
Adjustment Factor 2.0

Comment: Asbestos is a hazardous air pollutant per the Clean Air Act

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)
Negligible – 1x Moderate – 1.5x Significant – 2x
Adjustment Factor 1.0

Comment: The disturbed asbestos material remains inside the building

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

B. Adjusted Base Penalty

Base Penalty $2000 x Adjustment Factor 2 = $4000

C. Multiple Days or Units in Violation

Adjusted Penalty $4000 x Number of Days or Units 1 = $4000

Comment: Only citing for one day for violation

D. Economic Benefit

Avoided Costs $617.00 + Delayed Costs $0 = $617

Comment: Asbestos Sampling and Filing for an Asbestos Assessment Acknowledgement

Penalty Subtotal

Adjusted Base Penalty $4000 + Economic Benefit $617 = $4617

12/01/2017
III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%)
   1. Negotiated Settlement - 25%
   2. Ability to Pay
   3. Other (explain)
   Comment: Willing to Negotiate Settlement

C. Compliance History
   No Previous Violations (0 – 10%) - 10%
   Comment: No prior violations
   Similar Violation in Past 12 months (25 - 50%)
   Comment: NA
   Similar Violation within past 3 year (10 - 25%)
   Comment: NA
   Previous Unrelated Violation (5 – 25%)
   Comment: NA
   Total Penalty Adjustment Factors – sum of A, B, & C - 60%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\[
\frac{\$ \text{4617}}{\text{Total Adjustment Factors}} \times \frac{-60\%}{\text{(From Section II)}} = \frac{-2770.2}{\text{(From Section III)}}
\]

Additional Credit for Environmental Investment/Training - $

Comment: NA

Adjusted Penalty:

\[
\frac{\$ \text{4617}}{\text{Total Adjustment Value}} \pm \frac{\$ \text{-2770.2}}{\text{(From Section III + Credit)}} = \frac{\$ \text{1850}}{\text{Recommended/Negotiated Fine}}
\]

Air Quality Specialist

Senior AQ Specialist/Supervisor

Date: 10-5-2017

Date: 10-5-2017
Washoe County Air Quality Management  
Permitting & Enforcement Branch  
Recommended Fine Calculation Worksheet  

Company Name: Harry Stewart  
Contact Name: Harry Stewart  

Case: 1198 NOV 5658 WVIO-AQM 17-0013  
Violation of Section: 030.107 (B) Asbestos Control Work Practices  

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

II. Severity of Violation  

A. Public Health Impact  

1. Degree of Violation  
(The degree of which the person/company has deviated from the regulatory requirements)  
Minor − 0.5 Moderate − 0.75 Major − 1.0  
Adjustment Factor 1  
Comment: Violation of 030.107 (B) constitutes a major violation per 020.040.A  

2. Toxicity of Release  
Criteria Pollutant − 1x  
Hazardous Air Pollutant − 2x  
Adjustment Factor 2  
Comment: Asbestos is a hazardous air pollutant per the Clean Air Act  

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)  
Negligible − 1x Moderate − 1.5x Significant − 2x  
Adjustment Factor 1  
Comment: The disturbed asbestos material remains inside the building  
Total Adjustment Factors (1 x 2 x 3) = 2  

B. Adjusted Base Penalty  

Base Penalty $2000 x Adjustment Factor 2 = $4000  

C. Multiple Days or Units in Violation  

Adjusted Penalty $4000 x Number of Days or Units 1 = $4000  
Comment:  

D. Economic Benefit  

Avoided Costs + Delayed Costs $ = $0  
Comment: Abatement of asbestos containing flooring and mastic to be paid by property owner.  

Penalty Subtotal  

Adjusted Base Penalty $4000 + Economic Benefit $0 = $4000  

Washoe County Air Quality Management

12/01/2017
III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%)  
1. Negotiated Settlement  
- 25%
2. Ability to Pay
3. Other (explain)

Comment: Willing to Negotiate Settlement

C. Compliance History
   No Previous Violations (0 – 10%)  
- 10%

Comment: No prior violations
   Similar Violation in Past 12 months (25 - 50%)  
+ 0%

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

Comment: NA
   Previous Unrelated Violation (5 - 25%)  
+ 0%

Comment: NA

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:
$ 4000 x -60% = -2400
Penalty Subtotal (From Section II) Total Adjustment Factors (From Section III) Total Adjustment Value

Additional Credit for Environmental Investment/Training  
- $ 0

Comment: NA

Adjusted Penalty:

$ 4000 +/- $ -2400 = $ 1600
Penalty Subtotal (From Section II) Total Adjustment Value (From Section III + Credit) Recommended/Negotiated Fine

Air Quality Specialist

Senior AQ Specialist/Supervisor

Date

10-5-2017

Date

10-5-2017
## Administrative Penalty Table

**Air Quality Management Division**  
**Washoe County Health District**

### I. Minor Violations - Section 020.040(C)

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Violation</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Violation</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td>040.005</td>
<td>Visible Emissions</td>
<td>$ 1,000</td>
<td>$ 2,500</td>
</tr>
<tr>
<td>040.030</td>
<td>Dust Control (fugitive)</td>
<td>250</td>
<td>750</td>
</tr>
<tr>
<td>040.035</td>
<td>Open Fires</td>
<td>500</td>
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<tr>
<td>040.040</td>
<td>Fire Training</td>
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<td>040.050</td>
<td>Incinerator</td>
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<tr>
<td>040.051</td>
<td>Woodstoves</td>
<td>500</td>
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<tr>
<td>040.055</td>
<td>Odors</td>
<td>1,000</td>
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<tr>
<td>040.080</td>
<td>Gasoline Transfer (maintenance)</td>
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<td>040.200</td>
<td>Diesel Idling</td>
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<tr>
<td>050.001</td>
<td>Emergency Episode</td>
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</table>

### II. Major Violations - Section 020.040

<table>
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<tr>
<th>Regulation</th>
<th>Violation</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>030.000</td>
<td>Construction/Operating without Permit (per major process system or unit/day)</td>
<td>$ 5,000</td>
<td>$ 10,000</td>
</tr>
<tr>
<td>030.1402</td>
<td>Failure to Comply with Stop Work Order</td>
<td>10,000/day</td>
<td>10,000/day</td>
</tr>
<tr>
<td>030.2175</td>
<td>Operation Contrary to Permit Conditions (per day or event)</td>
<td>2500</td>
<td>10000</td>
</tr>
<tr>
<td>030.235</td>
<td>Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)</td>
<td>2500</td>
<td>5000</td>
</tr>
<tr>
<td></td>
<td>All other Major Violations (per day or event)</td>
<td>5000</td>
<td>10000</td>
</tr>
<tr>
<td>030.000</td>
<td>Construction Without a Dust Control Permit</td>
<td>Project Size – Less than 10 acres $ 500 + $50 per acre</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Project Size – 10 acres or more $1,000 + $50 per acre</td>
<td></td>
</tr>
</tbody>
</table>

### III. Major Violations - Section 030.107 Asbestos

**A. Asbestos Sampling & Notification**  
$ 2,000 - $10,000

**B. Asbestos Control Work Practices**  
(per day or event)  
$ 2,000 - $10,000

**C. Asbestos Containment & Abatement**  
(per day or event)  
$ 5,000 - $10,000
STAFF REPORT
BOARD MEETING DATE: December 14, 2017

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

SUMMARY

The five months of fiscal year 2018, (FY18) ended with a cash balance of $4,543,345. Total revenues of $9,425,677 was 41.6% of budget and an increase of $1,703,527 over FY17. The expenditures totaled $9,270,752 or 39.6% of budget and up $661,874 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 November, FY18, was $4,543,345 up 68.4% or $1,845,668 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals $1.6 million; the portion of cash restricted as to use is approximately $1.5 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately $1.4 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 $9,425,677 were up $1,703,527 compared to November 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 $1,243,626 up $399,670 or 47.4% mainly due to fee increases effective July 1, 2017 and an increase in work load; federal and state grant reimbursements of $1,646,079 up $68,038 or 4.3%; charges for services of $1,317,284 up $404,916 or 44.4%; and tire and pollution control revenues of $699,558 up $416,600 or 147.2%; and, the County General Fund transfer of $4,500,192 was up $418,169 or 10.2% due to the contingency transfer for mosquito abatement. The revenue category down compared to FY17 was miscellaneous revenues of $18,939 down $3,865.

The total year to date expenditures of $9,270,752 increased by $661,874 or 7.7% 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 $7,003,057 up $208,381 or 3.1% over the prior year. The total services and supplies of $2,255,008 were up $440,806 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled $72,432 and were up $28,855 or 66.2% over the prior year; chemical supplies of $766,309 were up 226.1% or $531,334 over last year; the biologicals of $121,324 were down $11,592 8.7%; and, County overhead charges of $633,592 were down 10.6% or $75,073. There has been $12,687 in capital expenditures this fiscal year.
Review of Revenues and Expenditures by Division

ODHO has received grant funding of $3,365 for workforce development initiatives and spent $369,601 up $82,645 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. AHS has spent $465,561 down $2,607 compared to FY17. AQM revenues were $1,481,108 that was up $583,767 compared to FY17 due to a lag in FY17 receipts of the Air Pollution Control Funds from the DMV and spent $1,119,167 down $54,241 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 $1,331,160 that was up $310,377 over FY17 mainly due to Medicaid and Insurance reimbursements and spent $3,035,696 or $110,210 more than FY17 due to an increase in salaries and benefits costs for FY18. EHS revenue was $1,573,690 up $456,788 over FY17 mainly due to increased permitting revenue and spent $3,268,773 that was an increase of $521,743 over last year due to the increased chemical cost for the Vector program. EPHP revenue was $536,163 down $68,938 over last year mainly due to loss of grant funding for the Public Health Preparedness program and expenditures were $1,011,954 up $4,124 over FY17.

### Washoe County Health District

#### Summary of Revenues and Expenditures

<table>
<thead>
<tr>
<th>Fiscal Year 2013/2014 through November Year to Date, Fiscal Year 2017/2018 (FY18)</th>
<th>Actual Fiscal Year</th>
<th>Fiscal Year 2016/2017</th>
<th>Fiscal Year 2017/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Year End (audited)</td>
<td>November Year to Date</td>
<td>Adjusted Budget</td>
<td>November Year to Date</td>
</tr>
<tr>
<td>Revenues (all sources of funds)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ODHO</td>
<td>-</td>
<td>481,886</td>
<td>594,672</td>
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<td>AHS</td>
<td>1,336,740</td>
<td>1,096,568</td>
<td>996,021</td>
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<tr>
<td>GF support</td>
<td>8,603,891</td>
<td>10,000,192</td>
<td>10,076,856</td>
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<tr>
<td>Total Revenues</td>
<td>$18,267,134</td>
<td>$19,512,566</td>
<td>$20,469,870</td>
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| Expenditures (all uses of funds) | | | | |
| ODHO | - | 481,886 | 594,672 | 904,268 | 286,956 | 1,079,245 | 369,601 | 34.2% | 28.8% |
| AHS | 1,336,740 | 1,096,568 | 996,021 | 1,119,366 | 468,168 | 1,156,241 | 465,561 | 40.3% | -0.6% |
| AQM | 2,524,702 | 2,587,196 | 2,670,636 | 2,856,957 | 1,173,408 | 3,437,526 | 1,119,167 | 32.6% | -4.6% |
| CCHS | 6,949,068 | 6,967,501 | 6,880,583 | 7,294,144 | 2,925,486 | 7,669,327 | 3,035,696 | 39.6% | 3.8% |
| EHS | 5,737,872 | 5,954,567 | 5,939,960 | 6,366,220 | 2,747,030 | 7,515,458 | 3,268,773 | 43.5% | 19.0% |
| EPHP | 2,374,417 | 2,312,142 | 2,688,659 | 2,616,411 | 1,007,830 | 2,563,833 | 1,011,954 | 39.5% | 0.4% |
| Total Expenditures | $18,922,800 | $19,399,859 | $19,770,532 | $21,157,367 | | $8,608,878 | 23,421,631 | 39.6% | 7.7% |

| Revenues (sources of funds, less Expenditures (uses of funds)) | | | | |
| ODHO | - | 481,886 | 594,672 | 904,268 | 286,956 | 1,079,245 | 369,601 | 34.2% | 28.8% |
| AHS | (1,248,810) | (1,096,417) | (996,021) | (1,119,366) | (468,168) | (1,156,241) | (465,561) | 40.3% | -0.6% |
| AQM | (3,560,969) | (3,446,556) | (3,373,615) | (3,421,246) | (1,904,703) | (3,892,059) | (1,704,537) | 40.3% | -0.6% |
| CCHS | (3,847,680) | (3,946,268) | (3,730,701) | (2,929,270) | (1,630,128) | (3,726,017) | (1,695,083) | 40.3% | -0.6% |
| EHS | (568,431) | (756,634) | (547,325) | (897,340) | (402,729) | (744,943) | (475,791) | 40.3% | -0.6% |
| GF Operating | 8,603,891 | 10,000,192 | 10,076,856 | 10,002,381 | | 4,082,023 | 10,051,691 | 4,500,192 | 44.8% | 10.2% |
| Surplus (deficit) | $655,666 | $112,707 | $993,384 | $1,213,053 | | $866,728 | $782,463 | $154,925 | |
| Fund Balance (FB) | $2,155,799 | $2,268,506 | $2,967,844 | $4,180,897 | | $3,398,434 | | | |

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 November, Fiscal Year 2018.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report
<table>
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<th>Accounts</th>
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<th>2018 Actuals</th>
<th>Balance</th>
<th>Actvt</th>
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Page: 1/ 5
Horizontal Page: 1/ 1
Variation: 1/ 137
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<td>45</td>
<td>10,002,381</td>
<td>4,082,023</td>
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<td>5,551,499</td>
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<td>10,002,381</td>
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<td>5,920,358</td>
<td>41</td>
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<tr>
<td>814230 To Reg Permits-230</td>
<td>100,271</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
### Washoe County
#### Plan/Actual Rev-Exp 2-yr (FC)

**Period:** 1 thru 5 2018  
**Accounts:** GO-P-L P&L Accounts  
**Business Area:** *  
**Fund:** 202  
**Fund Center:** 000  
**Functional Area:** 000  
**Health Fund**  
**Default Washoe County**  
**Standard Functional Area Hiera**

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<th>2018 Plan</th>
<th>2018 Actuals</th>
<th>Balance</th>
<th>Act%</th>
<th>2017 Plan</th>
<th>2017 Actual</th>
<th>Balance</th>
<th>Act%</th>
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<td>58,081</td>
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<td>782,463</td>
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Run date: 12/01/2017 07:12:21  
Report: 400/2016  
Page: 5/5  
Horizontal Page: 1/1  
Variation: 1/137
About Us

The School of Community Health Sciences (SCHS) is focused on ‘Making Health Happen’ by providing educational, community-based, and cutting-edge research experiences. These experiences transform undergraduate and graduate students into the innovators, educators, practitioners, and researchers who are needed to promote the public’s health in our communities.

Community Engagement

133
Partnering Sites for Field work, outreach, and engagement

37,441
Hours of service to the community through internships

Degrees & Specializations

BS in Community Health Sciences
- Public Health
- Kinesiology

Master of Public Health
- Epidemiology
- Biostatistics
- Health Administration and Policy
- Social and Behavioral Health
- Public Health Practice (online)

PhD in Public Health
- Epidemiology
- Social and Behavioral Health
Rising Enrollment

Research Productivity

Following MPH Alumni

SCHS student enrollment continues to grow rapidly. BS has increased 128% since 2015

10.3 M Contracts & Grants

Acquired by SCHS faculty

8% of 2016 cohort continued education; 67% joined the Public Health Workforce

Nevada Public Health Training Center
Training & Workforce Development for Nevada

The Nevada Public Health Training Center (NVPHTC), housed in the SCHS, is part of the Western Region Public Health Training Center. Its mission is to improve the competencies of aspiring and current public health professionals by researching, designing, implementing, and evaluating skill-based training programs. The training center hosts annual conferences and monthly webinars, offers contract services, and manages field placement for undergraduate and graduate students.

History: The school’s name changes by decade

1976-1988
Department of Recreation & Physical Education

1989-2003
College of Human & Community Sciences

2004-2007
College of Health & Human Sciences

2008-Present
School of Community Health Sciences

www.unr.edu/public-health
1664 N. Virginia St M/S 0274. Reno NV 89557 (775) 784-4041
Overview

1. Update: School of Community Health Sciences
2. Update: Washoe County District Board of Health Scholarship Endowment
Council on Education for Public Health (CEPH) Accreditation
<table>
<thead>
<tr>
<th>Degrees</th>
<th>Enrollment</th>
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<tr>
<td>Bachelors (Public Health and Kinesiology)</td>
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<td>Masters (MPH)</td>
<td>61 (+33 new online F ’17)</td>
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<td>Joint degrees (MD/MPH, MSN/MPH)</td>
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<tr>
<td>Doctoral degrees (first cohort Fall 2016)</td>
<td>12</td>
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</table>
Rapid Growth of Undergraduate Program

- 2014/15: 956
- 2015/16: 1123
- 2016/17: 1978
- 2017/18: 2,565
Academic Programs

Undergraduate
- Kinesiology
- Public Health

MPH
- Epidemiology
- Social and Behavioral Health
- Health Administration and Policy
- Biostatistics

MPH Online
- Public Health Practice

PhD in Public Health
- Epidemiology
- Social and Behavioral Health
Community Engagement

133 partnering sites for field work, outreach, and engagement

37,441 hours of service to the community through internships
Preparing Professionals

Second year MPH student, Sara Hanafi, will continue the work from her internships as a Program Specialist with the Nevada Coalition to End Sexual and Domestic Violence.

Sara is one of many students hired as a result of an internship experience.
Nevada Public Health Training Center

• Training and workforce professional development for Nevada through interactive in-person or online training sessions

• Our mission is to improve the competencies of aspiring and current public health professionals by researching, designing, implementing, and evaluating training programs which target prioritized educational and skill-based needs in the public health workforce.
Nevada’s Health Needs

• Improved health outcomes
• A diverse, trained workforce
• Community engagement
• Future leaders
Our Path Forward

– Internships sites
– Research partnerships and contracted services
– Community participation
– Undergraduate and Graduate Scholarships and Assistantships
– Employment opportunities
– Working to build capacity in infrastructure, program support and space
Washoe County District Board of Health Scholarship Endowment

• Thank you for your support!
• Established in 2009
• Criteria: public health student, from Nevada or Northern California counties adjoining Nevada, 3.0 GPA, full-time, career aspirations in Nevada
Washoe County District Board of Health Scholarship Endowment

- 2017 Market Value: $18,020.13
- 2018/2019 Estimated scholarship: $781.50
- Make a gift online at unr.edu/public-health
Michele Gehr, MSSW
Executive Director
423 East 6th
Reno NV
(between Valley and Record)
Eddy House

- Serves primarily non-system youth
- Eddy House saw 625 individual youth (Jan-August 2017)
- We have had over 7,000 youth interactions/visits in 2017.

- We strive to not duplicate youth services offered in the community.

- 93% have lost a parent, family member or close friend
- 39% have previously been in Foster Care (system youth)
- 83% moved more than 5 times as a child
Central Intake and Assessment
Drop-in Resource for Homeless Youth

- Under 24
- 13% of Eddy House visitors are under the age of 18 and were referred to WCDSS.
- 67% are from Washoe County; 6% are from rural Nevada.
- Basic Needs: safe place, showers, clothing, food,
- Resources: Essential documents, medical, dental, education
- Psycho-social education: job skills, life skills, social and emotional skills and goal setting
- Mental health: addiction counseling, healthy relationships, anger management, music and art therapy, grief and loss therapy
Eddy House population

- 100% trauma affected
- 59% have received treatment for mental health
- 60% have no education
  - 70% had an IEP or 504 plan when in school
- 89% have been arrested at least once
- 92% live on the streets; in motels; couch surf
- 70% report that they are safer on the streets than they were at home
- 58% of homeless youth in Reno have exchanged sex or labor for food and shelter

Eddy House Client Intake Forms as of April 1, 2017
Nevada Stats

- Overall, Nevada ranked 5th in the nation for the rate of homeless persons who are unsheltered, as a percentage of the total number of people experiencing homelessness.
  
  HUD 2015 Annual Homeless Assessment Report

- For every 100k people we have 256 homeless people.
  
  USICH.gov

- One-third of households have a median income below $35,000 and cannot afford the median rent($875)
  
  Truckee Meadows Regional Planning Agency Report Feb. 2017
Cost to Community

- US Interagency Council on Homelessness estimates that the annual cost to a city for 1 homeless person to be between $30,000-$50,000.
  - If ½ of our youth are arrested, use the shelter, or the ER it will cost the City of Reno $5.8 million dollars per year.
- Increased blight and crime downtown
- Higher rate of human trafficking
Homeless youth are homeless for different reasons than adults

- Homeless youth do not identify as being homeless.
- 75% of homeless youth will realize their mental illness by 25.
- A homeless youth is 5X more likely than an adult to sleep in a place not meant for human habitation.
- Less than 8% of our homeless youth use the VOA shelter.
2017 Homeless Youth Point in Time Count

Eddy House participated by being a survey location.

- 54% would take housing at a youth shelter if it were offered today.
- Only 17% access the adult shelter
- 51% have stayed somewhere with someone they did not know or trust
- 51% report losing housing over sexuality or gender identity.
- 14% have ongoing issues with police or courts.
- 45% stayed overnight in a treatment or healthcare facility
- 37% received, or felt that they needed to receive, services for mental health.
- 67% stayed overnight or longer in jail, prison, or a juvenile facility.

2017 HUD Youth Point In Time Count data collected by surveying street youth for 24 hours count is coordinated by Nevada Youth Empowerment Project and Our Center.
Why Don't Homeless Youth Use Adult Shelters?

- No Pets Allowed
- Denied Entry Due to Mental Illness
- **Discrimination Against LGBTQ People**
- **Fear of Contracting Parasites like Lice, Scabies, Pubic Lice, or Bedbugs**
- Hours of Operation Incompatible with Work Hours
- **Danger of Rape or Assault**
- Fear of Contracting Disease
- An Invasive and Disrespectful Check-In Process
- Lack of Handicapped Accommodations
- Drug Addictions
- Separation of Family Members
- Some Service Dogs are Barred from Entry
- Staff Assumptions about Drug Use and Criminality
- **Danger of Theft**
- Religious Differences
- Lack of Privacy and Fear of Crowds
- Lack of Control
- Rules That Unfairly Endanger Disabled Individuals
- Lack of Available Beds

*Nevada Youth Empowerment Project 2017*

Young people see themselves being homeless for different reasons than adults. They really do see themselves in a temporary or transitional state.
Eddy House, Today

- All resources at a single cramped location
- Physically and psychologically safe
- Relationship-based programming
- Social and Emotional Learning Components
- Behavior contracts enforced

- Plans for a 24-hour drop-in center downtown
- Planning Committees: Homeless Youth Continuum, Homeless Youth Point in Time Count
Eddy House, 2018

- Strengthen current process, programming and funding streams
- Increase hours within the drop-in program
- Expand partnerships with agencies working on a full continuum of care

- Expand Eddy House to include a 24 hour drop-in center
- At least 3 staff on-site at all times
How can you help?

- Make introductions to significant funding or commercial real estate.
- Offer insight to the problem and offer realistic solutions.
- Provide social media support.
- Take a tour.
Questions?

Michele Gehr, Executive Director
director@eddyhouse.org
775-384-1129

Monday-Friday 10:00 a.m. to 5:00 p.m.
www.eddyhouse.org
TO: District Board of Health
FROM: Dean Dow, Chief Executive Officer, REMSA
(775) 858-5700, ddow@remsa-cf.com
THROUGH: EMS Oversight Program, Washoe County Health District
SUBJECT: Presentation, Discussion, and possible approval of REMSA’s request for an increase of 3% a year over four years to the average allowable bill.

SUMMARY

REMSA is requesting the District Board of Health (DBOH) to consider an increase to the average allowable bill by 3% a year for the next four years. This increase will support the growing response demands created by rapid development and new map implementation processes, increase efforts for effective retention of highly skilled and qualified providers, and help to offset the cost of providing care to the increasing number of patients not transported, currently 33% of responses.

BACKGROUND

Region wide growth, expansion of the Affordable Care Act (ACA) and new franchise requirements have required REMSA to expand services, add additional staff and grow infrastructure. Ensuring our organization is prepared to respond and continuing to meet the needs of our patients is the highest priority.

The addition and retention of qualified staff is critical to satisfy the needs of increasing requests for service at a rate of 10% year over year. This additional staff is necessary to meet response requirements while actual transports have begun to flatten out with more people calling 911.

Of the 74,111 responses per year, one-third of all responses result in no transport. Patients that are not transported do not receive a bill. This equates to 24,716 calls receiving an emergency response and often an assessment and care by a paramedic provider that result in no transport to a hospital and no bill to insurance or the patient because REMSA is a safety net provider for the communities we serve.

Since the introduction of healthcare reform through the passing of the ACA, REMSA has seen a 10% increase in overall call volume year over year and a 15% increase in Medicaid patients using ambulance services, often as their primary access point to healthcare. Due to the lack of healthcare
providers in our region, many of whom do not accept Medicaid, the increase of insured patients has created an overall increase of patients utilizing EMS to access healthcare. In addition, Medicaid reimburses significantly less than the actual costs of providing the service.

The breakdown provided above shows the percentage of patients transported by insurance type and the average payment by each insurer. It is important to note that regardless of the bill amount presented to the insurance provider, the actual payment to REMSA is lower than the bill. On average, REMSA receive 34 cents for every dollar billed.

**How will the proposed Increase be utilized by REMSA?**

On average, a typical bill will increase by $34.00 in the first year. Based on predicted patient transport volume, this increase will provide an additional $500,000 per year to support REMSA’s response to the growing needs of the region. REMSA plans to utilize the increase in the following ways:

**Staffing and Retention:** Over the past two years, REMSA has developed a robust strategic plan focusing on providing high quality patient care and retaining highly qualified and skilled employees. Retention efforts have included a new compensation program that has increased salaries of clinical providers and aligned them on a step progression plan, a continued commitment to a robust healthcare benefit package that has ensured no pass-through increases to employee premiums over the last two years and continued investment into retirement plans at or above other non-profit organizations. Over the last four years, REMSA has hired an additional 34 field providers. This number does not include positions that have been replaced due to attrition as employees have accepted other EMS jobs in the market. This is one reason retention is a top priority for the organization. It is imperative that we are able to recruit and retain high quality EMS providers, reduce turnover, remain competitive and maintain a level of clinical expertise through well-trained and seasoned EMS professionals. As the demand for paramedic certified staff grows across the region and the country, REMSA continues to invest in retention efforts to attract and retain highly skilled and experienced field providers.

**Franchise Map Updates:** One major area of growth and additional expense came with the implementation of the new franchise response map effective July 1, 2016. The new map
requirements were developed based on geographic demand and population density creating “islands” or larger populations in areas like Cold Springs, Spanish Springs, and South Reno with quicker response requirements. To ensure compliance with these new requirements, REMSA added three fixed station locations with ambulances dedicated to these areas. This has resulted in an additional $1.5 million annual expense to ensure coverage. These locations pose a unique challenge as the call volume to support this expense is not currently high enough in these areas resulting in an underused resource, however, as these areas grow call volume is expected to increase.

**General Growth and Unit Hours:** In addition to fixed post locations to ensure coverage of our outlying areas, REMSA has added unit hours to the system since January 2016 to account for the increasing call volume. Since 2015, REMSA has added 429 advanced life support (ALS) unit hours a week to the system to account for the increasing call volume and requests for services driven by growth across the region. With the addition of large new housing developments in the core of the system like the project adding more than 600 homes to the Victorian Square area of Sparks and outlying areas like projects in the North Valleys expected to bring in more than 4000 homes, REMSA anticipates the demand will require even more additional unit hours.

**Ancillary Services:** As the community has grown, REMSA has been challenged to respond to more than just 911 calls. Special programs include: Tactical Emergency Medical Services team, the Search and Rescue paramedics that supports the Washoe County Search and Rescue team by providing a paramedic to responses, and the ALS bike team used to service high volume weekends and cover more highly dense populations throughout the summer. These programs were implemented by REMSA to meet the changing needs of our community outside of a traditional EMS response. Each of these services are provided to the community utilizing highly trained and skilled staff without fees for services.

**Helping Patients Navigate Healthcare:** Despite ongoing education efforts, many people continue to call 911 to get medical assistance even when it is not an emergency. This can significantly clog the system. In response, REMSA identified an innovative solution - the Nurse Health Line. To facilitate getting patients to the right level of care, REMSA also implemented low or no acuity Omega protocols. This intervention uses medically trained 911 communications specialists to identify 911 callers that have no emergent needs and, based on the assessment, transfer them out of the 911 system. Callers that consent are assessed by a nurse using internationally approved protocols to determine the appropriate level of care including urgent care, appointment with a doctor, and self-care at home. We are working with our regional partners to grow the number of Omega determinants used by the Nurse Health Line to continue reducing unnecessary 911 call responses.

**Capital Investments:** Critical infrastructure improvements to the system are necessary to keep up with growth and high volume of use related to the increasing number of responses. Ambulances are being replaced and refurbished at an aggressive rate to update and add to the fleet. Approximately $160,000 is invested into each ambulance unit to update or replace. New gurney securing systems are being added to all ambulances in the fleet to comply with the most recent safety
recommendations at a cost of $827,724. ALS monitors are also being replaced this year to ensure patients are treated using the latest technology and equipment is compatible with other regional partners. This purchase will cover all ALS ambulances and cost $1.3 million. These are examples of how REMSA is working to keep a current and functioning infrastructure in place while expanding to meet the needs of our region.

**FISCAL IMPACT**

There will be no fiscal impact to the DBOH or the Washoe County Health District.

An increase of the average allowed bill will only impact patients with private insurance. Based on current reimbursement practices, this proposed increase will not affect those currently covered by Medicare and Medicaid. Medicare and Medicaid will only reimburse based on their current payment schedules without regard for the actual bill or cost of providing the service. Patients utilizing Medicaid will never be billed for amounts not covered by their insurance as this practice is not allowed by Medicaid rules.

As a community based non-profit, REMSA will continue to work with the small number of self-pay patients by providing 30% discounts on bills and provide payment plan options with no interest.

**RECOMMENDATION**

REMSA recommends the DBOH approve the request for an increase of 3% a year over four years to the average allowable bill.

**POSSIBLE MOTION**

Should the DBOH agree with the recommendation, a possible motion would be to “Move to approve REMSA’s request for an increase of 3% a year over four years to the average allowable bill.”
District Board of Health
December 14, 2017

Our Mission:
Contribute to the health of the communities we serve every day through compassion, innovation and patient-centered care
Today

- Access to primary care limited – 911 is the access
- Request for responses growing by 10% a year
- Cancellation rate increasing
- Growth in all areas of the region

People

- Recruitment and retention
- Addition of field provider positions
Growth

- Franchise map updates
- Additional unit hours added to the system
- Response to low acuity, no transport calls growing
- Large housing developments

Infrastructure

- Support services
- Navigating healthcare through the Nurse Health Line
- Capital improvements
Impact

- Average bill increase will not impact 70% of our patients that utilize Medicare and Medicaid
- This will increase a typical bill by $34
- Actual reimbursement will be subject to lower reimbursement by insurers based on what they actually pay

Review

- Provide updates on growth and infrastructure
- Annually at the same time as franchise compliance
Thank You
REMSA

FRANCHISE COMPLIANCE REPORT

OCTOBER 2017
REMSA Accounts Receivable Summary
Fiscal 2018

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<th>Month</th>
<th>#Patients</th>
<th>Total Billed</th>
<th>Average Bill</th>
<th>YTD Average</th>
<th>Average Collected</th>
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<td>July</td>
<td>3986</td>
<td>$4,530,081.40</td>
<td>$1,136.50</td>
<td>$1,136.50</td>
<td>$409.14</td>
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<tr>
<td>August</td>
<td>4101</td>
<td>$4,669,433.60</td>
<td>$1,138.61</td>
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<td>September</td>
<td>4059</td>
<td>$4,631,774.80</td>
<td>$1,141.11</td>
<td>$1,138.75</td>
<td>$409.95</td>
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<td>Totals</td>
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<td>$13,831,290</td>
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Allowed ground average bill: $1,161.23
Monthly average collection rate: 36%

Fiscal 2017-2017

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<tr>
<th>Compliance</th>
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<th>Pri 1 System - Wide Avg. Response Time</th>
<th>Pri 1 Zone A</th>
<th>Pri 1 Zones B,C,D</th>
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<tr>
<td>Month</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Jul-17</td>
<td>5 Minutes 43 Seconds</td>
<td>93%</td>
<td>91%</td>
<td></td>
<td></td>
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<tr>
<td>Aug-17</td>
<td>5 Minutes 38 Seconds</td>
<td>93%</td>
<td>93%</td>
<td></td>
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<tr>
<td>Sep-17</td>
<td>5 Minutes 43 Seconds</td>
<td>92%</td>
<td>97%</td>
<td></td>
<td></td>
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<tr>
<td>Oct-17</td>
<td>5 Minutes 45 Seconds</td>
<td>92%</td>
<td>92%</td>
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Year to Date: July 2017 through October 2017

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<tr>
<th>Pri 1 Zone A</th>
<th>Pri 1 Zones B,C,D</th>
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</thead>
<tbody>
<tr>
<td>92%</td>
<td>93%</td>
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## Average Response Times by Entity

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<th>Month/Year</th>
<th>Priority</th>
<th>Reno</th>
<th>Sparks</th>
<th>Washoe County</th>
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<td>P-2</td>
<td>5:06</td>
<td>6:08</td>
<td>8:23</td>
</tr>
<tr>
<td>Aug-16</td>
<td>P-1</td>
<td>4:55</td>
<td>5:48</td>
<td>8:09</td>
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<td></td>
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<td>5:03</td>
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<tr>
<td>Sep-16</td>
<td>P-1</td>
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<td>5:45</td>
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<td></td>
<td>P-2</td>
<td>5:21</td>
<td>6:25</td>
<td>6:06</td>
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<tr>
<td>Oct-16</td>
<td>P-1</td>
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<td></td>
<td>P-2</td>
<td>5:22</td>
<td>6:14</td>
<td>8:01</td>
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## Year to Date: July 2017 through October 2017

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<th>Priority</th>
<th>Reno</th>
<th>Sparks</th>
<th>Washoe County</th>
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<tr>
<td>P-1</td>
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<td>5:48</td>
<td>8:02</td>
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<tr>
<td>P2</td>
<td>5:13</td>
<td>6:12</td>
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### REMSA OCU INCIDENT DETAIL REPORT

**Period:** 10/01/17 to 10/31/17

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#### Upgrade Requested

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#### Exemptions Requested

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1. **Overall Statics**
   a) Total number of system responses: 6,286
   b) Total number of responses in which no transports resulted: 2,434
   c) Total number of System Transports (including transports to out of county): 3,852

2. **Call Classification**
   a) Cardiopulmonary Arrests: 1.7%
   b) Medical: 50.5%
   c) Obstetrics (OB): 0.5%
   d) Psychiatric/Behavioral: 8.5%
   e) Transfers: 9.5%
   f) Trauma – MVA: 7.2%
   g) Trauma – Non MVA: 19.0%
   h) Unknown: 3.3%

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**: 1767
**Total number of above calls receiving QA Reviews**: 302
**Percentage of charts reviewed from the above transports**: 17.09%
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<th>REMSA Classes</th>
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<tr>
<td>10/3/17</td>
<td>Safe Kids Washoe County Board of Directors Meeting</td>
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<td>10/10/17</td>
<td>Safe Kids Washoe County Coalition Meeting</td>
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<tr>
<td>10/14/17</td>
<td>Child Car Seat Checkpoint, hosted by Raley’s on Robb Drive in Reno; 16 cars and 24 seats inspected</td>
<td>12 volunteers; 2 staff</td>
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<tr>
<td>10/2017</td>
<td>Seven office installation appointments; 7 cars and 9 seats inspected</td>
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**Cribs for Kids Community**

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<th>Event</th>
<th>Details</th>
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<td>10/3/17</td>
<td>C4K flew to Las Vegas for Train-the-Training had 15 participates attend the class at Southern Nevada Health District.</td>
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<tr>
<td>10/6/17</td>
<td>C4K attended Washoe County Child Death Review.</td>
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<tr>
<td>10/10/17</td>
<td>C4K attended Safe Kids Washoe County Coalition Meeting.</td>
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<tr>
<td>10/12/17</td>
<td>C4K attended Health Directors Meeting at Inter-Tribal Council of Nevada to present C4K program to tribal health directors.</td>
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<tr>
<td>10/12/17</td>
<td>Attended Statewide Impact of Safe Sleep Meeting.</td>
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<td>10/14/17</td>
<td>Washoe County Health District helped with C4K with running a C4K booth at the Little Flower Church for a R.E.A.C.H./Ventilla De Salud-Health Fair aimed for the Latino Community.</td>
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<tr>
<td>10/17/17</td>
<td>C4K drove to Shurz for Train-the-Training had 4 participates attend the class at Walker River Paiute Tribal Health Clinic.</td>
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<td>10/19/17</td>
<td>PSG: Attended Northern Nevada Pedestrian Safety Task Force at RTC</td>
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<tr>
<td>10/19/17</td>
<td>C4K attended Northern Nevada Maternal Child Health Coalition Meeting.</td>
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<tr>
<td>10/19/17</td>
<td>C4K attended Renown Grand Rounds presentation on SIDS by Medical Examiner Dr. Laura Knight.</td>
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EMS System Report
October 1, 2017 to October 31, 2017
Division: Ground

Your Score: 93.86

Number of Your Patients in this Report: 150

Number of Patients in this Report: 5,347

Number of Transport Services in All EMS DB: 142
Executive Summary

This report contains data from 150 REMSA patients who returned a questionnaire between 10/01/2017 and 10/31/2017.

The overall mean score for the standard questions was 93.86; this is a difference of 1.69 points from the overall EMS database score of 92.17.

The current score of 93.86 is a change of -1.47 points from last period’s score of 95.33. This was the 30th highest overall score for all companies in the database.

You are ranked 6th for comparably sized companies in the system.

84.10% of responses to standard questions had a rating of Very Good, the highest rating. 97.86% of all responses were positive.

5 Highest Scores

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<tr>
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<td>Willingness of the</td>
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<td>Likelihood of</td>
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<td>Skill of the person</td>
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5 Lowest Scores

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<td>86.22</td>
<td>86.22</td>
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<tr>
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<tr>
<td>ambulance arrived</td>
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<td>Extent to which the ambulance arrived in a timely</td>
<td>92.37</td>
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<td>manner</td>
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Page 2 of 23
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.
## 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.

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<td>90.58</td>
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<tr>
<td>Extent to which you were told what to do until the ambulance arrived</td>
<td>88.16</td>
<td>87.12</td>
<td>91.88</td>
<td>97.02</td>
<td>95.14</td>
<td>89.53</td>
<td>94.26</td>
<td>94.77</td>
<td>92.10</td>
<td>91.48</td>
<td>86.02</td>
<td>89.89</td>
<td>92.33</td>
</tr>
<tr>
<td>Extent to which the ambulance arrived in a timely manner</td>
<td>90.53</td>
<td>92.15</td>
<td>95.79</td>
<td>93.01</td>
<td>96.28</td>
<td>94.12</td>
<td>95.39</td>
<td>92.40</td>
<td>93.50</td>
<td>92.01</td>
<td>95.01</td>
<td>95.44</td>
<td>92.37</td>
</tr>
<tr>
<td>Cleanliness of the ambulance</td>
<td>94.84</td>
<td>93.85</td>
<td>97.79</td>
<td>96.18</td>
<td>97.37</td>
<td>96.12</td>
<td>98.13</td>
<td>95.17</td>
<td>97.11</td>
<td>96.04</td>
<td>96.57</td>
<td>99.09</td>
<td>96.82</td>
</tr>
<tr>
<td>Skill of the person driving the ambulance</td>
<td>92.50</td>
<td>93.80</td>
<td>96.34</td>
<td>93.88</td>
<td>97.14</td>
<td>97.24</td>
<td>96.23</td>
<td>96.01</td>
<td>95.42</td>
<td>95.49</td>
<td>96.49</td>
<td>96.44</td>
<td>96.82</td>
</tr>
<tr>
<td>Care shown by the medics who arrived with the ambulance</td>
<td>92.06</td>
<td>94.61</td>
<td>96.23</td>
<td>96.23</td>
<td>96.83</td>
<td>97.55</td>
<td>98.98</td>
<td>94.47</td>
<td>94.76</td>
<td>95.12</td>
<td>93.90</td>
<td>96.19</td>
<td>93.68</td>
</tr>
<tr>
<td>Degree to which the medics took your problem seriously</td>
<td>90.40</td>
<td>93.31</td>
<td>94.37</td>
<td>95.63</td>
<td>97.16</td>
<td>97.45</td>
<td>98.19</td>
<td>93.99</td>
<td>95.88</td>
<td>94.73</td>
<td>96.70</td>
<td>95.90</td>
<td>93.59</td>
</tr>
<tr>
<td>Degree to which the medics listened to you and/or your family</td>
<td>90.14</td>
<td>92.62</td>
<td>94.51</td>
<td>95.84</td>
<td>96.43</td>
<td>97.48</td>
<td>97.78</td>
<td>94.31</td>
<td>93.63</td>
<td>93.77</td>
<td>94.52</td>
<td>98.48</td>
<td>94.22</td>
</tr>
<tr>
<td>Extent to which the medics kept you informed about your care</td>
<td>91.25</td>
<td>94.40</td>
<td>94.76</td>
<td>92.67</td>
<td>95.83</td>
<td>96.92</td>
<td>95.45</td>
<td>91.29</td>
<td>92.92</td>
<td>91.76</td>
<td>92.33</td>
<td>92.75</td>
<td>92.56</td>
</tr>
<tr>
<td>Extent to which medics included you in the treatment decisions</td>
<td>89.92</td>
<td>92.31</td>
<td>94.44</td>
<td>98.94</td>
<td>94.29</td>
<td>96.52</td>
<td>95.36</td>
<td>93.77</td>
<td>92.88</td>
<td>92.01</td>
<td>93.16</td>
<td>91.71</td>
<td>93.93</td>
</tr>
<tr>
<td>Degree to which the medics relieved your pain or discomfort</td>
<td>95.54</td>
<td>90.74</td>
<td>93.16</td>
<td>98.18</td>
<td>92.85</td>
<td>92.50</td>
<td>94.24</td>
<td>97.89</td>
<td>97.94</td>
<td>87.43</td>
<td>92.54</td>
<td>93.37</td>
<td>96.22</td>
</tr>
<tr>
<td>Medics' concern for your privacy</td>
<td>91.55</td>
<td>93.53</td>
<td>94.53</td>
<td>94.41</td>
<td>97.23</td>
<td>97.39</td>
<td>97.44</td>
<td>94.31</td>
<td>95.39</td>
<td>97.16</td>
<td>96.00</td>
<td>96.73</td>
<td>94.72</td>
</tr>
<tr>
<td>Extent to which medics cared for you as a person</td>
<td>92.35</td>
<td>92.79</td>
<td>95.05</td>
<td>94.92</td>
<td>98.11</td>
<td>97.81</td>
<td>98.18</td>
<td>94.29</td>
<td>93.74</td>
<td>95.40</td>
<td>95.20</td>
<td>90.95</td>
<td>94.54</td>
</tr>
<tr>
<td>Professionalism of the staff in our ambulance service billing</td>
<td>90.00</td>
<td>75.00</td>
<td>90.10</td>
<td>89.76</td>
<td>95.00</td>
<td>100.00</td>
<td>100.00</td>
<td>92.84</td>
<td>99.00</td>
<td>95.00</td>
<td>91.29</td>
<td>95.18</td>
<td>96.41</td>
</tr>
<tr>
<td>Willingness of the staff in our billing office to address your concerns</td>
<td>93.75</td>
<td>75.00</td>
<td>90.10</td>
<td>88.35</td>
<td>100.00</td>
<td>100.00</td>
<td>96.43</td>
<td>99.00</td>
<td>87.50</td>
<td>84.50</td>
<td>87.50</td>
<td>100.00</td>
<td>98.08</td>
</tr>
<tr>
<td>How well did our staff work together to care for you</td>
<td>92.31</td>
<td>93.93</td>
<td>96.08</td>
<td>96.28</td>
<td>95.51</td>
<td>98.50</td>
<td>98.54</td>
<td>94.99</td>
<td>98.22</td>
<td>95.72</td>
<td>96.58</td>
<td>95.37</td>
<td>95.92</td>
</tr>
<tr>
<td>Extent to which the services received were worth the fees</td>
<td>89.49</td>
<td>85.80</td>
<td>86.39</td>
<td>82.19</td>
<td>87.20</td>
<td>94.91</td>
<td>92.20</td>
<td>92.72</td>
<td>78.61</td>
<td>87.92</td>
<td>88.24</td>
<td>83.63</td>
<td>85.47</td>
</tr>
<tr>
<td>Overall rating of the care provided by our Emergency Medical Services</td>
<td>93.36</td>
<td>95.07</td>
<td>95.27</td>
<td>96.50</td>
<td>96.66</td>
<td>97.45</td>
<td>98.52</td>
<td>95.52</td>
<td>94.78</td>
<td>94.94</td>
<td>94.54</td>
<td>95.04</td>
<td>94.97</td>
</tr>
<tr>
<td>Likelihood of recommending this ambulance service to others</td>
<td>91.97</td>
<td>93.12</td>
<td>96.24</td>
<td>96.97</td>
<td>97.38</td>
<td>92.40</td>
<td>97.50</td>
<td>95.79</td>
<td>94.93</td>
<td>93.55</td>
<td>96.44</td>
<td>97.34</td>
<td>96.87</td>
</tr>
<tr>
<td>Your Master Score</td>
<td>91.09</td>
<td>92.92</td>
<td>94.96</td>
<td>94.58</td>
<td>96.16</td>
<td>96.32</td>
<td>96.91</td>
<td>94.00</td>
<td>94.07</td>
<td>93.80</td>
<td>94.57</td>
<td>95.33</td>
<td>93.86</td>
</tr>
<tr>
<td>Your Total Responses</td>
<td>67</td>
<td>147</td>
<td>165</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>
Monthly tracking of Overall Survey Score

Overall Benchmark Rating

REMSA Survey Rating

January 2015 to October 2017
<table>
<thead>
<tr>
<th>Number</th>
<th>What could we do better</th>
<th>Comments Describe Positive or Negative Experiences</th>
<th>Dates of Service</th>
<th>Results After Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bill needs to be sent to VA. Clinically it's not his responsibility to do so. George may need extra assistance with understanding the process and what exactly the process is in order to get the bill taken care of.</td>
<td>9/26/2017</td>
<td>11/02/2017 Changed to bill Veterans Administration. Served to call pt to let him know the process and that I have billed the VA but there was an answer/VD.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I don't know how to answer about the fees. It's unlikely I would recommend an ambulance service at all</td>
<td>9/11/2017</td>
<td>Called pt - she just really doesn't think she'll have to call an ambulance again. Talked about Silver Saver and how it could have saved the co-pay. Mailed silver saver info</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>&quot;Look into silver saver&quot;</td>
<td>9/11/2017</td>
<td>10/16/2017 Set patient up on a payment plan/MTC. 11/06/2017 Mailed SS info/led.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>&quot;Set me up with a payment plan&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The VA is supposed to pay for this. I'm getting a little mad / Medicaid is being billed for this. I'm getting mad at the VA for this problem</td>
<td>9/11/2017</td>
<td>Called the patient based on the EMSS survey - corrected the billing to the VA and we will refund Medicaid when they pay. PT apologized that he got upset but &quot;lots of things have been going wrong lately.&quot; I asked him if there was anything I could help with and he was fine as long as we billed VA/Contacted WD and she billed VAD/d.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>&quot;Actually trying to helpful they gave a lot of attitude and were disrespectful&quot;</td>
<td>9/22/2017</td>
<td>No action required</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>&quot;Tell about status like bp and such&quot;</td>
<td>9/22/2017</td>
<td>No action required</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>&quot;Didn't give bp or other info to the ER doctors&quot;</td>
<td>9/22/2017</td>
<td>No action required</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>&quot;Very bumpy&quot;</td>
<td>9/27/2017</td>
<td>No action required</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>&quot;I didn't have a problem with any of them&quot;</td>
<td>9/27/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>&quot;Everytime, they've been courteous and helped me out.&quot;</td>
<td>9/28/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>&quot;Nothing I can think of. They did great!&quot;</td>
<td>9/8/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>&quot;Can't think of anything.&quot;</td>
<td>9/8/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>&quot;It was wonderful experience! Given them an A+ that'd boy for me.&quot;</td>
<td>9/8/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>No</td>
<td>9/8/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>&quot;It was all good for the situation I was in.&quot;</td>
<td>9/9/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>&quot;Don't put in IV on ride.&quot;</td>
<td>9/9/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>&quot;You couldn't ask for better!&quot;</td>
<td>9/10/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td>9/8/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>&quot;Use seat belt.&quot;</td>
<td>5/8/2017</td>
<td>&quot;Bedside manner was excellent.&quot;</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>&quot;Constipated patient called&quot;</td>
<td>9/10/2017</td>
<td>&quot;Didn't get an IV until he got to the hospital&quot;</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>&quot;Constipated patient called&quot;</td>
<td>9/10/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>&quot;My wife called&quot;</td>
<td>9/10/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Comment</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>&quot;I have Medicaid&quot;</td>
<td>9/10/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>&quot;I live quite a ways out here&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>&quot;Nothing. They did great!&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>&quot;I guess not, it's just the system&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>&quot;my doctor called&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>&quot;the nurse called&quot;</td>
<td>9/11/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>&quot;Not that I can think of&quot;</td>
<td>9/12/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>&quot;Be more timely. &quot;</td>
<td>9/12/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>&quot;I don't see how because I really appreciated what they did, they were very respectful of my age and pain.&quot;</td>
<td>9/12/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>&quot;Can't think of anything.&quot;</td>
<td>9/13/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>&quot;be speedier getting there&quot;</td>
<td>9/14/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>&quot;on IV antibiotics at the hospital and wasn't allowed to bring antibiotics on ambulance so couldn't finish the round of treatment&quot;</td>
<td>9/24/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>&quot;take me to a different hospital&quot;</td>
<td>9/26/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>&quot;Very upset no excuse for what they did. I called to understand the complication of my medications they had no right to call RMSA. I will never call for help again.&quot;</td>
<td>9/27/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;Reno police department needs this bill, I was told to get on ambulance or be arrested. I am extremely disappointed. Patient should have more rights to deciding to know what is best for them!&quot;</td>
<td>11/10/17 08:26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>&quot;Hand me and the person you are peaking up, not yanked by the legs. Not very satisfied (caregiver was not very satisfied).&quot;</td>
<td>9/10/2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Comment</td>
<td>Date</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>&quot;Move faster. They didn't take off right away and I don't know why.&quot;</td>
<td>9/12/2017</td>
<td>11/10/17 09:20, I spoke with the pt who is 90 yrs old, she was very nice. I apologized for the medic's taken so long to complete a 12 lead and start an IV, O2, before they transported her but they wanted to take care of her in the ambulance. Pt understood and thanked me for calling her. No further, Stacie.</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>I would suggest that medics treat patients who have had allergic reactions. Medics believed they knew what I needed better than I did. Everything I had asked for, medics did not give me. They did not listen. I informed them of what I need. They wouldn't let me out of the ambulance to get my epi pen.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9/13/2017</td>
<td>See below results follow up.</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>&quot;Both fire dept and ambulance come why?&quot;</td>
<td>9/22/2017</td>
<td>Spoke with pts. daughter and explained that the fire department sometimes arrives before we do, that they are staffed with paramedics, and our ultimate goal is to provide care in an expedient manner. She understood and was complimentary about the service that was provided to her mother.</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>I think you have my ID?</td>
<td>9/27/2017</td>
<td>The telephone listed for this caller is no longer in service. I forwarded this pts info to REMSA lost and found. There are no reports by this pt. of lost items.</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>&quot;I didn't like it, because they didn't do anything for me. That's what is was.&quot;</td>
<td>9/27/2017</td>
<td>This was a routine transfer of a pt from one hospital to another. The pt. was stable and no treatment was required enroute.</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>&quot;The medic did not express believability with what had happened. Their demeanor was concerned me as if my son didn't need analysis. I wouldn't have called an ambulance if I didn't think he needed it.&quot;</td>
<td>9/8/2017</td>
<td>See Below - Results After Follow Up.</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>&quot;There was a woman that was part of the crew. She was not very nice&quot;</td>
<td>9/8/2017</td>
<td>Pft feels she is always professional and nice to patients, but that sometimes she is perceived as unfriendly because she is quiet on scenes if she is not attending the patient. She realizes this can be an issue. I asked her to please remember to be courteous and helpful to patients regardless of who ultimately cares for them. She stated she will.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>&quot;be nice about being forgetful about medication&quot;</td>
<td>Listed telephone number is not in service. Crew remembers the call but not the interaction that would lead the patient to make the comments he did.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>&quot;lacking in emotional intelligence and knowledge about mental health&quot;</td>
<td>9/25/2017</td>
<td>See Below - Results After Follow Up</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>&quot;Do it all the same&quot;</td>
<td>9/27/2017</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>&quot;I never once indicated I was suicidal. I said they may find me dead from a heart attack because they wouldn't see me. They said they could keep me in the hospital and I was not allowed to leave&quot;</td>
<td>9/11/2017</td>
<td>See Below - Results After Follow Up</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>&quot;They were very rude and insensitive. I got some information about my boy and had a draft. I called because I was worried about my heart. Her tone of voice was rude. The police were the ones that came to my door. I've never heard of the medics not being allowed in my apartment. &quot;St. Mary's staff was insensitive too.&quot; &quot;The one guy that was in there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they stripped me and stuff. The guy was nice inside the actual ambulance. The two paramedics that were driving and arrived on the scene were insensitive.&quot; &quot;St. Mary's staff was insensitive too.&quot; &quot;The one guy that was in there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they stripped me and stuff. The two paramedics that were driving and arrived on the scene were insensitive.&quot;</td>
<td>9/11/2017</td>
<td>See Below - Results After Follow Up</td>
<td></td>
</tr>
</tbody>
</table>

Results After Follow Up

11/10/17 occurrence report from Paramedic Koons Pufford - EMS arrived on scene of very large, immobile Pt. Pt was alert. Pt could not assist EMS or FD to get to gurney. Pt was placed on mega mover and placed on gurney. Spaced was limited in room and pt had to be moved closer to foot side of bed to safely get him onto the mega mover to the gurney. Pt's caregiver came into room yelling at EMS to not lift him with his legs as he is in a lot of pain. EMS advised caretaker that this was the only way to safely move the Pt without hurting him further. Caretaker continued to yell at EMS and FD until firefighter from SPD talked to her out of the room. No further, Stable.

11/10/17. I need the pts phone number from billing (closed today), chart is well documented she ate something she was allergic to and took 100mg of Benadryl before the crew arrived. Pts upper chest, cheekie and ears are found to be erythemic, no visible swelling is found to pts oral airway. Lung and tracheal sounds are ausculated and found to be clear and equal bilaterally. Pt states her face and ears are num, no further redness, any rash or redness is found on pt. denies any difficulty swallowing. Pt is reassured and encouraged to take slow deep breaths. Pt goes on to state that she took 100mg of Benadryl because she did not have any epinephrine and that her last allergic reaction was approximately 7 months ago prior, for which she had airway involvement, requiring epinephrine administration. Pts anxiety begins to decrease, along with the redness in her chest, face and ears. ECG and IV obtained. While enroute pt again denies any difficulty breathing, or swallowing and no signs of redness or swelling is found to pts oral airway. Pts redness has further decreased, pt also states at this time she no longer has a numbing sensation. Transferred care to staff at RRMC.
| 46 | I spoke with the complainant, who was the pt’s father. He felt the crew was disinterested in transporting his son, who had been in a vehicle accident 2 hours prior to crew’s arrival. He said they acted “put out” to have to transport. I spoke with the paramedic, K. Lim, she said the patient was assessed and attended by her partner. She felt he was very accommodating and nice to the pt. and family. She stated she didn’t say anything to the pt. or family. I asked her if her not speaking to them might be interpreted as being non-caring. She admitted it could have. I asked her to be aware of how she is perceived by customers, and to be professional at all times. |
| 47 | This appears to be a complaint/concern about REMSA crew in general, but on this particular call the patient received appropriate medical care, as well as supportive care from the crew. I spoke with Nicole, who was the attendant, who reiterated what is noted in her narrative on the chart. The pt. was initially difficult to manage, but after being placed in the unit Nicole was able to calm him and begin treatment which included an IV, cardiac monitor, and Versed to further calm him. Nicole felt she had a “good rapport” with the patient. |
| 50 | I spoke with Nicole who told me the patient was distraught over a past event involving his son, and developed chest pain, possibly secondary to anxiety. They were told to stage until SPD cleared the scene. When they were cleared to enter they found the pt. crouched in a corner with SPD attempting to calm the patient, who was cursing and speaking incoherently. SPD had placed the patient in handcuffs prior to the crew’s arrival. Nicole attempted to assess the patient but was unable due to patient’s demeanor. She stated they were not rude to the patient, but persistent, which may have been interpreted negatively by the patient. Our crew felt the patient’s demeanor was worsened by the presence of numerous PD and FD personnel, so the patient was moved to the gurney and soft restraints were applied. The patient was placed in the ambulance where, per Nicole, the patient’s anxiety decreased slightly. An IV was established and the patient was given 2 mg of Versed with minimal change, then a second 1 mg dose 11 minutes later with minimal change. The patient would not allow further treatment. Prior to leaving the scene, the patient’s daughter arrived and attempted to calm the patient but was unable. Per Nicole the pt. was then transported, still with restraints for crew safety, to SMRMC without incident. |
October 2017 Public Relations + Social Media Highlights Report
District Board of Health

MEDIA COVERAGE

After the Las Vegas shooting, REMSA did two interviews regarding mass casualties. On KOLO: Regional Emergency Plan is in Place but Forever Changing. On KTVN: How Local Medical Staff Prepares for Potential Emergencies.
Northern Nevada Business Weekly published the news release regarding the new website.

Regional Emergency Medical Services Authority (REMSA)

September 28, 2017 — The Regional Emergency Medical Services Authority (REMSA) launched a new redesigned website at www.remsahealth.com. The website consolidates sections into one, including: Communications, Education, Community Health Programs, Career Opportunities, Special Events, and Board of Directors and Leadership.

Learn more »

Northern Nevada Business Weekly published the news release on Brenda Staffan’s Pinnacle Award.
REMSA and Flirtey team up on the announcement of the new drone delivery of the defibrillator for cardiac arrest emergencies. A full report is attached at the end. Here are two examples of the news stories on the partnership between Flirtey and REMSA.

REMSA to use drones to deliver defibrillator for cardiac arrest emergencies

Air heart: Flirtey launches first drone defibrillator service in U.S.

Payor Logic announced real-time insurance discovery portal for EMS, where REMSA is mentioned as a presenter of "Ramping Up Your Revenue Cycle Efforts." This release was distributed through PR Newswire.
REMSA’s comprehensive white paper press release prepared by KPS3 regarding the community health programs, was published by EMSWorld, Jems and EMS1. The white paper has been downloaded from the website 156 times.

REMSA Releases Comprehensive White Paper on its Nationally Acclaimed Community Health Programs

RENSO, Nev. — REMSA, the Regional Emergency Medical Services Authority based in northern Nevada, has released a new comprehensive White Paper that provides detailed information on its highly successful Community Health Programs. These nationally-acclaimed programs were launched in 2012 after REMSA received funding through a $8.1 million Health Care Innovation Award grant from the Center for Medicare & Medicaid Innovation, part of the U.S. Department of Health and Human Services.

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Wed, Oct 18, 2017 | By Regional Emergency Medical Services Authority

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Point of Impact

REMSA's Point of Impact safety checkpoints were posted on community calendars.
B-Con

Bleeding Control classes continued to get great coverage this month. It appeared on KOLO, was mentioned in an RGJ feature and was a focus on KTVN’s Health Watch with Kristen Remington.
Flirtøy

Combining our internationally accredited communications center, medically trained dispatchers, dedicated EMS healthcare providers and the industry leading drone technology developed by Flirtøy, we are creating a partnership to save more lives.

Drones will deliver defibrillators to 911 callers to help treat cardiac arrest

A startup named Flirtøy has teamed up with a Nevada emergency services company to deliver defibrillators to cardiac arrest victims.

Communication Center

Our internationally Accredited Communication Center is staffed by highly trained Emergency Medical Dispatchers, with Paramedic or EMT medical training, who use state of the art technology to efficiently and quickly answer 911 calls and dispatch the appropriate ground or air ambulance. Learn more about the communications team:


8,005 People Reached
306 Reactions, Comments & Shares

<table>
<thead>
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<tr>
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754 People Reached
32 Reactions, Comments & Shares

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</tr>
<tr>
<td>Shares</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
REMSA completed the public launch of its website!
REMSA, in a partnership with Flirtey, launched a program that delivers AEDs via drones. It received extensive national coverage and attention.

REMSA completed a white paper on the development and results of the community health programs. It received extensive attention in EMS trade publications.
Flirtey Full Report

Flirtey CEO Matthew Sweeney speaks at TEDx in San Francisco announcing the REMSA-Flirtey partnership.

REMSA and Flirtey team members gather to launch the partnership.
Flirtey + Remsa October 2017 Media Recap

CNBC: Flirtey drones will deliver defibrillators to 911 callers to help treat cardiac arrest

CNBC: Watch Flirtey and REMSA deliver defibrillators by drone to 911 callers (Video)

Associated Press: Flirtey launches first drone defibrillator service in US
https://www.apnews.com/97fd53164f254c2ca7761d368d663f0f
Hit the national news wire, picked up across major markets.

The Reno-Gazette Journal: Flirtey Launches First Drone AED Service
Also appeared nationally in USA Today:

Mashable: Medical delivery drones could expedite defibrillations
http://mashable.com/2017/10/24/medical-drones-deliver-defibrillators/#MaNb51FMcZqs
On Mashable and Mashable Science Facebook pages here. In the first 3 hours it had +6k views. :
https://www.facebook.com/mashablescience/videos/1015574822574705/

KRNV: REMSA to use drones to deliver defibrillator for cardiac arrest emergencies
ast-emergencies

NPR KUNR: REMSA Partners With Drone Company To Deliver Defibrillators In Emergencies
http://kunr.org/post/remsa-partners-drone-company-deliver-defibrillators-emergencies#stream/0

KTVN News 4 Reno: REMSA to use drones to deliver defibrillator for cardiac arrest emergencies
ast-emergencies

Las Vegas KLAS-TV: Drones in Reno to deliver life-saving medical equipment
Robotics Trends: Flirtey Wants Drones to Deliver Defibrillators in Nevada
http://www.roboticstrends.com/article/flirtey_wants_drones_to_deliver_defibrillators_in_nevada

International Business Times: Drone Delivery Of Defibrillators Starts In Nevada, Will Arrive Before Ambulances

Post and Parcel: Lifesaving delivery drones
http://postandparcel.info/82930/news/lifesaving-delivery-drones/

The Daily Mail: World first defibrillator delivery service by DRONE set to launch in Nevada to help quickly treat cardiac arrest
http://www.dailymail.co.uk/sciencetech/article-4969102/Flirtey-launches-defibrillator-delivery-drones.html

Robotics Trends: Flirtey Wants Drones to Deliver Defibrillators in Nevada
http://www.roboticstrends.com/article/flirtey_wants_drones_to_deliver_defibrillators_in_nevada

Northern Nevada Business Review: Flirtey and REMSA partner to launch first emergency drone delivery program in U.S.

Efficient Gov: The Latest Drones Tests for Public Safety
https://efficientgov.com/blog/2017/10/18/7-public-safety-drone-tests/

Air Cargo World: Kickstart my heart: Drone defibrillator delivery could save thousands of lives

New Atlas: Defibrillator drones close in on heart attacks in the US
https://newatlas.com/defibrillator-drone-heart-attack-flirtey/51783/

Medical Device Network: Flirtey and REMSA to launch AED drones for cardiac arrest victims in US

Unmanned Aerial: Flirtey Teams With Nevada Ambulance Service for AED Drone Deliveries
Busy: Drones To Start Delivering Emergency Medical Supplies In Nevada
https://busv.org/health/@doitvoluntarily/drones-to-start-delivering-emergency-medical-supplies-in-nevada

Drone Pets: Partnership to Use Drones for Speedy Response to Cardiac Sufferers
http://dronepets.org/2017/10/11/partnership-to-use-drones-for-speedy-response-to-cardiac-sufferers/

Logistics Viewpoints: This Week in Logistics News (October 7 – 13)

UAV Expert News: Emergency Defibrillator Drone Delivery Program

Drone Fans: Flirtey Teams With Nevada Ambulance Service for AED Drone Deliveries

JEMS: Flirtey Partners with Pioneering Ambulance Service to Launch First Emergency Drone Delivery Program in United States

DOTMed Health Care Business Daily News: REMSA and Flirtey to launch first US emergency drone delivery program

SlashGear: Flirtey launches the first drone-based defibrillator in the US

The Las Vegas Review Journal: Defibrillators delivered by drones could save lives in Reno

Las Vegas Now: Drones in Reno to deliver life-saving medical equipment
EMS World: Flirtey Partners with Ambulance Service to Launch First Emergency Drone Delivery Program in U.S.  

NNBW: Flirtey, REMSA partnership  

Nevada Appeal: Flirtey launches first drone defibrillator service in US  

Beckers Hospital Review: 7 must-reads for supply chain leaders this week  
https://www.beckershospitalreview.com/supply-chain/7-must-reads-for-supply-chain-leaders-this-week-10-12.html

Beckers Hospital Review: This startup will deliver defibrillators to 911 callers via drone  
https://www.beckershospitalreview.com/supply-chain/this-startup-will-use-drones-to-deliver-defibrillators-to-911-callers.html

UberGizmo: First Drone Defibrillator Service Launched In The US  

Supply Chain Brain: Drone Defibrillator Delivery Could Save Thousands of Lives  
http://www.supplychainbrain.com/content/single-article-page/article/drone-defibrillator-delivery-could-save-thousands-of-lives/

NCET: Flirtey launches first drone defibrillator service in U.S.  
https://ncet.org/flirtey-launches-first-drone-defibrillator-service-u-s/

US Story: Defibrillator Drones Aim to Respond in 911 Calls  

Live Drone News: Flirtey Launches Emergency Defibrillator Drone Delivery Program  

Science Facts: Defibrillator Drones Aim to Respond in 911 Calls  
### REMSA 2017-2018 Penalty Fund Reconciliation as of September 30, 2017

2017-18 Penalty Fund dollars accrued by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2017</td>
<td>$6,510.60</td>
</tr>
<tr>
<td>August 2017</td>
<td>$6,275.80</td>
</tr>
<tr>
<td>September 2017</td>
<td>$9,269.04</td>
</tr>
<tr>
<td>October 2017</td>
<td></td>
</tr>
<tr>
<td>November 2017</td>
<td></td>
</tr>
<tr>
<td>December 2017</td>
<td></td>
</tr>
<tr>
<td>January 2018</td>
<td></td>
</tr>
<tr>
<td>February 2018</td>
<td></td>
</tr>
<tr>
<td>March 2018</td>
<td></td>
</tr>
<tr>
<td>April 2018</td>
<td></td>
</tr>
<tr>
<td>May 2018</td>
<td></td>
</tr>
<tr>
<td>June 2018</td>
<td></td>
</tr>
</tbody>
</table>

Total accrued as of 09/30/2017 **$22,055.44**

2017-18 Penalty Fund dollars encumbered by month

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
<th>Description</th>
<th>Submitted</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total encumbered as of 09/30/2017 **$0.00**

Penalty Fund Balance at 09/30/17 **$22,055.44**
REMSA INQUIRIES

OCTOBER 2017

No inquiries for October 2017
REMSA

FRANCHISE COMPLIANCE REPORT

NOVEMBER 2017
## REMSA ACCOUNTS RECEIVABLE SUMMARY
### FISCAL 2018

<table>
<thead>
<tr>
<th>Month</th>
<th>#Patients</th>
<th>Total Billed</th>
<th>Average Bill</th>
<th>YTD Average</th>
<th>Average Collected</th>
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<tbody>
<tr>
<td>July</td>
<td>3986</td>
<td>$4,530,081.40</td>
<td>$1,136.50</td>
<td>$1,136.50</td>
<td>$409.14</td>
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<tr>
<td>August</td>
<td>4101</td>
<td>$4,669,433.60</td>
<td>$1,138.61</td>
<td>$1,137.57</td>
<td>$409.52</td>
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<tr>
<td>September</td>
<td>4059</td>
<td>$4,631,774.80</td>
<td>$1,141.11</td>
<td>$1,138.75</td>
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<tr>
<td>October</td>
<td>3812</td>
<td>$4,346,731.00</td>
<td>$1,140.28</td>
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<td>$410.08</td>
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<tr>
<td>Totals</td>
<td>15958</td>
<td>$18,178,021</td>
<td>$1,139.12</td>
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</tbody>
</table>

Allowed ground average bill: $1,161.23
Monthly average collection rate: 36%
### Fiscal Year 2017-2018

<table>
<thead>
<tr>
<th>Month</th>
<th>Priority 1 System - Wide Avg. Response Time</th>
<th>Priority 1 Zone A</th>
<th>Priority 1 Zones B, C, D</th>
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</thead>
<tbody>
<tr>
<td>Jul-17</td>
<td>5 Minutes 43 Seconds</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Aug-17</td>
<td>5 Minutes 38 Seconds</td>
<td>93%</td>
<td>93%</td>
</tr>
<tr>
<td>Sep-17</td>
<td>5 Minutes 43 Seconds</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>Oct-17</td>
<td>5 Minutes 45 Seconds</td>
<td>92%</td>
<td>92%</td>
</tr>
<tr>
<td>Nov-17</td>
<td>5 Minutes 38 Seconds</td>
<td>92%</td>
<td>96%</td>
</tr>
</tbody>
</table>

**Year to Date: July 2017 through November 2017**

<table>
<thead>
<tr>
<th>Priority 1 Zone A</th>
<th>Priority 1 Zones B, C, D</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>94%</td>
</tr>
</tbody>
</table>

### Year to Date: July 2017 through November 2017

#### Average Response Times by Entity

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Priority</th>
<th>Reno</th>
<th>Sparks</th>
<th>Washoe County</th>
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<tbody>
<tr>
<td>Jul-16</td>
<td>P-1</td>
<td>4:56</td>
<td>5:49</td>
<td>7:48</td>
</tr>
<tr>
<td></td>
<td>P-2</td>
<td>5:06</td>
<td>6:08</td>
<td>8:23</td>
</tr>
<tr>
<td>Aug-16</td>
<td>P-1</td>
<td>4:55</td>
<td>5:48</td>
<td>8:09</td>
</tr>
<tr>
<td></td>
<td>P-2</td>
<td>5:03</td>
<td>6:03</td>
<td>7:59</td>
</tr>
<tr>
<td>Sep-16</td>
<td>P-1</td>
<td>5:01</td>
<td>5:45</td>
<td>8:06</td>
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<tr>
<td></td>
<td>P-2</td>
<td>5:21</td>
<td>6:25</td>
<td>6:06</td>
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<tr>
<td>Oct-16</td>
<td>P-1</td>
<td>5:09</td>
<td>5:53</td>
<td>8:05</td>
</tr>
<tr>
<td></td>
<td>P-2</td>
<td>5:22</td>
<td>6:14</td>
<td>8:01</td>
</tr>
<tr>
<td>Nov-16</td>
<td>P-1</td>
<td>5:09</td>
<td>5:39</td>
<td>7:34</td>
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<tr>
<td></td>
<td>P-2</td>
<td>5:13</td>
<td>6:49</td>
<td>8:05</td>
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### Year to Date: July 2017 through November 2017

<table>
<thead>
<tr>
<th>Priority</th>
<th>Reno</th>
<th>Sparks</th>
<th>Washoe County</th>
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<tbody>
<tr>
<td>P-1</td>
<td>5:03</td>
<td>5:47</td>
<td>8:00</td>
</tr>
<tr>
<td>P2</td>
<td>5:14</td>
<td>6:18</td>
<td>8:18</td>
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# RESWMA OCU INCIDENT DETIAL REPORT

**PERIOD: 11/01/2017 THRU 11/30/2017**

## Corrections Requested

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<th>Zone</th>
<th>Clock Start</th>
<th>Clock Stop</th>
<th>Unit</th>
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<th>Response Time Correct</th>
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<td>11/10/2017 16:31</td>
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<td>-00:00:01</td>
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<td>11/19/2017 18:44</td>
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<td>0:01:34</td>
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<td>Zone A</td>
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<td>0:00:29</td>
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<td>11/23/2017 11:57</td>
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<td>0:03:05</td>
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## Upgrade Requested

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## Exemptions Requested

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<th>Exemption Reason</th>
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1. Overall Statics
   a) Total number of system responses: 6308
   b) Total number of responses in which no transports resulted: 2229
   c) Total number of System Transports (including transports to out of county): 4079

2. Call Classification
   a) Cardiopulmonary Arrests: 1.2%
   b) Medical: 49.9%
   c) Obstetrics (OB): 0.5%
   d) Psychiatric/Behavioral: 8.6%
   e) Transfers: 9.7%
   f) Trauma – MVA: 7.6%
   g) Trauma – Non MVA: 19.4%
   h) Unknown: 3.1%

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: 1918
Total number of above calls receiving QA Reviews: 310
Percentage of charts reviewed from the above transports: 16.15%
### REMSA EDUCATION

**Monthly Course and Student Report**

**November 2017**

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Classes w/ CPR

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## COMMUNITY OUTREACH
### NOVEMBER 2017

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<th>Point of Impact</th>
<th>Event Details</th>
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<tr>
<td>11/2/17</td>
<td>Safe Kids Washoe County Board of Directors Meeting</td>
</tr>
<tr>
<td>11/18/17</td>
<td>Child Car Seat Checkpoint, hosted by REMSA; 16 cars and 24 seats inspected; 12 volunteers; 2 staff</td>
</tr>
<tr>
<td>11/30/17</td>
<td>Safe Kids Washoe County Coalition Meeting</td>
</tr>
<tr>
<td>11/2017</td>
<td>Seven office installation appointments; 8 cars and 8 seats inspected</td>
</tr>
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</table>

### Cribs for Kids /Community

<table>
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<tr>
<th>Date</th>
<th>Event Details</th>
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<tbody>
<tr>
<td>11/2/17</td>
<td>Attended Office of Traffic Safety Grant Training for Pedestrian Safety Grant</td>
</tr>
<tr>
<td>11/3/17</td>
<td>United Federal Credit Union- First Responders Appreciation: about 100 people stop by the event</td>
</tr>
<tr>
<td>11/3/17</td>
<td>C4K taught Train-the-Trainer had 7 participates attend the class at Washoe County Human Service Agency District</td>
</tr>
<tr>
<td>11/6/17</td>
<td>C4K drove to Gardnerville to teach Train-the-Training had 2 participates attend the class at Washoe Tribe Clinic</td>
</tr>
<tr>
<td>11/9/17</td>
<td>C4K had a conversation with Grant Manager from Division of Public and Behavioral Health Christina Turner. Discussed updates and how progress was going with the 4 tribes being a part of an injury prevention effort. All 4 tribes have been trained on safe sleep</td>
</tr>
<tr>
<td>11/9/17</td>
<td>C4K attended Northern Nevada Maternal Child Health Coalition Meeting</td>
</tr>
<tr>
<td>11/9/17</td>
<td>C4K attended Statewide Impact of Safe Sleep Meeting</td>
</tr>
<tr>
<td>11/13-14/17</td>
<td>C4K attended 11th annual Nevada Health Conference in Las Vegas</td>
</tr>
<tr>
<td>11/16/17</td>
<td>On-air live interview with Fox 11 News for POI Checkpoint Event on 11/18</td>
</tr>
<tr>
<td>11/16/17</td>
<td>C4K taught Train-the-Trainer had 5 participates attend the class at Renown Children’s ER</td>
</tr>
<tr>
<td>11/18/17</td>
<td>Attended POI Checkpoint as a Technician help install 6 car seats</td>
</tr>
<tr>
<td>11/21/17</td>
<td>C4K spoke with Patty Taylor from Southern Bands Health Center an Elko tribe to get them started with C4K and provide car seats through the C4K grant</td>
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<tr>
<td>11/30/17</td>
<td>C4K attended Sake Kids Washoe County Coalition Meeting</td>
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EMS System Report
November 1, 2017 to November 30, 2017
Division: Ground

Your Score
94.19

Number of Your Patients in this Report
150

Number of Patients in this Report
6,321

Number of Transport Services in All EMS DB
142
Executive Summary

This report contains data from 150 REMSA patients who returned a questionnaire between 11/01/2017 and 11/30/2017.

The overall mean score for the standard questions was 94.19; this is a difference of 1.36 points from the overall EMS database score of 92.83.

The current score of 94.19 is a change of 0.33 points from last period's score of 93.86. This was the 30th highest overall score for all companies in the database.

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

84.23% of responses to standard questions had a rating of Very Good, the highest rating. 98.15% of all responses were positive.

5 Highest Scores

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<tr>
<th>Score Category</th>
<th>Your Score</th>
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<tbody>
<tr>
<td>Cleanliness of the ambulance</td>
<td>96.12</td>
<td>94.62</td>
</tr>
<tr>
<td>How well did our staff work together to care for you</td>
<td>95.98</td>
<td>93.84</td>
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<tr>
<td>Care shown by the medics who arrived with the ambulance</td>
<td>95.49</td>
<td>94.39</td>
</tr>
<tr>
<td>Likelihood of recommending this ambulance service to others</td>
<td>95.29</td>
<td>93.62</td>
</tr>
<tr>
<td>Skill of the person driving the ambulance</td>
<td>95.26</td>
<td>93.89</td>
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</table>

5 Lowest Scores

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<td>Willingness of the staff in our billing office to address your needs</td>
<td>87.5</td>
<td>89.09</td>
</tr>
<tr>
<td>Professionalism of the staff in our ambulance service billing office</td>
<td>87.5</td>
<td>89.67</td>
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<tr>
<td>Extent to which the services received were worth the fees charged</td>
<td>89.39</td>
<td>88.15</td>
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<tr>
<td>Extent to which medics included you in the treatment decisions (…).</td>
<td>91.47</td>
<td>92.6</td>
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<tr>
<td>Extent to which the ambulance arrived in a timely manner</td>
<td>92.87</td>
<td>92.48</td>
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</table>
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.
# 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.

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<tr>
<td>Helpfulness of the person you called for ambulance service</td>
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<td>93.48</td>
<td>97.50</td>
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<td>Extent to which you were told what to do until the ambulance arrived</td>
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<td>91.88</td>
<td>97.92</td>
<td>95.14</td>
<td>89.53</td>
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<td>95.01</td>
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<td>95.44</td>
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<td>96.12</td>
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<td>99.09</td>
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<td>Skill of the person driving the ambulance</td>
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<td>96.34</td>
<td>95.88</td>
<td>97.14</td>
<td>97.74</td>
<td>96.23</td>
<td>96.01</td>
<td>95.42</td>
<td>95.49</td>
<td>96.40</td>
<td>96.44</td>
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<td>95.26</td>
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<tr>
<td>Care shown by the medic who arrived with the ambulance</td>
<td>94.73</td>
<td>96.23</td>
<td>96.23</td>
<td>96.83</td>
<td>97.55</td>
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<td>94.47</td>
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<td>95.12</td>
<td>93.90</td>
<td>96.19</td>
<td>93.68</td>
<td>95.40</td>
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<tr>
<td>Degree to which the medic took your problem seriously</td>
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<td>94.37</td>
<td>95.62</td>
<td>97.18</td>
<td>97.45</td>
<td>98.19</td>
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<td>94.73</td>
<td>94.70</td>
<td>95.00</td>
<td>93.59</td>
<td>93.23</td>
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<tr>
<td>Degree to which the medic listened to you and/or your family</td>
<td>93.76</td>
<td>94.53</td>
<td>95.64</td>
<td>96.41</td>
<td>97.48</td>
<td>97.78</td>
<td>94.31</td>
<td>93.63</td>
<td>93.77</td>
<td>94.52</td>
<td>96.88</td>
<td>94.27</td>
<td>94.75</td>
</tr>
<tr>
<td>Extent to which the medic kept you informed about your care</td>
<td>94.53</td>
<td>94.76</td>
<td>92.67</td>
<td>95.83</td>
<td>96.92</td>
<td>95.45</td>
<td>91.96</td>
<td>92.82</td>
<td>91.76</td>
<td>92.33</td>
<td>92.75</td>
<td>92.56</td>
<td>93.83</td>
</tr>
<tr>
<td>Extent to which medic included you in the treatment decisions</td>
<td>92.52</td>
<td>94.44</td>
<td>88.94</td>
<td>94.29</td>
<td>96.52</td>
<td>95.36</td>
<td>93.77</td>
<td>92.88</td>
<td>92.01</td>
<td>93.16</td>
<td>91.71</td>
<td>93.03</td>
<td>91.42</td>
</tr>
<tr>
<td>Degree to which the medic relieved your pain or discomfort</td>
<td>89.57</td>
<td>93.16</td>
<td>89.18</td>
<td>92.86</td>
<td>92.60</td>
<td>94.74</td>
<td>88.89</td>
<td>87.94</td>
<td>87.43</td>
<td>92.54</td>
<td>90.17</td>
<td>86.22</td>
<td>92.90</td>
</tr>
<tr>
<td>Medic's concern for your privacy</td>
<td>93.70</td>
<td>94.53</td>
<td>94.43</td>
<td>97.23</td>
<td>97.89</td>
<td>97.44</td>
<td>94.31</td>
<td>95.39</td>
<td>97.16</td>
<td>96.00</td>
<td>96.73</td>
<td>94.72</td>
<td>93.45</td>
</tr>
<tr>
<td>Extent to which medic cared for you as a person</td>
<td>92.84</td>
<td>95.65</td>
<td>94.92</td>
<td>98.11</td>
<td>97.83</td>
<td>98.18</td>
<td>94.29</td>
<td>95.74</td>
<td>95.40</td>
<td>95.20</td>
<td>96.95</td>
<td>94.54</td>
<td>94.51</td>
</tr>
<tr>
<td>Professionalism of the staff in our ambulance service billing</td>
<td>75.00</td>
<td>93.10</td>
<td>89.76</td>
<td>100.00</td>
<td>100.00</td>
<td>92.86</td>
<td>90.00</td>
<td>95.00</td>
<td>81.25</td>
<td>93.18</td>
<td>96.43</td>
<td>100.00</td>
<td>87.50</td>
</tr>
<tr>
<td>Willingness of the staff in our billing office to address your questions</td>
<td>75.00</td>
<td>93.10</td>
<td>88.35</td>
<td>100.00</td>
<td>100.00</td>
<td>98.43</td>
<td>90.00</td>
<td>87.50</td>
<td>84.50</td>
<td>87.50</td>
<td>100.00</td>
<td>98.08</td>
<td>87.50</td>
</tr>
<tr>
<td>How well did our staff work together to care for you</td>
<td>94.06</td>
<td>96.08</td>
<td>96.28</td>
<td>96.51</td>
<td>98.89</td>
<td>98.54</td>
<td>94.99</td>
<td>96.22</td>
<td>96.25</td>
<td>95.72</td>
<td>96.68</td>
<td>95.92</td>
<td>95.98</td>
</tr>
<tr>
<td>Extent to which the services received were worth the fees</td>
<td>86.08</td>
<td>86.39</td>
<td>82.19</td>
<td>87.20</td>
<td>94.91</td>
<td>92.29</td>
<td>90.72</td>
<td>78.61</td>
<td>87.92</td>
<td>88.24</td>
<td>83.63</td>
<td>85.47</td>
<td>89.39</td>
</tr>
<tr>
<td>Overall rating of the care provided by our Emergency Medical Team</td>
<td>95.18</td>
<td>95.27</td>
<td>96.58</td>
<td>96.66</td>
<td>97.45</td>
<td>98.20</td>
<td>95.57</td>
<td>94.78</td>
<td>94.94</td>
<td>94.54</td>
<td>95.94</td>
<td>94.97</td>
<td>94.82</td>
</tr>
<tr>
<td>Likelihood of recommending this ambulance service to others</td>
<td>93.28</td>
<td>96.26</td>
<td>96.97</td>
<td>97.38</td>
<td>97.49</td>
<td>97.60</td>
<td>95.79</td>
<td>94.93</td>
<td>93.55</td>
<td>96.46</td>
<td>97.36</td>
<td>96.87</td>
<td>95.29</td>
</tr>
<tr>
<td>Your Master Score</td>
<td>93.02</td>
<td>94.96</td>
<td>94.58</td>
<td>96.16</td>
<td>96.52</td>
<td>94.00</td>
<td>94.07</td>
<td>93.80</td>
<td>94.57</td>
<td>95.33</td>
<td>93.86</td>
<td>94.19</td>
<td></td>
</tr>
<tr>
<td>Your Total Responses</td>
<td>150</td>
<td>165</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
<td>150</td>
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<td>150</td>
<td>150</td>
<td>150</td>
</tr>
</tbody>
</table>
Monthly tracking of Overall Survey Score

- Overall Benchmark Rating
- REMSA Survey Rating
<table>
<thead>
<tr>
<th>#</th>
<th>Date of Service</th>
<th>What Did We Do Well?</th>
<th>What Can We Do To Serve You Better?</th>
<th>Description / Comments</th>
<th>Assigned to</th>
<th>Results after follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>09/16/2017</td>
<td>&quot;I was very well pleased with the service.&quot;</td>
<td>&quot;Not at all. Medics were really good about communication with everyone involved.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>09/16/2017</td>
<td>&quot;Medic showed me a lot of compassion. They made me feel comfortable about my issues and not embarrassed. They took care of my emotionally and psychologically.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>09/16/2017</td>
<td>&quot;They transported him carefully.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>09/15/2017</td>
<td>&quot;They came quickly and did what needed to be done. They recognized her moods and the whole team was amazing. The police and the remsa team knew each other and worked together nicely.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>09/15/2017</td>
<td>&quot;I was very pleased.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>09/15/2017</td>
<td>&quot;They responded great. I was attacked by someone and the ambulance and medics took good care of me.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>09/15/2017</td>
<td>&quot;The medics were all very kind.&quot;</td>
<td>&quot;Not that I can think of.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>09/15/2017</td>
<td>&quot;They are a support service! I am grateful for their help. I have needed them twice for my heart condition. Thank you!&quot;</td>
<td>&quot;I am fortunate to have REMSA as my emergency ambulance service!&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>09/17/2017</td>
<td>&quot;They did an outstanding job with me.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>09/17/2017</td>
<td>&quot;I had 18 stitches for my head.&quot;</td>
<td>&quot;There wasn’t a need for a high speed ride to the ER.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>09/17/2017</td>
<td>&quot;I had 18 stitches for my head.&quot;</td>
<td>&quot;It was swellling and they scared me and told me my heart wasn’t right and encouraged me to go to ER.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>09/17/2017</td>
<td>&quot;couple guys kept pulling each other down. I had to stop it. I don’t need to hear that while I am not feeling well. Overall they good a good job.&quot;</td>
<td></td>
<td></td>
<td>Supervisor</td>
<td>Refer to #12</td>
</tr>
<tr>
<td>13</td>
<td>09/17/2017</td>
<td>&quot;You guys are great!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>09/17/2017</td>
<td>&quot;They kept me calm; they stopped his seizure and got him to the hospital.&quot;</td>
<td>&quot;No they were absolutely perfect.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>09/18/2017</td>
<td>&quot;Everything was done quite well, very professionally!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>09/18/2017</td>
<td>&quot;They really made me feel confident being cared for and comfortable!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>09/18/2017</td>
<td>&quot;They just were there!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>09/18/2017</td>
<td>&quot;They were very caring and got me there pretty fast!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>09/18/2017</td>
<td>&quot;They were very good they took everything I was doing very seriously&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>09/19/2017</td>
<td>&quot;They seemed to panic!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

<table>
<thead>
<tr>
<th>#</th>
<th>Date of Service</th>
<th>What Did We Do Well?</th>
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<th>Results after follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>09/20/2017</td>
<td>&quot;everyone was polite and cautious&quot;</td>
<td>&quot;ask if there is a particular place that is very painful and have the option rather than the sling to give an option for it.&quot;</td>
<td>&quot;he fell on his back and suffered an unstable fracture in his back they drove fairly slow to be careful and had him in a sling with excruciating pain felt the drivers to ask swiftly where it hurts the most.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>09/20/2017</td>
<td>&quot;Every time we have used REMSA we have received great service. Thank you.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>09/20/2017</td>
<td>&quot;They took care of the situation and did the best they can.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>09/20/2017</td>
<td>&quot;The time it took them to figure out what may be wrong and get me to the hospital&quot;</td>
<td></td>
<td>&quot;no pain&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>09/20/2017</td>
<td>&quot;Everything was moving so quickly and they stayed calm in the midst of all the chaos. Stayed professional. I really appreciated that.&quot;</td>
<td></td>
<td>&quot;They were really wonderful. They went above and beyond to make me feel comfortable. Explained what they were doing. They tried to give me medication, but it wasn't working. Professional. I was very pleased&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>09/20/2017</td>
<td>&quot;They assessed the situation right away. took her vitals and decided that they needed to get her to the hospital quickly. Everything was done very well and very professional. A blessing.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>09/20/2017</td>
<td></td>
<td>&quot;Come faster. Shouldn't take 3 hours!&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>09/21/2017</td>
<td>&quot;They were really friendly and open to help&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>09/21/2017</td>
<td>&quot;Everything was exceptional. Talked to me and talked me through everything. Made me feel comfortable as possible&quot;</td>
<td>&quot;I think the stuff that got me was just perfect. They did their job great. I think they went above and beyond to keep me calm.&quot;</td>
<td></td>
<td></td>
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<tr>
<td>32</td>
<td>09/21/2017</td>
<td>&quot;The paramedic in the back was very personable and made me feel comfortable while in severe anaphylactic shock.&quot;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>33</td>
<td>09/21/2017</td>
<td>&quot;Helped me into the ambulance and helped me accommodate my purse&quot;</td>
<td>&quot;Dispatcher took a long time!&quot;</td>
<td>&quot;Everything was great&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>09/21/2017</td>
<td></td>
<td>&quot;The same type of treatment!&quot;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>35</td>
<td>09/21/2017</td>
<td></td>
<td>&quot;Keep me informed as far as the medication&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>10/04/2017</td>
<td>&quot;Made sure I got there safely because I was passed out.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>10/04/2017</td>
<td>&quot;Made me feel like they were very much in charge and would take care of everything. They were very professional, caring, and kind&quot;</td>
<td>&quot;They sent me upstairs and asked me to wait there which was fine with me!&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>10/05/2017</td>
<td>&quot;Did everything good.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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</thead>
<tbody>
<tr>
<td>39</td>
<td>10/05/2017</td>
<td>&quot;Overall everything&quot;</td>
<td>&quot;Just the expense because he's been sick.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>10/05/2017</td>
<td>&quot;Got me to the hospital with great speed and were professional!&quot;</td>
<td>&quot;Don't allow that one lady to accompany any paramedics.&quot;</td>
<td>Assigned to Supervisor 12.6.17 #5016</td>
<td></td>
<td>Refer to #40 Below Results after Follow Up</td>
</tr>
<tr>
<td>41</td>
<td>10/06/2017</td>
<td>&quot;Got there quick 2 minutes.&quot;</td>
<td>&quot;Let me ride facing the other way (don't put me in headfirst); it made me sick.&quot;</td>
<td>&quot;They just said they'd check me better at the hospital because they thought it was heart related.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>10/06/2017</td>
<td>&quot;Everything. They took care of everything and treated me well.&quot;</td>
<td>&quot;They were real good and very very helpful.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>10/06/2017</td>
<td>&quot;They explained what they were trying to accomplish with my treatment.&quot;</td>
<td>&quot;She was going through the room looking through my paperwork.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>10/06/2017</td>
<td>&quot;They did real good.&quot;</td>
<td>&quot;You did pretty good.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>10/06/2017</td>
<td>&quot;Very professional. Cared about privacy more than the hospital!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>10/06/2017</td>
<td>&quot;Their respect and courtesy.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>10/06/2017</td>
<td>&quot;Very kind with our small child and very empathetic.&quot;</td>
<td>&quot;The person who tried to get his BIP didn't know how to do it from a small child. Someone from the preschool had to do it.&quot;</td>
<td>Assigned to Supervisor 12.6.17 #5017</td>
<td></td>
<td>Refer to #47 Below Results after Follow Up</td>
</tr>
<tr>
<td>48</td>
<td>10/07/2017</td>
<td>&quot;Fact that I didn't have any clothes on and medics put clothes on me.&quot;</td>
<td>&quot;They were calming and did above and beyond. Driver took her to where she wanted. Walked through driving skills.&quot;</td>
<td>&quot;It was kind of scary and fast. Nothing went wrong. They all did well.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>10/07/2017</td>
<td>&quot;I liked that they were quick. We left and went to the hospital right away.&quot;</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>50</td>
<td>10/08/2017</td>
<td>&quot;Got there and to the hospital pretty quickly.&quot;</td>
<td>&quot;They need to be more compassionate. They seemed like they were pretty rushed. Maybe they need some more prep.&quot;</td>
<td>Assigned to supervisor 12.6.17 #5018</td>
<td></td>
<td>Refer to #50 Below Results after Follow Up</td>
</tr>
<tr>
<td>51</td>
<td>10/09/2017</td>
<td>&quot;Showed up in a timely manner and were quick to transport him.&quot;</td>
<td>&quot;I know they gave him pain meds!&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>10/09/2017</td>
<td>&quot;Took me to the hospital.&quot;</td>
<td>&quot;Just beautified me up and took me to the hospital.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>10/09/2017</td>
<td>&quot;General patient care.&quot;</td>
<td>&quot;Be more clear about billing.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>10/09/2017</td>
<td>&quot;They're better than any other service. Those guys deserve a pat on the back!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>10/09/2017</td>
<td>&quot;Timely and safe.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>10/09/2017</td>
<td>&quot;They hit it on the nose with everything and very respectful.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>10/09/2017</td>
<td>&quot;They did really over all did a great job.&quot;</td>
<td>&quot;They did everything very well.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>10/09/2017</td>
<td>&quot;&quot;They took care of every base.&quot;&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>10/17/2017</td>
<td>&quot;They did everything they could to help me. They were very professional!&quot;</td>
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<tr>
<td>60</td>
<td>10/17/2017</td>
<td>&quot;They served quickly.&quot;</td>
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<tr>
<td>61</td>
<td>10/17/2017</td>
<td>&quot;They were really helpful. They didn't what they could.&quot;</td>
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<tr>
<td>62</td>
<td>10/17/2017</td>
<td>&quot;They were all very good.&quot;</td>
<td></td>
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</tr>
<tr>
<td>63</td>
<td>10/18/2017</td>
<td>&quot;They transported me safely out of the house to the hospital.&quot;</td>
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<td>#</td>
<td>Date of Service</td>
<td>What Did We Do Well?</td>
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<tr>
<td>64</td>
<td>10/18/2017</td>
<td>&quot;The entire experience went very well.&quot;</td>
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<tr>
<td>65</td>
<td>10/19/2017</td>
<td>&quot;Everything&quot;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>66</td>
<td>10/19/2017</td>
<td>&quot;Very good overall experience.&quot;</td>
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<tr>
<td>67</td>
<td>10/19/2017</td>
<td>&quot;Arrived very quickly, very gentle.&quot;</td>
<td></td>
<td></td>
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<tr>
<td>68</td>
<td>10/19/2017</td>
<td>&quot;They let the passenger also ride in the ambulance with me as he was in shock.&quot;</td>
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<tr>
<td>69</td>
<td>10/20/2017</td>
<td>&quot;They allowed me to walk out and saw they saw me having a trouble breathing and then offered to take me into the hospital on a gurney. I felt dignified.&quot;</td>
<td></td>
<td>&quot;Notify patient that if a transport is needed and it is not life threatening then insurance doesn't cover it.&quot;</td>
<td>Assigned to Supervisor: 12.8.17 #5019</td>
<td>Refer to # 89 Below Results after Follow Up</td>
</tr>
<tr>
<td>70</td>
<td>10/20/2017</td>
<td>&quot;They really did a wonderful job.&quot;</td>
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</tr>
<tr>
<td>71</td>
<td>10/20/2017</td>
<td>&quot;Everyone's helpful.&quot;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>72</td>
<td>10/20/2017</td>
<td>&quot;I really enjoyed the mechanical gurney they used.&quot;</td>
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<tr>
<td>73</td>
<td>10/21/2017</td>
<td>&quot;I had no problems. The ride was smooth. They were training that day and wanted to know about sickle cell, so I got the chance to explain to them what it is and how it's passed on. We talked the whole way there.&quot;</td>
<td></td>
<td>&quot;Same thing&quot;</td>
<td></td>
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<tr>
<td>74</td>
<td>10/21/2017</td>
<td>&quot;The driving and trying to comfort me.&quot;</td>
<td></td>
<td></td>
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<tr>
<td>75</td>
<td>10/21/2017</td>
<td>&quot;Their overall professionalism, their personality.&quot;</td>
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</tr>
<tr>
<td>76</td>
<td>10/22/2017</td>
<td>&quot;Listen to the person and don't restrain them without their permission. I want you to explain what happened. The hospital said I fell off a balcony and had palsy/ambulance abuse, neither of which are true. I was taken out of UNR because of it and locked out of my apartment.&quot;</td>
<td></td>
<td>&quot;They restrained me and wouldn't let me explain anything to them. I felt trapped and they took me away without explaining anything to me. I was shocked and scarred. They took me without my permission. I wasn't aware the one that called the ambulance. They gave me a catheter at the hospital.&quot;</td>
<td>Assigned to Supervisor: 12.4.17, no follow up. Reassigned to different Supervisor on 12.9.17 #5000</td>
<td>Refer to #76 Below Results after Follow Up</td>
</tr>
<tr>
<td>77</td>
<td>10/22/2017</td>
<td>&quot;They showed up quickly and were very nice to my husband. Very knowledgeable. Cared nice. I can't say enough about them.&quot;</td>
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<tr>
<td>78</td>
<td>10/22/2017</td>
<td>&quot;I was very confident in them. Medi- was very professional!&quot;</td>
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</tr>
<tr>
<td>79</td>
<td>10/22/2017</td>
<td>&quot;Nothing. They were proficient.&quot;</td>
<td></td>
<td>&quot;Security was asking.&quot;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"Medics acted as if I was killing them by calling them for help." Medics acted and treated me as if I was nauseous and acted as if I wanted pain medication."
<table>
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<tr>
<th>#</th>
<th>Date of Service</th>
<th>What Did We Do Well?</th>
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<th>Results after Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>10/22/2017</td>
<td>&quot;You guys did great! Thank you!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>10/22/2017</td>
<td>&quot;Charge less!&quot;</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>62</td>
<td>10/23/2017</td>
<td>Always very courteous as I tend to be a very nervous type of person. They're very quick to reassure me that they know what they're doing</td>
<td>&quot;They convinced me to go to Renown which is what I needed. They always play with my dog for a few minutes which is very nice.&quot;</td>
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<tr>
<td>63</td>
<td>10/23/2017</td>
<td>&quot;Janet, says thank you! She is very appreciative of their help.&quot;</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>64</td>
<td>10/24/2017</td>
<td>&quot;Everything was good.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>10/24/2017</td>
<td>&quot;It's a great service. Thank you.&quot;</td>
<td></td>
<td>&quot;Can't walk the method is to take pill on gummy but I have a scooter and I can't walk but there's no room for my scooter.&quot;</td>
<td></td>
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</tr>
<tr>
<td>66</td>
<td>10/24/2017</td>
<td>&quot;They arrived quickly and informed me of their procedure.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>67</td>
<td>10/24/2017</td>
<td>&quot;They worked from their hearts.&quot;</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>68</td>
<td>10/24/2017</td>
<td>&quot;Everyone was professional and it went well together!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>69</td>
<td>10/23/2017</td>
<td>&quot;The care shown was great. Thank you!&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>10/15/2017</td>
<td>They were very rude and insensitive. I got some information about my boy and had to be discharged. I called because I was worried about my heart, her tone of voice was rude. The police were the ones that came to my door. I've never heard of the medic not being allowed in my apartment. The guy that was there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they strapped me and stuff. The guy was nice inside the actual ambulance. The two paramedics that were driving and arrived on the scene were insensitive. The police said I had to walk to the hallway for the safety of the paramedics. They didn't come inside for 40 minutes, and I told her that I needed them 40 minutes ago to check my heart. That's when they restrained me.</td>
<td>Assigned to Supervisor 10/20/17 #4773</td>
<td>Refer to #61 Below Results after Follow Up</td>
<td></td>
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<tr>
<td>71</td>
<td>10/27/17</td>
<td>Pt uses REMSA frequently and has a recurring concern about their knowledge of mental health issues. She stated that she would not recommend REMSA to others who have panic attack and mental health concerns as they lack emotional intelligence and knowledge about mental health.</td>
<td>Assigned to Supervisor 10/30/17 #4537</td>
<td>Refer to #62 Below Results after Follow Up</td>
<td></td>
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</tr>
<tr>
<td>72</td>
<td>11/10/17</td>
<td>I would suggest that medics trust patients who have had allergic reactions. Medics believe they knew what I needed but I did. Everything I had asked for, medics did not give me. They did not listen, I informed them of what I need. They wouldn't let me out of ambulance to get my epi pen.</td>
<td>Assigned 11/10/17 #4576</td>
<td>Refer to #63 Below Results after Follow Up</td>
<td></td>
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<tr>
<td>73</td>
<td>11/10/17</td>
<td>&quot;Very upset no excuse for what they did. I called to understand the complication of my medications they had no right to call REMSA. I will never call for help again.&quot; &quot;Rems police department needs this bill, I was told to get on ambulance or be arrested. I am extremely disappointed. Patient should have more rights to decide what is best for them!&quot;</td>
<td>Assigned 11/10/17 #4574</td>
<td>Refer to #64 Below Results after Follow Up</td>
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</table>

RESULTS AFTER FOLLOW UP
<table>
<thead>
<tr>
<th>#</th>
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<tbody>
<tr>
<td>12</td>
<td>12/9/17 12:18</td>
<td>I spoke to the pt. She was very nice. I asked her if she was happy and she told me the two guys were just trying to &quot;up each other.&quot; She asked me not to say anything to them as she did not want to get them in trouble. She said something on scene and they stopped. She said she could do that because she is old and people listen to her, but both had a good laugh. I apologized to PT and thanked her for her time. No further action.</td>
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<tr>
<td>17</td>
<td>12/9/17 15:13</td>
<td>Chart reviewed. PT was administered appropriate medication per her complaint. All treatment was followed per protocol with PT having improvement in all symptoms.</td>
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<tr>
<td>20</td>
<td>12/9/17 16:30</td>
<td>I spoke to the pt. She was very nice, while talking we figured out the date he had a problem with was 8/11/17. He told me he was upset at the short, dark haired female crew member because she would not let his wife ride in the ambulance to the hospital, he thought that was strange. I apologized to PT and assured him I would look into this matter, he thanked me. I will have the crew complete an occurrence report to the best they could remember from 3 months ago.</td>
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<tr>
<td>47</td>
<td>12/9/17 14:37</td>
<td>I spoke with the mother about her complaint. She was very nice and told me she heard this from the pediatrician. She took the EMT class and was able to talk to the patient. She was not really complaining, she just wanted to teach our crew to be on track on kids. I apologized to the mother and assured her our crews know how to take BP on ped pts. She thanked me for calling and following up on this. I will have the crew complete an occurrence report ASAP on why there is no BP on the chart.</td>
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<tr>
<td>50</td>
<td>12/9/17 16:03</td>
<td>I spoke to pts mother about the complaint. Mother told me they did not have a complaint, she rode in the back with her son (16 yrs old) and the crew joked with him and made him very comfortable. She did have a problem with the EMT and staff but told me REMSA was great. I thanked her for her time, no further.</td>
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<tr>
<td>59</td>
<td>12/9/17 16:83</td>
<td>I spoke with the pt. She was very nice but told me she thought there was duct tape on the monitor. She told me they were trying to take her blood pressure and the crew said it never works. She was also upset it cost so much money for the transport and the crew should have told her just to have had her friend take her to SMRRMC. I thanked her for calling and I would look into the equipment issue. I told her to contact her insurance company about the bill, as the crew has nothing to say about the transport costs. I will have the crews complete occurrence reports.</td>
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<tr>
<td>76</td>
<td>12/9/17 14:27</td>
<td>I left a message for the pt. The chart is very well documented on the scene and what happened per witness, also how the pt was acting and admitted to taking drugs. If I am able to contact the pt I will suggest he come down to the billing office and obtain a copy of his chart.</td>
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<tr>
<td>79</td>
<td>12/9/17 14:38</td>
<td>I left a message for the pt. Her complaint was that the IV was not started in a IV and give her Fentanyl, which her complaint was that the medics thought she was seeking pain meds. PT was just &quot;tired&quot; of the whole thing. I asked her to call me right away if she has any problems. I talked to her 9/16/17 about a similar complaint; she told me she would try. PT has been transported 21 times from Jan-Mar 2017, she complains on the phone survey but cannot remember what the date was and does not remember all the details, this is why I ask her to call REMSA right away so it can be dealt with ASAP. Attached is the correct chart and I will have the right crew complete an occurrence report ASAP.</td>
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<tr>
<td>91</td>
<td>12/9/17 12:17</td>
<td>I spoke with crew who told me the patient was distraught over a past event involving her son, and developed chest pain, possibly secondary to anxiety. They were told to stage until SPD cleared the scene. When they were cleared to enter they found the pt. couched in a corner with SPD attempting to calm the patient, who was cursing and speaking incoherently. SPD had placed the patient in handcuffs prior to the crews arrival. Crew attempted to assess the patient but was unable due to patient's demeanor. She stated they were not rude to the patient, but persistent, which may have been interpreted negatively by the patient. Our crew felt the patient's demeanor was worsened by the presence of numerous PD and FQ personnel, so the patient was moved to the gurney and soft restraints were applied. The patient was placed in the ambulance where, per crew, the patient's anxiety decreased slightly. An IV was established and the patient was given 2 mg of Versed with minimal change, then a second 1 mg dose 11 minutes later with minimal change. The patient would not allow further treatment. Prior to leaving the scene, the patient's daughter arrived and attempted to calm the patient but was unable. Per crew the pt. was then transported, still with restraints for crew safety, to SMRRMC without incident.</td>
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<tr>
<td>92</td>
<td>12/9/17 16:23</td>
<td>This appears to be a complaint/concern about REMSA crews in general, but on this particular call the patient received appropriate medical care, as well as supportive care from the crew. I spoke with medics, who was the attendant, who reiterated what is noted in her narrative on the chart. The pt. was initially difficult to manage, but after being placed in the unit crew was able to calm her and begin treatment (continued) which included an IV, cardiac monitor, and Versed to further calm her. Crew felt she had &quot;a good rapport&quot; with the patient.</td>
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<tr>
<td>93</td>
<td>11/17/17 16:23</td>
<td>I spoke to the pt. (***), she was at work and very short with me. She again said the paramedics need to listen to her as she has had this reaction several times and needs epinephrine every time. I thanked her for her time, no further.</td>
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<td>Date of Service</td>
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<tr>
<td>94</td>
<td>11/19/17 0800</td>
<td>I left a message for the pt. (***) chart is well documented with pt intentionally taking 30 Ambien &amp; 16 Klonopin the night before then calling the Nurse hotline the next day as she was concerned.</td>
<td>QNR did call RPD to try and pull the patient on a legal hold, when RPD arrived she went voluntarily and signed the chart for transport 11/10/17 1500. I received 3 calls from (***) with no messages. I called back for the pt and had the wrong number, 11/17/17 1632. I left a message for the pt. 11/18/17 1:54. I spoke with the pt. she was very upset RPD made her go to the hospital and wants them to pay her bill. She told me it was all a mistake taking the pills and they were not the pills in the chart, she would like her chart changed because it was all a mistake. I explained to her she has to pay the bill and she could come to the billing office and complete paperwork of what happened and it would be attached to her chart. She was happy with that but not the bill. I thanked her for talking to me, no further.</td>
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Nye County

REMSA provided assistance to Nye County when their volunteer ambulance service experienced unexpected inability to provide coverage. REMSA received media coverage from KTBN, Nevada Public Radio in Las Vegas, Tonopah Times, and Pahrump Valley Times.
Snow Play + Safety

Cindy Green was interviewed by Sarah Johns on KOLO about snow play safety.

REMSA Community Advisor | Fun in the Snow

November 16, 2017 by Christie Yhabu — Comments

Often times an afternoon of fun in the snow can lead to careless injuries. By taking the right safety steps, these injuries can be prevented. In particular, sledding causes a high percentage of snow play injuries. REMSA would like to offer some safety tips to keep playing in the snow safe.

Tips for Playing in the Snow:

- Check the weather report and heed precautions and advisories. If weather warnings suggest a severe
Point of Impact

REMSA’s Point of Impact safety checkpoints were posted on community calendars, and the November checkpoint was highlighted in a live segment on Fox in the Mornings.

REMSA Offers Free Car Seat Checkpoints in November and December

Before you head for the holidays, make sure your children are truly safe in the car. The Regional Emergency Medical Services Authority (REMSA) is offering free car seat installations and inspection checkpoints as part of its Point of Impact community outreach program.

REMSA Free Car Seat Checkpoints

- Thursday, November 2, 2017: 9:00 am - 11:15 am
- Monday, November 6, 2017: 9:00 am - 11:15 am
- Tuesday, November 7, 2017: 9:00 am - 11:15 am
- Wednesday, November 8, 2017: 9:00 am - 11:15 am

Before you head for the holidays, make sure your children are truly safe in the car. The Regional Emergency Medical Services Authority (REMSA) is offering free car seat installations and inspection checkpoints as part of its Point of Impact community outreach program.

REMSA encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoints, parents should bring their children and car seats, and schedule either 10:45 a.m. or 11:15 a.m. for the one seat. Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list. Additionally, they will check the installation, correct any problems, and provide education on the proper use.
Food Drive

KTVN announced REMSA and Care Flight as a partner in their Share Your Christmas Drive-By Food Drive.
Pedestrian Safety

REMSA received a Pedestrian Safety Grant, and was covered by Nevada Business and Northern Nevada Business Weekly.

REMSA Receives Grant to Help Save Pedestrian Lives
November 20, 2017 @ 05:16 PM - Elements

REMSA, Inc. – REMSA, the Regional Emergency Medical Services Authority, has received a $20,000 grant from the Nevada Office of Traffic Safety (OTS), to educate the public about pedestrian safety in order to decrease injuries and deaths in Washoe County.

The grant will be implemented with many regional partners, including the Washoe County School District (WCSD), the Regional Transportation Commission (RTC), and regional law enforcement agencies.

Through collaborative efforts, the grant will enable REMSA to spread a unified message to residents of Washoe County about taking personal responsibility for ensuring pedestrian safety.

Northern Nevada Business Weekly

REMSA receives grant from Nevada Office of Traffic Safety
November 20, 2017

The Regional Emergency Medical Services Authority (REMSA) received a $20,000 grant from the Nevada Office of Traffic Safety to educate the public about pedestrian safety in order to decrease injuries and deaths in Washoe County.
Drone Delivery

Coverage continued in the RGJ on the Flirtey and REMSA partnership.

Amazon HQ2 battle moving to Nevada skies with drones

Possible applications of drone technology include land and agriculture surveying, fire mapping, package deliveries, search and rescue, and medical transport. Flirtey, for example, recently started a partnership with Reno-based ambulance service Regional Emergency Medical Services Authority to study drone delivery of automated electronic defibrillators ahead of paramedics during cardiac arrest calls. Being part of the FAA pilot program means the program could be implemented more quickly.

“This program will allow us to fast-track the approval for sending (defibrillators),” Sweeney said. “It will result in increased survival rates and ultimately save lives.”
Public/Business Outreach

**Northern Nevada Network**: REMSA participated in a panel discussion at a Northern Nevada Network meeting on emergency medical preparedness, with the Reno Air Races crash as the focal point. Representatives from Northern Nevada Network, Saint Mary’s Regional Medical Center and Renown Health also were panelists. There was strong interest in mass casualty incidents given the recent Las Vegas shooting. REMSA is working toward corporate training on B-Con based on interest shown.

**NCET**: REMSA partnered with NCET on Tech Wednesday, and hosted a tour, showcasing the high-technology focused organization.
NCET Biz Tips: REMSA’s life-saving technology

NOVEMBER 1, 2017 BY DAVE ARCHER

NCET helps you explore business and technology

By Dave Archer

When you respected the flashing red lights and pulled to the side of the road yesterday, the ambulance that raced past you was supported by a dense web of technology that delivers quality emergency medical service cost-efficiently, by a private not-for-profit agency that receives no...
United Federal Credit Union

Paramedic Job

Regional Emergency Medical Services Authority - REMSA

We are growing our Paramedic team and we want you! If you are a currently nationally registered (NREMT) Paramedic and would like to work in an exciting, well-funded company with a national reputation for quality and innovation - apply today!

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When you share this post, you'll share a bit more people.

737 People Reached

18 Likes, Comments & Shares

11 Likes

2 Comments

5 Shares

119 Post Clicks

0 Profile Views

104 Other Clicks
November 2017 Public Relations + Social Media Highlights Report

District Board of Health

Strategic Initiatives:

**ONE TEAM**

- Initiated “The Top Five” – a new internal communications program. It includes items such as awards, HR updates, organizational news and clinical information. It is distributed weekly by email and is also available on the employee Intranet.
# REMSA 2017-2018 Penalty Fund Reconciliation as of October 31, 2017

2017-18 Penalty Fund dollars accrued by month:

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2017</td>
<td>$6,510.60</td>
</tr>
<tr>
<td>August 2017</td>
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<td>May 2018</td>
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<tr>
<td>June 2018</td>
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</tbody>
</table>

Total accrued as of 10/31/2017: **$29,116.16**

2017-18 Penalty Fund dollars encumbered by month:

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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Total encumbered as of 10/31/2017: **$0.00**

Penalty Fund Balance at 09/30/17: **$29,116.16**
REMSA INQUIRIES

NOVEMBER 2017

No inquiries for November 2017
STAFF REPORT
BOARD MEETING DATE: December 14th, 2017

DATE: December 1st, 2017
TO: District Board of Health
FROM: Catrina Peters, Director of Programs and Projects, ODHO
       (775) 328-2401, cpeters@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
SUBJECT: Presentation and Possible Acceptance of Revised Strategic Plan

SUMMARY
As a result of the November 2, 2017 Strategic Planning Retreat a revised Strategic Plan is presented for review and possible acceptance.

This Item addresses the following Health District Strategic Priorities:

1. Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.
2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. Local Culture of Health: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.
4. Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. 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.
6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population

PREVIOUS ACTION
The 2017-2020 Strategic Plan was presented and adopted at the May 26th, 2016 District Board of Health meeting with all in favor and none against.

BACKGROUND
The plan was revised as described below to reflect feedback given at the November 2nd, 2017 retreat:
FISCAL IMPACT

The services of OnStrategy to facilitate the board retreat were included in the contract previously approved by the District Health Officer.

RECOMMENDATION

Staff recommends the District Board of Health accept the revised 2017-2020 Strategic Plan.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept the revised 2017-2020 Strategic Plan”.

<table>
<thead>
<tr>
<th>Date of Review</th>
<th>Reviewed By</th>
<th>Page(s)</th>
<th>Summary of Changes</th>
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<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>7</td>
<td>Brief description of the November 2017 District Board of Health Strategic Plan retreat and additional emerging strategic considerations</td>
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<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>8,9</td>
<td>Additional Community Health Needs Assessment (CHNA) Information from 2018-2020 CHNA</td>
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<td>11.21.17</td>
<td>Catrina Peters</td>
<td>17</td>
<td>Added an outcome under goal 2.2</td>
</tr>
<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>19</td>
<td>Added an outcome under goal 4.5</td>
</tr>
<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>20</td>
<td>Added an outcome under goal 6.3</td>
</tr>
<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>22-33</td>
<td>Updates to staff person assigned to reflect current staffing</td>
</tr>
<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>22-33</td>
<td>Removed initiatives that are complete</td>
</tr>
<tr>
<td>11.21.17</td>
<td>Catrina Peters</td>
<td>21</td>
<td>Added a table of cross-divisional collaboration</td>
</tr>
</tbody>
</table>
WASHOE COUNTY HEALTH DISTRICT
FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

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

VALUES STATEMENT
• Trustworthiness: appropriate allocation of resources, spend prudently, stewardship
• Professionalism: ethics, education, accountability
• Partner-Collaborate: be flexible, adapt, be accessible, be proactive, innovate and create

VISION
A healthy community

STRATEGIC DIRECTION
Leaders in a unified community making measurable improvements in the health of its people and environment

STRATEGIC PRIORITIES
1. Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.
2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. Local Culture of Health: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.
4. Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. 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.
6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.
STRATEGIC PRIORITIES & FY17-20 GOALS

1. **HEALTHY LIVES**: Improve the health of our community by empowering individuals to live healthier lives.
   
   FY17-20 Goals:
   
   1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
   1.2 Provide preventive health services that are proven to improve health outcomes in the community.
   1.3 Improve access to healthcare and social services so people of all means receive the services they need.

2. **HEALTHY ENVIRONMENT**: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
   
   FY17-20 Goals:
   
   2.1 Protect people from negative environmental impacts.
   2.2 Keep people safe where they live, work, and play.

3. **LOCAL CULTURE OF HEALTH**: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
   
   FY17-20 Goals:
   
   3.1 Raise awareness of the Health District and the services it offers within the community.
   3.2 Work with others to establish policies that positively impact public health.
   3.3 Inform the community of important health trends by capturing and communicating health data.
   3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

4. **IMPACTFUL PARTNERSHIPS**: Extend our impact by leveraging partnerships to make meaningful progress on health issues.
   
   FY17-20 Goals:
   
   4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
   4.2 Support and promote behavioral health.
   4.3 Improve nutrition by supporting efforts to increase food security.
   4.4 Enhance the regional EMS system.

5. **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.
   
   FY17-20 Goals:
   
   5.1 Update the Health District’s financial model to align with the needs of the community.
   5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

6. **ORGANIZATIONAL CAPACITY**: Strengthen our workforce and increase operational capacity to support a growing population.
   
   FY17-20 Goals:
   
   6.1 Create a positive and productive work environment.
   6.2 Focus on continuing to build staff expertise.
LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR

Big changes are underway in Washoe County. While the foundation for a significant increase in the economic vitality of our region has been laid, much work is yet to be done to ensure that commensurate improvements in the region’s quality of life accompany the coming economic growth. And when it comes to quality of life, nothing can have a greater impact than one’s health.

Over the coming years, my colleagues on the District Board of Health, Washoe County Commission, Reno and Sparks City Councils, and other leadership positions within the community will have to make decisions that have significant implications on the future of our community. One thing I have learned from my experience on the District Board of Health is that many policy decisions in areas such as transportation, land use, and education that may not be immediately associated with public health can have significant effects on public health outcomes. As regional policy makers shaping the future of our community, we all must recognize and value the health implications of the decisions we make so that our community is healthier tomorrow than it is today.

The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, drug abuse and limited public health funding are examples. I am confident that the District Board of Health and the excellent staff at the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way.

I know I share the opinion of my fellow board members when I say that I am excited to oversee and participate in the execution of the strategic plan, and experience the positive results the Health District’s work will have on our community.

Kitty Jung
Washoe County Commissioner
District Board of Health Chair
LETTER FROM THE DISTRICT HEALTH OFFICER

Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community’s health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick
Washoe County District Health Officer
Definitions

Mission: What is our core purpose?
Values: How do we behave?
Vision: Where are we going?
Strategic Direction: What does success look like?
Guiding Principles: What is central to the way we work?
Strategic Priorities: Where must we focus so we succeed?
District Goals and Community Outcomes: What is most important right “now”?
Supporting Divisional Initiatives: Who must do what?

Plan Structure
Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights**: This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.

2. **Design Strategy**: Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.

3. **Build the Plan**: Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.

4. **Manage Performance**: In order to maintain alignment around the WCHD’s strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meet regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

In fall of 2017, the DBOH convened a strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. New information was shared and considered from the 2017 Community Health Needs Assessment along with the following emerging strategic considerations:

- 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
- State’s lack of local investment in public health
- Nonattainment of ozone standards
- Succession planning for anticipated staff retirements
- Capacity to work on policy and government relations

Several small revisions to the plan were made as outlined in the following table:
COMMUNITY TRENDS

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the strategic planning retreat. The CHNA is a collaboration funded by Washoe County Health District and Renown Health.

Purpose of a Community Health Needs Assessment

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

The 2018-2020 CHNA utilized a revised methodology that looked at two types of data as well as an objective ranking of need and a community workshop to determine a prioritization of need. The CHNA utilized both primary and secondary data sources. The secondary data was from over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. The primary data was gathered through a survey of residents focused on areas with little to no secondary data. The survey included questions identifying barriers to physical activity, nutrition, and accessing healthcare which helps understand the why and how. Surveys were available in English and Spanish, online and hardcopy, and over 1,400 respondents were received over a 4-month period.
The overall rank of health needs in Washoe County resulted from objective measurement of secondary and primary data scored against five criteria. The five criteria included 1) magnitude, 2) severity, 3) five and ten-year trends, 4) Washoe County relative to state or national benchmarks, and 5) the community’s perceived importance identified through the online community survey. The table below illustrate the overall rank, the rank of health topics as ranked by secondary data (data rank), the data ranked by the community survey (community perception), as well as the Community Workshop. The Community Workshop rank was not considered for the overall rank, but instead served as a platform for community leaders to help prioritize subgroupings known as focus areas, which are not shown.

### 2018-2020 Washoe County Community Health Needs Ranking

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Overall Rank</th>
<th>Community Survey</th>
<th>Data</th>
<th>Community Workshop</th>
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<tbody>
<tr>
<td>Access to Health</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Social Determinants</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Crime &amp; Violent-Related Behaviors</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Physical Activity, Nutrition, &amp; Weight</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Chronic Disease/Screenings</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Substance Use</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>12</td>
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<tr>
<td>Maternal &amp; Child Health</td>
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<td>Under Sexual Health</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Sexual Health</td>
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<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>11</td>
<td>2</td>
<td>12</td>
<td>11</td>
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<tr>
<td>Infectious Disease &amp; Immunizations</td>
<td>12</td>
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<td>11</td>
<td>9</td>
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<td>NR</td>
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<td>Built Environment</td>
<td>NR</td>
<td>11</td>
<td>NR</td>
<td>Under Physical Activity</td>
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</table>

Further details on the preliminary findings of the CHNA that were shared at the strategic planning retreat can be found in Appendix A of this document. The following sections include information that was utilized in the initial plan and continues to be a relevant part of the revised strategic plan.
Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE
Strategic Plan

Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately $2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

Health District Strategies

- **Healthy Lives**: Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.

- **Local Culture of Health**: Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.

- **Impact through Partnerships**: Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.
Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. Despite the differences, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

Health District Strategies:

- **Healthy Lives**: Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability**: To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity**: Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible; the WCHD can mitigate potential increases in service demands.

![Figure 3: ECONIC Development Authority of Western Nevada](image)
Achieving National Standards

While most people don’t think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD’s duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However, the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As a measure of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC Healthy People 2020 goals.

Health District Strategies:

- **Healthy Environment**: Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region’s air quality.

- **Local Culture of Health**: Nearly everyone impacts the region’s air quality in one way or another. Thus, nearly everyone has the power to help improve the region’s air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

![Washoe County Ozone Trend](FIGURE 4- WASHOE COUNTY HEALTH DISTRICT)
MISSION

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

VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don’t have the resources or capabilities to address all of the community’s health needs, so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.
STRATEGIC PRIORITIES

1. **HEALTHY LIVES**: Improve the health of our community by empowering individuals to live healthier lives. The health of a community depends on the health of the individuals within it. A wide range of factors impact one’s health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.

2. **HEALTHY ENVIRONMENT**: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer. The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.

3. **LOCAL CULTURE OF HEALTH**: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action. Many of the decisions community leaders, organizations, and individuals make every day can impact the community’s health. However, the community’s health is not always a factor in the decision making process. The WCHD’s aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.

4. **IMPACTFUL PARTNERSHIPS**: Extend our impact by leveraging partnerships to make meaningful progress on health issues. Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD’s direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.

5. **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 on income. Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD’s aim is to have greater control over its finances in order to be able to better predict and control future funding levels.

6. **ORGANIZATIONAL CAPACITY**: Strengthen our workforce and increase operational capacity to support growing population. As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.
STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY INDICATORS:
WHAT MUST WE FOCUS ON TO SUCCEED?

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

<table>
<thead>
<tr>
<th>District Goals &amp; Community Outcomes</th>
<th>Baseline</th>
<th>2018</th>
<th>Targets</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Reduce the negative health and economic impacts of obesity and chronic disease.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of overweight and obese adolescents</td>
<td>34.6% (2015)</td>
<td>34%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>% of overweight and obese adults</td>
<td>21.8% (2015)</td>
<td>21%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>% of adults who are current smokers</td>
<td>15% (2014)</td>
<td>14%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>% of youth who currently smoke cigarettes</td>
<td>10.3% (2015)</td>
<td>9%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Prevalence of diabetes</td>
<td>7.1% (2013)</td>
<td>7.1%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease mortality rate (per 100,000)</td>
<td>226.6 (2012)</td>
<td>224</td>
<td>222</td>
<td></td>
</tr>
<tr>
<td>Cancer mortality rate (per 100,000)</td>
<td>174.5 (2012)</td>
<td>172.5</td>
<td>170.5</td>
<td></td>
</tr>
<tr>
<td>1.2 Promote preventative health services that are proven to improve health outcomes in the community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen birth rates (per 100,000)</td>
<td>26.9 (2013)</td>
<td>25.6</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td>% of newly reported hepatitis C cases with confirmatory test results</td>
<td>53% (2015)</td>
<td>60%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td># of people utilizing WIC</td>
<td>9,568 (2016)</td>
<td>9,855</td>
<td>10,046</td>
<td></td>
</tr>
<tr>
<td>Child immunization rates</td>
<td>75.5% (2016)</td>
<td>78%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>1.3 Improve access to health care so people of all means receive the health services they need.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of population with health insurance</td>
<td>79.4% (2014)</td>
<td>83.3%</td>
<td>87.3%</td>
<td></td>
</tr>
<tr>
<td>% of Washoe County residents with a usual primary care provider</td>
<td>68.1% (2014)</td>
<td>71.5%</td>
<td>83.9%</td>
<td></td>
</tr>
<tr>
<td># of family health festivals</td>
<td>2 (2015)</td>
<td>6</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
2. **HEALTHY ENVIRONMENT**: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

<table>
<thead>
<tr>
<th>District Goals &amp; Community Outcomes</th>
<th>Baseline</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Protect people from negative environmental impacts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ozone concentration (parts per billion) - Design value, 3-year average number</td>
<td>71 (2015)</td>
<td>70</td>
</tr>
<tr>
<td>Air quality index - % good and moderate days</td>
<td>356 Days (2013-2015)</td>
<td>358 Days</td>
</tr>
<tr>
<td>Waste generation - Tons per year/per capita</td>
<td>1,432 tons/2,884 pounds (2015)</td>
<td>1,420 tons/2,840 pounds</td>
</tr>
<tr>
<td>Recycling rates</td>
<td>31.5% (2015)</td>
<td>35%</td>
</tr>
<tr>
<td># of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters</td>
<td>12 (2015)</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2 Keep people safe where they live, work, and play.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of risk-based environmental program standards</td>
<td>0% (2016)</td>
<td>100%</td>
</tr>
<tr>
<td>% of risk-based food inspections</td>
<td>0% (2015)</td>
<td>100%</td>
</tr>
<tr>
<td>Food inspection pass rate - clean pass</td>
<td>-</td>
<td>TBD</td>
</tr>
<tr>
<td>% of foodborne illness risk factors in food establishments</td>
<td>-</td>
<td>TBD</td>
</tr>
<tr>
<td>Development of marketing plan to educate the public on the appropriate use of 911</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>
3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.

<table>
<thead>
<tr>
<th>District Goals &amp; Community Outcomes</th>
<th>Baseline</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
<td>2020</td>
</tr>
<tr>
<td><strong>3.1 Raise awareness of the Health District and the services it offers within the community.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of traditional media interviews and press releases</td>
<td>221 (2015)</td>
<td>250</td>
</tr>
<tr>
<td># of social media posts</td>
<td>343 (2015)</td>
<td>500</td>
</tr>
<tr>
<td># of impressions from advertising campaigns</td>
<td>12.6M (2015)</td>
<td>13.8M</td>
</tr>
<tr>
<td>% of permits applied for online</td>
<td>-</td>
<td>50%</td>
</tr>
<tr>
<td><strong>3.2 Work with others to establish policies that positively impact public health.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of policies established or improved that positively impact public health. Examples might potentially include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Taxation of e-nicotine products</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>• Vaping in the Clean Indoor Air Act</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>• Access to behavioral health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Height and weight measurements in schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Expansion of wrap-around service models</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.3 Inform the community of important health trends by capturing and communicating health data.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of community public health advisories issued</td>
<td>60 (2015)</td>
<td>66</td>
</tr>
<tr>
<td>Average # weekly unique visitors to the Health District website</td>
<td>5,374 (2015)</td>
<td>5,911</td>
</tr>
<tr>
<td># of community health data reports published/promoted. For example:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Community Health Needs Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• County Health Rankings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Air Quality Trends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Communicable diseases annual report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foodborne illness risk factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Antibiogram report</td>
<td>4 (2015)</td>
<td>5</td>
</tr>
<tr>
<td><strong>3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of supporting initiatives undertaken</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

<table>
<thead>
<tr>
<th>District Goals &amp; Community Outcomes</th>
<th>Baseline</th>
<th>Targets</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.</td>
<td>2018</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>Duration of GI outbreaks in schools</td>
<td>44 days (2015)</td>
<td>40 days</td>
<td>36 days</td>
</tr>
<tr>
<td>% of Washoe County students who graduate high school</td>
<td>75% (2015)</td>
<td>76.9%</td>
<td>78.8%</td>
</tr>
</tbody>
</table>

4.2 Support and promote behavioral health.

| % of Washoe County high school students who attempt suicide | 11.7% (2015) | 11.1% | 10.53% |
| % of Washoe County high school students who ever took a prescription drug without a doctor’s prescription | 18.3% (2015) | 17.4% | 16.5% |
| % of WC high school students who were offered, sold, or given an illegal drug by someone on school property | 27.9% (2015) | 26.5% | 25.1% |
| Rate of K-12 Washoe County School District bullying incidents | - | -10% | -20% |
| % of Washoe County high school students who currently drink alcohol | 35.5% (2015) | 34.7% | 32.9% |

4.3 Improve nutrition by supporting efforts to increase food security and access.

| % of food insecure children | 27% (2012) | 25.7% | 24.3% |
| % of food insecure people | 15% (2012) | 14.25% | 13.5% |

4.4 Enhance the regional EMS system.

| Implementation of single patient record for pre-hospital care | - | 100% | 100% |
| Median EMS regional response times (initial contact to first arriving unit in min:sec) | 6:05 (Q1, 2016) | 6:00 | 6:00 |
| Coordinated communications amongst EMS partners | REMSA ready for CAD-CAD interface | CAD/AVL (Automatic Vehicle Locator) complete | P25 radio migration 80% complete |

4.5 Engage the community in public health.

| Partners engaged to implement the 2018-2020 Truckee Meadows Healthy Communities Health Improvement Plan | - | 15 | 25 |
5. **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 on income.

<table>
<thead>
<tr>
<th>District Goals &amp; Community Outcomes</th>
<th>Baseline FY18</th>
<th>Targets FY20</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Update the WCHD’s financial model to align with the needs of the community.</td>
<td>% State funding support 1.2% (FY15)</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Budget per capita (442,000 population) $47.50 (FY15)</td>
<td>$49.88</td>
</tr>
<tr>
<td>5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.</td>
<td>Total cost savings (in dollars) QI projects -</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Utilization of interns and volunteers (hours/FTEs) 12,636/6.1 (FY15)</td>
<td>13,676/6.6</td>
</tr>
</tbody>
</table>

6. **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.

<table>
<thead>
<tr>
<th>District Goals &amp; Health District Outcomes</th>
<th>Baseline 2018</th>
<th>Targets 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Create a positive and productive work environment.</td>
<td>Employee engagement score 18.9% (FY16)</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td># of facility enhancements implemented (cumulative) 2 (FY16)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td># of security enhancements implemented 0 (FY16)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td># of QI projects implemented in last 12 months 8 (FY16)</td>
<td>10</td>
</tr>
<tr>
<td>6.2 Focus on continuing to build staff expertise.</td>
<td>% Implementation of the Workforce Development Plan 0%</td>
<td>50%</td>
</tr>
<tr>
<td>6.3 Achieve Public Health Accreditation</td>
<td>Achieve Public Health Accreditation -</td>
<td>100%</td>
</tr>
</tbody>
</table>
## DISTRICT WIDE COLLABORATION

### Collaboration Summary

<table>
<thead>
<tr>
<th>Goal</th>
<th>AHS</th>
<th>AQM</th>
<th>CCHS</th>
<th>EHS</th>
<th>EPHP</th>
<th>ODHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Reduce the negative health and economic impacts of obesity and chronic disease.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Promote preventative health services that are proven to improve health outcomes in the community.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Improve access to health care so people of all means receive the health services they need.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2.1 Protect people from negative environmental impacts.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Keep people safe where they live, work, and play.</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Raise awareness of the Health District and the services it offers within the community.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3.2 Work with others to establish policies that positively impact public health.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3.3 Inform the community of important health trends by capturing and communicating health data.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Support and promote behavioral health.</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Improve nutrition by supporting efforts to increase food security and access.</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Enhance the regional EMS system.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.5 Engage the community in public health improvement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5.1 Update the WCHD’s financial model to align with the needs of the community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6.1 Create a positive and productive work environment.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6.2 Focus on continuing to build staff expertise.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6.3 Achieve Public Health Accreditation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Outcomes and Initiatives</td>
<td>Who</td>
<td>FY18</td>
<td>FY19</td>
<td>FY20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.1</td>
<td>Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)</td>
<td>Steve Kutz</td>
<td>Target 34%</td>
<td>Target 33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.1.1</td>
<td>Expand Wolf Pack Coaches Challenge.</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.1.2</td>
<td>Participate in the implementation of the Washoe County School District Wellness Policy.</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.2</td>
<td>Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)</td>
<td>Steve Kutz</td>
<td>Target 21%</td>
<td>Target 20%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.2.1</td>
<td>Develop and promote a local restaurant menu campaign.</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.2.2</td>
<td>Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.</td>
<td>Steve Kutz</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.3</td>
<td>Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)</td>
<td>Erin Dixon</td>
<td>Target 14%</td>
<td>Target 13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.3.1</td>
<td>Develop, place, and evaluate smoking free community campaign.</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.1.3.2</td>
<td>Identify and implement smoke free policies at family friendly locations.</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.4</td>
<td>Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (2015 Baseline: 10.3%)</td>
<td>Erin Dixon</td>
<td>Target 9%</td>
<td>Target 8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlates with Initiatives 1.1.3.1 and 1.1.3.2</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.5</td>
<td>Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)</td>
<td>Erin Dixon</td>
<td>Target 7.1%</td>
<td>Target 7.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlates with Initiatives 1.1.1.1 and 1.1.1.2</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1.1.6</td>
<td>Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)</td>
<td>Erin Dixon</td>
<td>Target 224</td>
<td>Target 222</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Strategic Plan

<table>
<thead>
<tr>
<th>Outcomes and Initiatives</th>
<th>Who</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1.1.7</strong></td>
<td>Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)</td>
<td>Erin Dixon</td>
<td>Target 172.5</td>
<td>Target 172.5</td>
</tr>
<tr>
<td>Correlates with Initiatives 1.1.3.1 and 1.1.3.2</td>
<td>Erin Dixon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1.2.1</strong></td>
<td>Monitor the teen birth rates (per 100,000) in Washoe County. (2013 Baseline: 26.9)</td>
<td>Lisa Lottritz</td>
<td>Target 25.6</td>
<td>Target 24.2</td>
</tr>
<tr>
<td>Initiative 1.2.1.1</td>
<td>Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.</td>
<td>Lisa Lottritz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.2.1.2</td>
<td>Promote “forget proof” birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy.</td>
<td>Lisa Lottritz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative 1.2.1.3</td>
<td>Promote and launch the Fetal Infant Mortality Review “Go Before You Show” campaign.</td>
<td>Linda Gabor</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 1.2.2</strong></td>
<td>Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)</td>
<td>Randall Todd</td>
<td>Target 60%</td>
<td>Target 70%</td>
</tr>
<tr>
<td>Initiative 1.2.2.1</td>
<td>Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.</td>
<td>Lei Chen</td>
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<tr>
<td><strong>Outcome 1.2.3</strong></td>
<td>Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)</td>
<td>Erin Dixon</td>
<td>Target 9,855</td>
<td>Target 10,046</td>
</tr>
<tr>
<td>Initiative 1.2.3.1</td>
<td>Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infant &amp; Children).</td>
<td>Steve Kutz</td>
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<tr>
<td><strong>Outcome 1.2.4</strong></td>
<td>Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine. (2015 Baseline: 75.5%)</td>
<td>Linda Gabor</td>
<td>Target 78%</td>
<td>Target 80%</td>
</tr>
<tr>
<td>Initiative 1.2.4.1</td>
<td>Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.</td>
<td>Linda Gabor</td>
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<tr>
<td>Initiative 1.2.4.2</td>
<td>Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.</td>
<td>Linda Gabor</td>
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<tr>
<td><strong>Outcome 1.3.1</strong></td>
<td>Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)</td>
<td>Steve Kutz</td>
<td>Target 83.3%</td>
<td>Target 87.3%</td>
</tr>
<tr>
<td>Initiative 1.3.1.1</td>
<td>Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.</td>
<td>Steve Kutz</td>
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<tr>
<td>Outcomes and Initiatives</td>
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<td>FY18</td>
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<td><strong>Initiative 1.3.1.2</strong></td>
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<tr>
<td>Explore partnering with agencies to provide onsite community health workers to assist and educate clients on how to access community resources.</td>
<td>Steve Kutz</td>
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<td><strong>Outcome 1.3.2</strong></td>
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<tr>
<td>Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)</td>
<td>Steve Kutz</td>
<td>Target 71.5%</td>
<td>Target 83.9%</td>
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<td><strong>Initiative 1.3.2.1</strong></td>
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<tr>
<td>Document CCHS clients’ primary care provider status in EHR.</td>
<td>Steve Kutz</td>
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<td><strong>Initiative 1.3.2.2</strong></td>
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<tr>
<td>Advocate for increased Medicaid reimbursement to providers.</td>
<td>Steve Kutz/ Kevin Dick</td>
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<td><strong>Initiative 1.3.2.3</strong></td>
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<tr>
<td>Update clinical protocols to include counseling and referral of clients for primary care provider options and resources.</td>
<td>Steve Kutz</td>
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<td><strong>Initiative 1.3.2.4</strong></td>
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<tr>
<td>Partner with the new University of Nevada Medical School Physician’s Assistant program to offer clinical rotation in CCHS.</td>
<td>Steve Kutz</td>
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<tr>
<td><strong>Outcome 1.3.3</strong></td>
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<tr>
<td>Increase the number of offsite services in Washoe County. (2015 Baseline: 2)</td>
<td>Catrina Peters</td>
<td>Target 6</td>
<td>Target 8</td>
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<td><strong>Initiative 1.3.3.1</strong></td>
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<tr>
<td>Develop Family Health Festival strategic plan to align with the Truckee Meadows Healthy Communities Strategic Plan.</td>
<td>Catrina Peters</td>
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<td><strong>Initiative 1.3.3.2</strong></td>
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<tr>
<td>Increase offsite services through increased funding and partnerships.</td>
<td>Steve Kutz</td>
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<tr>
<td><strong>Outcome 2.1.1</strong></td>
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<tr>
<td>Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)</td>
<td>Charlene Albee</td>
<td>Target 70</td>
<td>Target 68</td>
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<td><strong>Initiative 2.1.1.2</strong></td>
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<tr>
<td>Implement and execute the Ozone Advance action plan.</td>
<td>Charlene Albee</td>
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<td><strong>Initiative 2.1.1.3</strong></td>
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<td>Expand air monitoring network to West Reno.</td>
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<td><strong>Outcome 2.1.2</strong></td>
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<tr>
<td>Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)</td>
<td>Charlene Albee</td>
<td>Target 358</td>
<td>Target 360</td>
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<td><strong>Initiative 2.1.2.1</strong></td>
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<tr>
<td>Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.</td>
<td>Charlene Albee</td>
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<td><strong>Initiative 2.1.2.2</strong></td>
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<td>Update the Air Quality penalty regulations.</td>
<td>Charlene Albee</td>
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<td>Outcomes and Initiatives</td>
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<tr>
<td><strong>Outcome 2.1.3</strong> Reduce the waste generation – tons per year per capita in Washoe County.</td>
<td>Chad Westom</td>
<td>1,420 tons/2,840 pounds</td>
<td>Target 1,392 tons/2,783 pounds</td>
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<td><em>(2015 Baseline: 1,432 tons/2,884 pounds)</em></td>
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<td><strong>Initiative 2.1.3.1</strong> Update regulations for the solid waste management plan and implement.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Outcome 2.1.4</strong> Increase the recycling rates in Washoe County.</td>
<td>Chad Westom</td>
<td>Target 35%</td>
<td>Target 35%</td>
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<td><em>(2015 Baseline: 31.5%)</em></td>
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<tr>
<td><strong>Initiative 2.1.4.1</strong> Support Washoe County in updating the Franchise Agreement.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Initiative 2.1.4.2</strong> Complete waste composition study to determine makeup of our community’s waste stream.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Initiative 2.1.4.3</strong> Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Outcome 2.1.5</strong> Increase the number of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters in Washoe County.</td>
<td>Chad Westom</td>
<td>Target 10</td>
<td>Target 10</td>
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<td><em>(2015 Baseline: 12)</em></td>
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<tr>
<td><strong>Initiative 2.1.5.2</strong> Continue dialogue with Truckee Meadows Water Authority on climate issues and their effects on water quality.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Initiative 2.1.5.3</strong> Continue mosquito monitoring procedures to address warming climate and changing needs for vector control</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Initiative 2.1.5.4</strong> Keep disaster plans and training current.</td>
<td>Christina Conti</td>
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<tr>
<td><strong>Outcome 2.2.1</strong> Increase the percentage of risk-based environmental program standards for all programs.</td>
<td>Chad Westom</td>
<td>Target 100%</td>
<td>Target 100%</td>
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<td><em>(2016 Baseline: 0%)</em></td>
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<tr>
<td><strong>Initiative 2.2.1.1</strong> Develop and implement a work plan for establishing risk-based program standards for each program.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Outcome 2.2.2</strong> Increase the percentage of risk-based food inspections in Washoe County.</td>
<td>Chad Westom</td>
<td>Target 100%</td>
<td>Target 100%</td>
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<td><em>(2015 Baseline: 0%)</em></td>
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<tr>
<td><strong>Initiative 2.2.2.1</strong> Implement the new risk-based form and inspection process.</td>
<td>Chad Westom</td>
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<tr>
<td><strong>Initiative 2.2.2.2</strong> Establish risk-based environmental program standards for all programs.</td>
<td>Chad Westom</td>
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</table>
## Strategic Plan

<table>
<thead>
<tr>
<th>Outcomes and Initiatives</th>
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<tr>
<td><strong>Outcome 2.2.3</strong></td>
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<tr>
<td>Increase the food inspection pass rate – clean pass in Washoe County. (no baseline data)</td>
<td>Chad Westom</td>
<td>Target TBD</td>
<td>Target TBD</td>
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<tr>
<td>Initiative 2.2.3.1</td>
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<tr>
<td>Correlates with Initiative 2.2.1.1</td>
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<tr>
<td><strong>Outcome 2.2.4</strong></td>
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<tr>
<td>Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)</td>
<td>Chad Westom</td>
<td>Target TBD</td>
<td>Target TBD</td>
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<tr>
<td>Initiative 2.2.4.1</td>
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<tr>
<td>Establish measurement of percentage of food-borne illness risk factors in food establishments.</td>
<td>Chad Westom</td>
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<tr>
<td>Initiative 2.2.4.2</td>
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<tr>
<td>Implement the Environmental Health Division’s Strategic Plan for the nine food safety standards.</td>
<td>Chad Westom</td>
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<td><strong>Outcome 2.2.5</strong></td>
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<tr>
<td>Decrease the number of inappropriate 911 calls</td>
<td>Christina Conti</td>
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<td>Initiative 2.2.5.1</td>
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<tr>
<td>Develop a marketing plan to work with partner entities to educate the public on appropriate uses of 911</td>
<td>Christina Conti</td>
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<tr>
<td><strong>Outcome 3.1.1</strong></td>
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<tr>
<td>Communicate important health trends and data using traditional and social media, interviews, and press releases in Washoe County. (2015 Baseline: 221)</td>
<td>Phil Ulibarri</td>
<td>Target 250</td>
<td>Target 275</td>
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<tr>
<td>Initiative 3.1.1.1</td>
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<tr>
<td>Develop periodic newsletter or blog to promote Health District activities.</td>
<td>Phil Ulibarri</td>
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<td>Initiative 3.1.1.2</td>
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<td>Develop and post videos on website using County or contracted videographer or existing public health material.</td>
<td>Phil Ulibarri</td>
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<td>Initiative 3.1.1.3</td>
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<tr>
<td>Create staff guidelines for communicating how their program contributes to a local culture of health.</td>
<td>Phil Ulibarri</td>
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<td><strong>Outcome 3.1.2</strong></td>
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<tr>
<td>Increase the number of social media posts in Washoe County. (2015 Baseline: 343)</td>
<td>Phil Ulibarri</td>
<td>Target 500</td>
<td>Target 700</td>
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<td>Initiative 3.1.2.1</td>
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<tr>
<td>Push people to the website through social media by identifying individuals within divisions to post messages.</td>
<td>Phil Ulibarri</td>
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<td><strong>Outcome 3.1.3</strong></td>
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<tr>
<td>Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)</td>
<td>Phil Ulibarri</td>
<td>Target 13.8M</td>
<td>Target 14.0M</td>
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<td>Initiative 3.1.3.1</td>
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<tr>
<td>Ensure branding message of &quot;Enhancing Quality of Life&quot; is promoted in all marketing and outreach efforts.</td>
<td>Phil Ulibarri</td>
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<td><strong>Outcome 3.1.4</strong></td>
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<tr>
<td>Increase the percentage of permits applied for online in Washoe County. (no baseline)</td>
<td>Chad Westom</td>
<td>Target 50%</td>
<td>Target 80%</td>
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</table>
### Strategic Plan

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<thead>
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<tr>
<td>Initiative 3.1.4.1</td>
<td>Phil Ulibarri</td>
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<tr>
<td>Improve navigability of website.</td>
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<tr>
<td>Outcome 3.2.1</td>
<td>Increase the number of policies established or improved that positively impact public health in Washoe County. Examples might potentially include: taxation of e-nicotine products, vaping in the Clean Indoor Air Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models. (no baseline)</td>
<td>Kevin Dick</td>
<td>Target 2</td>
<td>Target 5</td>
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<tr>
<td>Initiative 3.2.1.4</td>
<td>Kevin Dick</td>
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<td>Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.</td>
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<td>Initiative 3.2.1.5</td>
<td>Kevin Dick</td>
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<td>Establish policies through Truckee Meadows Healthy Communities, Renown Child Health Institute, or other entities, and report on the number of policies established.</td>
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<td>Initiative 3.2.1.6</td>
<td>Kevin Dick</td>
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<td>Establish Government Affairs/Policy support position in ODHO.</td>
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<td>Initiative 3.2.1.7</td>
<td>Kevin Dick</td>
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<td>Submit recommendations to the Interim Legislative Committee on Health Care for consideration.</td>
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<td>Initiative 3.2.1.8</td>
<td>Kevin Dick</td>
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<td>Work with others to develop BDRs addressing public health policy.</td>
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<td>Initiative 3.2.1.9</td>
<td>Kevin Dick</td>
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<td>Provide legislative testimony and support, and report on the number and summary of policies/laws enacted during the legislative session.</td>
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<td>Outcome 3.3.1</td>
<td>Phil Ulibarri</td>
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<tr>
<td>Increase the number of community public health advisories issued in Washoe County. (2015 Baseline: 60)</td>
<td>Target 66</td>
<td>Target 72</td>
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<tr>
<td>Initiative 3.3.1.1</td>
<td>Phil Ulibarri</td>
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<tr>
<td>Protect quality of life through health notices and/or health advisories and/or social media postings during times of public health crisis or events.</td>
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<td>Outcome 3.3.2</td>
<td>Phil Ulibarri</td>
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<tr>
<td>Increase the average weekly unique visitors to the Health District website for Washoe County. (2015 Baseline: 5,374)</td>
<td>Target 5,911</td>
<td>Target 6,502</td>
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<td>Initiative 3.3.2.1</td>
<td>Phil Ulibarri</td>
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<td>Promote WCHD data in media efforts.</td>
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<td>Outcome 3.3.3</td>
<td>Kevin Dick</td>
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<tr>
<td>Increase the number of community health data reports published/promoted in Washoe County. For example: CHNA, County Health Rankings, Air Quality Trends, Communicable Disease Annual Report, Foodborne Illness Risk Factors, Antibiogram Report. (2015 Baseline: 4)</td>
<td>Target 5</td>
<td>Target 5</td>
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<tr>
<td>Initiative 3.3.3.1</td>
<td>Phil Ulibarri</td>
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<tr>
<td>Communicate Robert Wood Johnson Foundation county health data report in media efforts.</td>
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<td>Outcomes and Initiatives</td>
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<tr>
<td>Initiative 3.3.3.2</td>
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<tr>
<td>Develop data report for Community Health Needs Assessment.</td>
<td>Kevin Dick</td>
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<tr>
<td>Outcome 3.4.1</td>
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<tr>
<td>Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)</td>
<td>Kevin Dick</td>
<td>Target 4</td>
<td>Target 5</td>
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<tr>
<td>Initiative 3.4.1.3</td>
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<tr>
<td>Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.</td>
<td>Kevin Dick</td>
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<tr>
<td>Outcome 4.1.1</td>
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<tr>
<td>Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)</td>
<td>Randall Todd</td>
<td>Target 40 days</td>
<td>Target 36 days</td>
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<td>Initiative 4.1.1.1</td>
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<tr>
<td>Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.</td>
<td>Randall Todd</td>
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<tr>
<td>Outcome 4.1.2</td>
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<tr>
<td>Increase the percentage of Washoe County students who graduate high school in Washoe County. (2015 Baseline: 75%)</td>
<td>Catrina Peters</td>
<td>Target 76.9%</td>
<td>Target 78.8%</td>
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<tr>
<td>Initiative 4.1.2.1</td>
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<tr>
<td>Provide backbone support for the Community Health Improvement Plan Education goals and objectives.</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 4.1.2.2</td>
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<tr>
<td>Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives.</td>
<td>Catrina Peters</td>
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<td>Outcome 4.2.1</td>
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<tr>
<td>Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)</td>
<td>Catrina Peters</td>
<td>Target 11.1%</td>
<td>Target 10.53%</td>
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<tr>
<td>Initiative 4.2.1.1</td>
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<tr>
<td>Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.</td>
<td>Catrina Peters</td>
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<td>Outcome 4.2.2</td>
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<tr>
<td>Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor’s prescription. (2015 Baseline: 18.3%)</td>
<td>Catrina Peters</td>
<td>Target 17.4%</td>
<td>Target 16.5%</td>
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<tr>
<td>Correlates with Initiatives 4.2.1.1 and 4.2.1.2</td>
<td>Catrina Peters</td>
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<td>Outcome 4.2.3</td>
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<tr>
<td>Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (2015 Baseline: 27.9%)</td>
<td>Catrina Peters</td>
<td>Target 26.5%</td>
<td>Target 25.1%</td>
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<tr>
<td>Correlates with Initiatives 4.2.1.1 and 4.2.1.2</td>
<td>Catrina Peters</td>
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<td>Outcome 4.2.4</td>
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<tr>
<td>Reduce the rate of K-12 Washoe County School District bullying incidents. (no baseline)</td>
<td>Catrina Peters</td>
<td>Target -10%</td>
<td>Target -20%</td>
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<tr>
<td>Correlates with Initiatives 4.2.1.1 and 4.2.1.2</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Outcome 4.2.5</strong> Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)</td>
<td>Catrina Peters</td>
<td>Target 34.7%</td>
<td>32.9%</td>
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<tr>
<td>Correlates with Initiatives 4.2.1.1 and 4.2.1.2</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Outcome 4.3.1</strong> Reduce the percentage of food insecure children in Washoe County. (2012 Baseline: 27%)</td>
<td>Catrina Peters</td>
<td>Target 25.7%</td>
<td>24.3%</td>
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<tr>
<td><strong>Initiative 4.3.1.1</strong> Increase the number of active school gardens in Washoe County</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Initiative 4.3.1.2</strong> Continue to partner with Collaborate for Communities team.</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Initiative 4.3.1.3</strong> Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for food security initiatives.</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Outcome 4.3.2</strong> Reduce the percentage of food insecure people in Washoe County. (2012 Baseline: 15%)</td>
<td>Catrina Peters</td>
<td>Target 14.25%</td>
<td>13.5%</td>
<td></td>
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<tr>
<td>Correlates with Initiatives 4.3.1.1, 4.3.1.2, and 4.3.1.3</td>
<td>Catrina Peters</td>
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<tr>
<td><strong>Outcome 4.4.1</strong> Implement a single patient record for pre-hospital care in Washoe County. (2015 Baseline: 0%)</td>
<td>Christina Conti</td>
<td>Target 100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Initiative 4.4.1.1</strong> Develop a 5-year Emergency Medical Services Plan.</td>
<td>Christina Conti</td>
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<tr>
<td><strong>Outcome 4.4.2</strong> Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County. (2015 Q1 Baseline: 6:05)</td>
<td>Christina Conti</td>
<td>Target 6:00</td>
<td>6:00</td>
<td></td>
</tr>
<tr>
<td><strong>Initiative 4.4.2.1</strong> Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2021.</td>
<td>Christina Conti</td>
<td></td>
<td></td>
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<tr>
<td><strong>Outcome 4.4.3</strong> Coordinate communications amongst EMS partners. (2015 Baseline REMSA ready for CAD-CAD; Computer Aided Dispatch interface)</td>
<td>Christina Conti</td>
<td>Target CAD/AVL (auto vehicle locator) complete</td>
<td></td>
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<tr>
<td><strong>Initiative 4.4.3.1</strong> Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.</td>
<td>Christina Conti</td>
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<tr>
<td>Outcomes and Initiatives</td>
<td>Who</td>
<td>FY18</td>
<td>FY19</td>
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<tr>
<td>Initiative 4.4.3.2</td>
<td>Enhance the regional EMS resource utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by December 31, 2021.</td>
<td>Christina Conti</td>
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</tr>
<tr>
<td>Outcome 4.5.1</td>
<td>Multiple Community Partners working collectively to implement the 2018-2020 Truckee Meadows Healthy Communities (TMHC) Community Health Improvement Plan.</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 4.5.1.1</td>
<td>Support TMHC development of a 2018-2020 TMHC Community Improvement Plan to meet prioritized needs identified in the 2018 Community Health Needs Assessment.</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 4.5.1.2</td>
<td>Transition activities related to 2016-2018 Community Heath Improvement Plan (CHIP) to reflect 2018-2020 Truckee Meadows Healthy Communities CHIP.</td>
<td>Catrina Peters</td>
<td></td>
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<tr>
<td>Outcome 5.1.1</td>
<td>Increase State funding support in Washoe County. (FY 2015 Baseline: 1.2%)</td>
<td>Anna Heenan</td>
<td>Target</td>
<td>1.3%</td>
</tr>
<tr>
<td>Outcome 5.2.1</td>
<td>Increase budget per capita (442,000 population). (FY 2015 Baseline: $47.50)</td>
<td>Anna Heenan</td>
<td>Target</td>
<td>$49.88</td>
</tr>
<tr>
<td>Initiative 5.2.1.1</td>
<td>Establish an agreement with the County on adjusting general fund transfers to address COLAs.</td>
<td>Kevin Dick</td>
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<tr>
<td>Outcome 5.2.2</td>
<td>Generate cost savings (in dollars) through QI projects. (no baseline)</td>
<td>Catrina Peters</td>
<td>Target</td>
<td>$10,000/year</td>
</tr>
<tr>
<td>Initiative 5.2.2.1</td>
<td>Identify opportunities to support above base requests within division budgets.</td>
<td>Anna Heenan</td>
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</tr>
<tr>
<td>Initiative 5.2.2.2</td>
<td>Achieve and report on cost savings through QI projects.</td>
<td>Catrina Peters</td>
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<tr>
<td>Outcome 5.2.3</td>
<td>Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)</td>
<td>Anna Heenan</td>
<td>Target</td>
<td>13,876/6.6</td>
</tr>
<tr>
<td>Outcome 6.1.1</td>
<td>Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)</td>
<td>Catrina Peters</td>
<td>Target</td>
<td>25%</td>
</tr>
<tr>
<td>Initiative 6.1.1.1</td>
<td>Conduct an annual engagement survey.</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 6.1.1.2</td>
<td>Achieve 85% on-time annual reviews.</td>
<td>Kevin Dick</td>
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</table>
## Outcomes and Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Who</th>
<th>FY18</th>
<th>FY19</th>
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<tbody>
<tr>
<td>Initiative 6.1.1.3</td>
<td>Achieve 85% on-time annual reviews.</td>
<td>Anna Heenan</td>
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<tr>
<td>Initiative 6.1.1.4</td>
<td>Achieve 85% on-time annual reviews.</td>
<td>Chad Westom</td>
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<tr>
<td>Initiative 6.1.1.5</td>
<td>Achieve 85% on-time annual reviews.</td>
<td>Charlene Albee</td>
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<tr>
<td>Initiative 6.1.1.6</td>
<td>Achieve 85% on-time annual reviews.</td>
<td>Randall Todd</td>
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<tr>
<td>Initiative 6.1.1.7</td>
<td>Achieve 85% on-time annual reviews.</td>
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<tr>
<td>Outcome 6.1.2</td>
<td>Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (FY 2106 Baseline: 2)</td>
<td>Steve Kutz</td>
<td>Target 5</td>
<td>Target 8</td>
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<tr>
<td>Initiative 6.1.2.1</td>
<td>Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.</td>
<td>Steve Kutz</td>
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<tr>
<td>Outcome 6.1.3</td>
<td>Increase the number of security enhancements implemented within the Washoe County Health District. (FY 2106 Baseline: 0)</td>
<td>Anna Heenan</td>
<td>Target 100% project completion</td>
<td>Target 100% project completion</td>
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<tr>
<td>Initiative 6.1.3.1</td>
<td>Implement improvements in security measures.</td>
<td>Anna Heenan</td>
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<tr>
<td>Outcome 6.1.4</td>
<td>Increase the number of QI projects implemented in last 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)</td>
<td>Catrina Peters</td>
<td>Target 10</td>
<td>Target 12</td>
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<tr>
<td>Initiative 6.1.4.1</td>
<td>Develop and approve an annual Quality Improvement Plan.</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 6.1.4.2</td>
<td>Implement QI projects and report on the number of projects implemented.</td>
<td>Catrina Peters</td>
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<tr>
<td>Outcome 6.2.1</td>
<td>Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)</td>
<td>Catrina Peters</td>
<td>Target 50%</td>
<td>Target 100%</td>
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<tr>
<td>Initiative 6.2.1.1</td>
<td>Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Kevin Dick</td>
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### Strategic Plan

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<thead>
<tr>
<th>Outcomes and Initiatives</th>
<th>Who</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
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</thead>
<tbody>
<tr>
<td>Initiative 6.2.1.2 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Anna Heenan</td>
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<tr>
<td>Initiative 6.2.1.3 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Chad Westom</td>
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<tr>
<td>Initiative 6.2.1.4 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Charlene Albee</td>
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<tr>
<td>Initiative 6.2.1.5 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Randall Todd</td>
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<tr>
<td>Initiative 6.2.1.6 Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.</td>
<td>Steve Kutz</td>
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<tr>
<td>Initiative 6.2.1.7 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Kevin Dick</td>
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<tr>
<td>Initiative 6.2.1.8 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Anna Heenan</td>
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<tr>
<td>Initiative 6.2.1.9 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Chad Westom</td>
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<tr>
<td>Initiative 6.2.1.10 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Charlene Albee</td>
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<tr>
<td>Initiative 6.2.1.11 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Randall Todd</td>
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<tr>
<td>Initiative 6.2.1.12 Implement process to share learnings from formal professional development activities with others who did not attend.</td>
<td>Steve Kutz</td>
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<tr>
<td>Initiative 6.2.1.13 Identify and develop new leaders and staff capabilities for succession planning purposes.</td>
<td>Kevin Dick</td>
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<tr>
<td>Initiative 6.2.1.14 Identify and develop new leaders and staff capabilities for succession planning purposes.</td>
<td>Anna Heenan</td>
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<tr>
<td>Initiative 6.2.1.15 Identify and develop new leaders and staff capabilities for succession planning purposes.</td>
<td>Chad Westom</td>
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<tr>
<td>Initiative 6.2.1.16 Identify and develop new leaders and staff capabilities for succession planning purposes.</td>
<td>Charlene Albee</td>
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<tr>
<td>Initiative 6.2.1.17 Identify and develop new leaders and staff capabilities for succession planning purposes.</td>
<td>Randall Todd</td>
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<tr>
<td>Initiative 6.2.1.18</td>
<td>Steve Kutz</td>
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<tr>
<td>Develop and implement the workforce development plan.</td>
<td>Catrina Peters</td>
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<tr>
<td>Outcome 6.3.1.1</td>
<td>Catrina Peters</td>
<td>Target Achieve Accreditation</td>
<td>Target Maintain Accreditation</td>
<td></td>
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<tr>
<td>Improve internal processes to ensure policies and procedures meet national Public Health accreditation standards. (FY 2016 Baseline: Process not started)</td>
<td>Catrina Peters</td>
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<tr>
<td>Initiative 6.3.1.1.1</td>
<td>Catrina Peters</td>
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APPENDIX A
As mentioned in the beginning of the document, in fall of 2017 the DBOH convened a Strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. New information was shared and considered from the 2018-2020 Community Health Needs Assessment and the 2016 Community Health Improvement Plan Annual Report. A summary of the meeting and major activities as well as the new data provided is summarized below.

Meetings and Major Activities

<table>
<thead>
<tr>
<th>Meetings and Major Activities</th>
<th>Participants</th>
<th>Timing</th>
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</thead>
<tbody>
<tr>
<td><strong>Phase 1: Retreat Planning</strong></td>
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<tr>
<td>Retreat planning meeting</td>
<td>Core Planning Team</td>
<td>10/3/17</td>
</tr>
<tr>
<td>1:1 Strategy Interviews with new District Board of Health Members</td>
<td>District Board of Health</td>
<td>Nov and Oct 2017</td>
</tr>
<tr>
<td>Retreat planning meeting</td>
<td>Core Planning Team</td>
<td>10/12/17</td>
</tr>
<tr>
<td>Meeting with Division Directors to discuss Strategic Planning</td>
<td>Core Planning Team &amp; WCHD Division Directors</td>
<td>10/18/17</td>
</tr>
<tr>
<td>Retreat planning meeting to review materials and presentations to be shared</td>
<td>Core Planning Team</td>
<td>10/31/17</td>
</tr>
<tr>
<td>Meeting with Division Directors and Supervisors to review Strategic Plan update presentations</td>
<td>Core Planning Team</td>
<td>03/11/2016</td>
</tr>
<tr>
<td><strong>Phase 2: Conduct Retreat</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Planning Retreat Day 1</td>
<td>District Board of Health, Core Planning Team, Division Directors, and Supervisors</td>
<td>11/02/17</td>
</tr>
<tr>
<td>• Provided an update on data used in the initial strategic plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review current and emerging considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Presented updates on future Strategic Plan initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss any potential revisions needed to the plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 3: Revised Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present revised plan to District Board of Health for review and approval</td>
<td>District Board of Health</td>
<td>12/14/17</td>
</tr>
<tr>
<td>Revised Strategic Plan rollout to all staff</td>
<td>All WCHD Staff</td>
<td>12/15/17</td>
</tr>
</tbody>
</table>

Participant Lists

**Core Planning Team**

1. Kevin Dick, District Health Officer
2. Catrina Peters, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

**District Board of Health**

1. Kitty Jung, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council
Relevant Findings from the Community Health Needs Assessment

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the strategic planning retreat. The 2018-2020 Washoe County Community Health Needs Assessment (CHNA) is a collaboration funded by Washoe County Health District and Renown Health.

**Purpose**
- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders
Components

1. **Secondary data**: data for over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. Indicators align with the Table of Contents [attached].
   
   i. Data displayed in 5-10 years trends, some indicators show disparities among educational attainment, race/ethnicity, age, and sex, and compare Washoe County performance to Nevada and United States as well as Healthy People 2020 objectives.

2. **Primary data**: data gathered through a survey of residents focused on areas with little to no secondary data. Includes questions identifying barriers to physical activity, nutrition, and accessing healthcare. Helps understand the why and how. Survey available in English and Spanish, online and hardcopy, over 1,400 respondents over a 4-month period.

3. **Ranked health needs**: Objective measurement of secondary and primary data scored on five criteria [accompanying table] to determine rank. [see ranked data graph, ranked community input graph, overall rank]

4. **Prioritized focus areas**: community workshop was an opportunity for community organizations and leaders to weigh in and identify which priority areas under each health topics has the best opportunity for sustainable success. [workshop results]

### 2018-2020 Washoe County Community Health Needs Ranking

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Overall Rank</th>
<th>Community Survey</th>
<th>Data</th>
<th>Community Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Social Determinants</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Crime &amp; Violent-Related Behaviors</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Physical Activity, Nutrition, &amp; Weight</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Chronic Disease/Screenings</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Substance Use</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Maternal &amp; Child Health</td>
<td>9</td>
<td>Under Sexual Health</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>11</td>
<td>2</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Infectious Disease &amp; Immunizations</td>
<td>12</td>
<td>6</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Community Services</td>
<td>NR</td>
<td>9</td>
<td>NR</td>
<td>Under Social Determinants</td>
</tr>
<tr>
<td>Built Environment</td>
<td>NR</td>
<td>11</td>
<td>NR</td>
<td>Under Physical Activity</td>
</tr>
</tbody>
</table>
Strategic Plan

Criteria for Score and Rank of Health Priorities

1. **Magnitude**: the percent, rate, or number of measured population impacted by each indicator.
2. **Severity**: severity of what the indicator measures acute, short-term impact or is it a measure of premature death, disability, chronic illness.
3. **Trend**: indicator shows improvement, worsening, or no improvement over time.
4. **Benchmark**: how Washoe County ranked relative to Nevada, the United States or Healthy People 2020 objectives.
5. **Community Perception**: perceived importance as determined by the score resulting from online community survey respondents.

<table>
<thead>
<tr>
<th>Criteria &amp; Associated Scoring Used to Determine Health Topic Score &amp; Rank</th>
<th>Score</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Magnitude [weight 1.0]</strong></td>
<td>0</td>
<td>0-.9% of population impacted</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>.91-.3.0% of population impacted</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3.1-.7.0% of population impacted</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>7.1% + of population impacted</td>
</tr>
<tr>
<td><strong>Severity [weight .75]</strong></td>
<td>0</td>
<td>Not serious/short-term issue (0-2 weeks)</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Moderately serious/medium length of impact 2 weeks-1 year</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Very serious/1+ years of impact</td>
</tr>
<tr>
<td><strong>Trend [weight .75]</strong></td>
<td>0</td>
<td>Improvement over the past 5-10 years</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>No clear trend up or down</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Getting worse over the past 5-10 years</td>
</tr>
<tr>
<td><strong>Benchmark [weight .5]</strong></td>
<td>0</td>
<td>Better than Nevada or National level by more than 3%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Same as Nevada or National level; within 1-2%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Worse than Nevada or National level by 3-5%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Worse than Nevada or National level by 6% or higher</td>
</tr>
<tr>
<td><strong>Community Perception [weight 2.0]</strong></td>
<td>The calculated average score resulting from the health topic prioritization survey question, [multiplied by 2]</td>
<td></td>
</tr>
</tbody>
</table>

2016 Community Health Improvement Plan Annual Report Summary

A Community Health Improvement Plan (CHIP) utilizes data from a Community Health Needs Assessment (CHNA) to help organizations develop comprehensive information about a community’s current health status, needs and issues. A CHIP can help a community justify how and where to allocate resources to best meet the community need. Benefits include improved organization and community coordination and collaboration, increased knowledge about public health and the interconnectedness of activities, strengthened partnerships within state and local public health systems, identified strengths and weaknesses to address in quality improvement efforts, baselines on performance to use in preparing for accreditation, and benchmarks for public health practice improvement.

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The CHIP report is published annually and evaluates the progress of goals, strategies and objectives over the last year towards the four priorities of **ACCESS TO HEALTHCARE AND SOCIAL SERVICES, BEHAVIORAL HEALTH, EDUCATION (K-12), AND FOOD SECURITY**. At the time of publishing the 2016 Annual Report, the CHIP was in its first year of a triennium plan (2016-2018). The report provided insight for the community to identify gaps in services, collaboration opportunities, potential for policy changes, and ways to remove social disparities and barriers to living healthy. Together, through collective impact strategies, Washoe County can enhance quality of life.

First year implementation of the inaugural Washoe County CHIP was very successful. Out of 55 strategies, 67% have already met or exceeded their targets. Additionally, almost half (47%) of the objectives outlined in the CHIP have been met or exceeded their targets.

**Access to Health Care and Social Services**

This priority was led by 10 community organizations to make movement on 13 strategies and 10 performance measures. Overarching goals for this priority include the development of a community health hub, increasing access to primary care, increasing coordination of care, increasing access to transportation and increasing the number of adults who receive their adult high school diploma. In the first year of implementation, 70% of the objectives have been met and 85% of the strategies have met or exceeded their targets. Major successes include:

- There was a 7.3% increase in 2015 (68.1% to 75.4%) of Washoe County residents who have a primary care provider as compared to 2014. This has already exceeded the 2018 target of 71.5%.

---

• There were four completed Family Health Festivals serving a total of 3,607 clients in the 89502 zip code with an average of 33 vendors participating.

• Community Health Alliance opened two new centers: The Center for Complex Care located on Crampton Street and the Sparks Health Center located on Oddie Boulevard.

• Northern Nevada HOPES opened their brand new Wellness Center and has already seen a 36% increase in their patient population (from February 2016 to November 2016).

• There was a 26.0% increase in the number of Washoe County residents who received their adult high school diploma from RISE Academy for Adult Achievement in the 2015-2016 school year, meeting their goal of 150 diplomas awarded.

• There was a 72.8% increase in the number of trips provided by private/not-for-profit organizations and a 23.7% increase in the number of reduced-rate or other discounted transit trips provided to seniors, disabled and low income residents in Washoe County.

• There was a development of a Nevada 2-1-1 strategic plan to improve coordination of care in Washoe County and throughout the rest of the State.

• Renown Health will be sustaining REMSA community services such as the Nurse Health Line, Community Paramedicine, and Ambulance Transport Alternatives.

Behavioral Health

This priority was led by 20 community organizations to make movement on 21 strategies and 32 performance measures. Overarching goals for this priority include improving access to behavioral health services, creating a healthier environment for youth and a reduction in youth substance use and abuse. In the first year of implementation, 63% of the objectives have been met and 71% of the strategies have met or exceed their targets. Major successes include:

• The UNR School of Medicine Department of Psychiatry opened their new Behavioral Health Patient Care Center on Neil Road. This allowed UNR to increase fellowships for students pursuing the field of clinical mental health.

• Crossroads, a transitional housing program for those who need support to get sober, have 131 supportive transitional housing beds and 14 crisis intervention beds with plans to expand.

• Amendments to the anti-bullying bill put forth by Nevada’s Legislature in 2015 has increased reporting of bullying incidents in Washoe County’s schools.

• Washoe County School District has incorporated several behavioral health supports for their students including Multi-Tiered System of Supports (MTSS), the District Intervention Assistance Team (DIAT), and Social Emotional Learning (SEL).

• The Adverse Childhood Experiences (ACEs) screening tool has not only been added to the Youth Risk Behavior Surveillance System (YRBS), but is also being included in Washoe County School District’s Child
and Adolescent Needs and Strengths Screener (CANS) tool. The goal is to screen all seventh graders in the School District.

- Substance abuse prevention programs were very successful across Washoe County which may have contributed to a decrease in substance use among youth.

Education (K-12)

This priority was led by eight community partners to make movement on 11 strategies and 18 performance measures. Overarching goals for this priority include improving health outcomes to influence educational attainment and supporting student health through nutritious eating habits and physical activity. In the first year of implementation, 17% of the objectives have been met and 64% of the strategies have met or exceeded their targets. Major successes include:

- 77% of Washoe County students graduated in 2016. This is a 2% increase from the previous year.
- 66% of Native American/American Indian students graduated in 2016 which is a 14% increase from the previous year, exceeding the target of 53.3%.
- Washoe County School District adopted a Student Wellness Policy and the majority of schools reported compliance with 15 out of the 16 wellness goals. In addition, 60.3% of schools reported hiring wellness coordinators at each school site.
- Communities in Schools (CIS), a supplemental support program for high risk youth, expanded into five schools in Washoe County and has already seen an 82% graduation rate among CIS students.
- New legislation in 2015 encouraged Washoe County schools to improve literacy by grade three. As a result, all 62 elementary schools and five charter schools in Washoe County have designated learning strategists and have been undergoing intensive career development and trainings to better support their schools and implement the new legislation.
- Programs like Girls on the Run and the Wolf Pack Coaches Challenge made headway incorporating curricula to improve nutrition and physical activity in schools.
- Organizations such as the Education Alliance and United Way have partnered with key businesses and organizations to implement supplemental programs for Washoe County students.

Food Security

This priority was led by five community partners to make movement on 10 strategies and six performance measures. Overarching goals for this priority include implementing programs that address the immediate need for food and promote long-term health and to enhance home-delivered meal programs to seniors. In the first year of implementation, 17% of the objectives have been met and 30% of the strategies have met or exceeded their targets. Major successes include:

- The Northern Nevada Food Bank received grant and match funding equaling $515,000 to develop a plan around food security for Washoe County. From this stemmed the Collaborating for Communities (C4C) Community Action Networks (CANs). These CANs target social determinants of health that
influence food insecurity such as housing, income stability and food security. This group is developing a plan to increase access and knowledge of food sustenance programs in the 89502 zip code as well as develop a food prescription pilot with Renown Health and Community Health Alliance.

A shared vision to address local health issues contributing to poor health outcomes in Washoe County has been established. The community has identified a common agenda around the four health priorities: Access to healthcare and social services, behavioral health, education (K-12), and food security. Sixty-six objectives have been established to begin the structure of shared measurement. Evaluating and reporting on the first year of implementation has also established a system of accountability and transparency for the community. Many of the strategies within the CHIP were identified as mutually reinforcing activities to gain traction on the associated performance measures and this plan has greatly increased communication lines between organizations to break out of silos and begin the pathways of true collective impact and collaboration as demonstrated through many CHIP related working groups. Lastly, the Washoe County Health District, Renown Health and Truckee Meadows Healthy Communities have stepped in to provide all leading agencies a backbone of support through staff time, funding, and strategic planning. The foundation for collective impact in Washoe County for optimized health of its citizens has been set.
APPENDIX B
### DETAILED PLANNING PROCESS

The documents included in appendix B include a description of the planning process and participants as well as the documents and data that were used in the initial version of the Strategic Plan. They have been included in the revised 2018-2020 Strategic Plan to reflect the information provided that shaped the initial version of the Strategic Plan.

#### Meetings and Major Activities

<table>
<thead>
<tr>
<th>Phase 1: Determine Position</th>
<th>Participants</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kickoff Meeting to clarify outcomes and expectations</td>
<td>Core Planning Team</td>
<td>11/23/2015</td>
</tr>
<tr>
<td>1:1 Strategy Interviews with District Board of Health Members</td>
<td>District Board of Health</td>
<td>01/25/16 to 2/12/2016</td>
</tr>
<tr>
<td>Project management meeting to review strategy interview findings and develop Stakeholder Survey questions</td>
<td>Core Planning Team</td>
<td>02/05/2016</td>
</tr>
<tr>
<td>Stakeholder survey</td>
<td>All WCHD Staff, External Stakeholders</td>
<td>02/16/2016 to 03/04/2016</td>
</tr>
<tr>
<td>Initial strategy session to confirm initial findings (See Current State Summary below)</td>
<td>Core Planning Team &amp; WCHD Division Directors and Supervisors</td>
<td>03/02/2016</td>
</tr>
<tr>
<td>Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.</td>
<td>Core Planning Team</td>
<td>03/11/2016</td>
</tr>
<tr>
<td>Presentation of Stakeholder Survey findings to Division Directors for review</td>
<td>WCHD Division Directors</td>
<td>03/18/2016</td>
</tr>
<tr>
<td>Presentation of initial findings and draft strategic planning retreat agenda to DBOH</td>
<td>District Board of Health, Core Planning Team</td>
<td>03/24/2016</td>
</tr>
<tr>
<td>Project management meeting to develop supporting materials for strategic planning retreat</td>
<td>Core Planning Team</td>
<td>03/25/2016</td>
</tr>
<tr>
<td>Presentation of Stakeholder Survey findings to all WCHD staff for review</td>
<td>All WCHD Staff</td>
<td>04/05/2016</td>
</tr>
<tr>
<td>Project management meeting to finalize agenda and clarify roles during strategic planning retreat</td>
<td>Core Planning Team</td>
<td>04/08/2016</td>
</tr>
</tbody>
</table>

**Phase 2: Develop Strategy**

<table>
<thead>
<tr>
<th>Strategic Planning Retreat Day 1</th>
<th>Participants</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarified the District’s core purpose and strategic direction</td>
<td>District Board of Health, Core Planning Team, Division Directors, and Supervisors</td>
<td>04/14/2016</td>
</tr>
<tr>
<td>Developed Strategic Objectives</td>
<td>District Board of Health, Core Planning Team, Division Directors, and Supervisors</td>
<td>04/14/2016</td>
</tr>
<tr>
<td>Developed District Goals</td>
<td>District Board of Health, Core Planning Team, Division Directors, and Supervisors</td>
<td>04/14/2016</td>
</tr>
</tbody>
</table>

**Phase 3: Build the Plan**

<table>
<thead>
<tr>
<th>Strategic Planning Retreat Day 2</th>
<th>Participants</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed desired community outcomes</td>
<td>Core Planning Team, Division Directors, and Supervisors</td>
<td>04/15/2016</td>
</tr>
<tr>
<td>Developed initiatives to support District goals</td>
<td>Core Planning Team, Division Directors, and Supervisors</td>
<td>04/15/2016</td>
</tr>
<tr>
<td>Developed strategic plan implementation model</td>
<td>Core Planning Team, Division Directors, and Supervisors</td>
<td>04/15/2016</td>
</tr>
</tbody>
</table>
Project management meeting to review draft strategic plan | Core Planning Team | 04/29/2016
---|---|---
Review of draft plan for input and feedback | Division Directors and Supervisors | 05/02/2016 to 05/12/2016
Present draft plan to District Board of Health for review and approval | District Board of Health | 05/26/2016
Plan rollout to all staff | All WCHD Staff | 07/1/2016

**Participant Lists**

**Core Planning Team**
1. Kevin Dick, District Health Officer
2. Sara Dinga, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

**District Board of Health**
4. Kitty Jung, Washoe County Commissioner
5. Julia Ratti, Sparks City Council
6. Oscar Delgado, Reno City Council
7. Michael D. Brown, City of Reno Non-Elected Appointee
8. George Hess, M.D. District Board of Health Appointee
9. John Novak, City of Sparks Non-Elected Appointee
10. David Silverman, Non-Elected Washoe County Appointee

**WCHD Division Directors**
11. Charlene Albee, Division Director, Air Quality Management
12. Robert Sack, Division Director, Environmental Health Services
13. Steve Kutz, Division Director, Community and Clinical Health
14. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

**WCHD Supervisors**
15. Dawn Spinola, Administrative Secretary
16. Phil Ullbarri, Public Health Communications Program Manager
17. Mike Wolf, Air Quality Supervisor
18. Dan Inouye, Air Quality Supervisor
19. Linda Gabor, PHN Supervisor
20. Lisa Lottritz, PHN Supervisor
21. Stacy Hardie, PHN Supervisor
22. Dave McNinch, Environmental Health Specialist Supervisor
23. Tony Macaluso, Environmental Health Specialist Supervisor
24. Jim Shaffer, Vector Coordinator
**CURRENT STATE ASSESSMENT**

### SWOT Analysis

#### Strengths
- Customer Service
- Proactive disease prevention and public health promotion
- Community health education and outreach
- Community engagement and communication
- Knowledgeable staff dedicated to their work
- Breadth and quality of services
- Working with community partners
- Leadership and employee communication
- Emergency response
- Working efficiently with limited resources

#### Opportunities
- Population growth and resulting increased resources
- Local hospitals’ willingness to support public health efforts
- Strong awareness and data of the community’s health needs through recent Community Health Needs Assessment
- Willingness of community partners to engage in efforts such as the Community Health Improvement Plan and Truckee Meadows Healthy Communities
- Partnering with entities such as UNR, TMCC, Hospitals, school districts, nonprofits, etc. to expand reach and impact.
- Increasing rates of people with health insurance

#### Weaknesses
- Promotion of Health District in community
- Employee morale
- Employee accountability and engagement
- Working together across divisions
- Appearance, safety, and accessibility of facility
- Lack of positive encouragement from leadership
- Employee recognition, appreciation, and support
- Employee training
- Consistent, equitable treatment of employees
- Capturing and acting on citizen input
- Stability and level of financial resources
- Process efficiency
- Efficient, equitable resource allocation
- Customer service
- Soliciting and acting on employee input
- Employee communications
- Use of current technology
- Resources for chronic health disease prevention

#### Threats
- Population growth and increasing need for services
- Growing senior population with higher needs
- Nevada has the lowest levels of public health funding of any state
- Low graduation rates which are tied to poorer public health outcomes
- Mental health provider shortage in all of Washoe County
- Increasing community reliance on supplemental nutrition assistance program
- More strict federal standards for air quality
- Drought and climate change’s impact on water supply
- Primary care provider shortage
- Difficulty finding providers who accept Medicaid
- Increasing rates of sexually transmitted diseases
- Increasing prevalence of vaping
- Increasing rates of obesity and chronic disease
Mission Statement: What is the Core Purpose of the Health District?

Current Statement

To protect and enhance the physical well-being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

70.7% of survey respondents agree that the current mission statement strongly explains the core purpose of the Health District. Below is a summary of what respondents like about the current statement and what they think could be better.

<table>
<thead>
<tr>
<th>Why?</th>
<th>Key Themes</th>
<th>Why Not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>It accurately reflects the core purpose of a Health District in general and us specifically (x12)</td>
<td>It doesn’t encompass our work in:</td>
<td>Prevention (x3)</td>
</tr>
<tr>
<td>It is clear and succinct (x3)</td>
<td></td>
<td>Air Quality (x3)</td>
</tr>
<tr>
<td>It focuses on our citizens (x2)</td>
<td></td>
<td>WIC (x2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community partnerships (x2)</td>
</tr>
<tr>
<td></td>
<td>We protect and enhance more than just physical well-being (x6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It should be more general and inspiring less list-like (x4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It is difficult to understand/the terminology is unclear (x3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Our services also protect visitors, not just citizens (x2)</td>
<td></td>
</tr>
</tbody>
</table>

Other Health District Mission Statements

- **Southern Nevada**: To protect and promote the health, the environmental and the well being of Southern Nevada residents and visitors.
- **Carson City**: To protect and improve the quality of life for our Community through disease prevention, education and support services.
- **CA Dept. of Public Health**: The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.
• **Sacramento County:** The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

**Draft Mission Statements**

1. *To protect and enhance the health and well-being of the Washoe County community.*
2. *To protect and enhance the health, well-being, and quality of life for all citizens and visitors to Washoe County.*
3. *To make Washoe County a healthier community.*
4. *To provide services that have meaningful, positive impacts on the health of the Washoe County community.*

**Strategic Direction: What does success look like?**

**Current Statement**

*We are leaders in a Unified Community Committed to Optimal Human and Environmental Health.*

**Stakeholder Survey Results**

51.8% of survey respondents agree that the current statement clearly explains what success looks like for the Health District over the next 5 years. Below is a summary of what respondents like about the current statement and what they think could be better.

<table>
<thead>
<tr>
<th>Why?</th>
<th>Key Themes</th>
<th>Why Not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Unified Community’ speaks to our work with partners</td>
<td>‘Optimal Health’ is very broad and not quantifiable</td>
<td></td>
</tr>
<tr>
<td>Concise and inspiring</td>
<td>Too much jargon, not enough substance</td>
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<tr>
<td></td>
<td>Does not seem feasible given current internal and external environment</td>
<td></td>
</tr>
</tbody>
</table>

**Board Direction**

**By 2020, success in our community looks like...**

**Key Themes**

- **Improved community health indicators:** We have reached aspirational goals on community health indicators.
- **Increased work with partners:** We should focus on what we do really well and then partner with others with different expertise.
- **Responsiveness to community growth:** We’ve been able to maintain service levels as the community has grown.
Strategic Plan

- **Innovative pilot programs**: Trying out new ideas that can potentially have major impacts.
- **Clean, safe downtown**: Cleaning up downtown.
- **Financially stable organization**: The Health District will be less dependent on general funds and able to better predict future funding levels.

Other Responses

- **National model**: We are a model for other communities throughout the nation.
- **Serving the underserved**: We’ve been able to expand services and reach more of the underserved population in our County.
- **Working closer with the cities**: Increasing the interaction with and collaboration with Reno and Sparks.
- **Beyond mandates**: Able to extend services beyond what is mandated into other areas that can improve the health of the community.
- **Partnering to extend reach**: Strengthening relationships with other agencies in the community working to improve the health and well-being of the community.
- **Community awareness**: There will be greater community awareness and appreciation for what the Health District does.
- **Community hub**: The Health District should be a hub for low-income people to get their needs met.

Other Health District Strategic Direction Statements

- **Southern Nevada**: Healthy People in a Healthy Southern Nevada.
- **Carson City**: Carson City Health and Human Services leads the region in providing services that support healthy communities.
- **CA Dept. of Public Health**: Healthy Individuals and Families in Healthful Communities.
- **Sacramento County**: Optimal health and well-being for Sacramento County communities!
- **Weld County**: Together, we are working to make Weld County a healthy place to live, learn, work and play.

Draft Strategic Direction Statements

1. *We will be leaders in a unified community committed to making measurable progress on the health of its people and environment.*
2. *Washoe County will be recognized as a top community for health, well-being, and quality of life.*
3. *Washoe County will make meaningful progress on public health indicators resulting from a unified, community-wide focus on health.*
Strategic Objectives: What do we need to focus on to Achieve our Strategic Direction?

Board Priorities

What are the top 3 most significant issues facing the Health District?

Key Themes
- **Financial sustainability**: The Health District needs to be less reliant on the County for general funds.
- **Tightened air quality standards**: The Health District needs to improve the region’s current air quality to meet new, tougher federal air quality standards.
- **Ambulance service**: The current provider does not have a good history of achieving the required service levels.

What community or regional trends do we need to address during this process?

Key Themes
- **Drug abuse**: Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community.
- **Drought and climate change**: Access to water and changing climates could negatively impact the health of the community.
- **Population growth**: We need to be able to meet the needs of a growing population and a more geographically dispersed population.
- **Obesity**: We need to help prevent obesity by addressing issues such as access to healthy food.

What are the long-term priorities the Health District needs to focus on over the next 3-5 years?

Key Themes
- **Financial resources**: Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- **Increasing awareness and public outreach**: Informing more people about the services the Health District offers and its positive impact on the community.
- **Long-term planning**: We need to get ahead of requirements and regulations and try to be more proactive in our planning.
- **Quality control and process improvement**: In the past 7 years the Health District has come a long way but we can still do better at making this part of the culture.

Management Team Priorities

- **Population growth** and the resulting social/environmental impacts
- **Fiscal sustainability** to be able to proactively address issues instead of struggling to keep up
- **Stable priorities** backed by long-term funding commitments
- **Resource flexibility** to address issues that have the biggest impact on community health such as chronic disease, and behavioral health
- **Updated identity/brand/image** for the Health District including facility upgrades
- **Trusting, open, and engaged work environment**
Stakeholder Survey Priorities

Priority Ranking

- Work with partners to create a healthier community
- Prepare for service impacts of population growth
- Increase awareness of the Health District
- Improve air quality
- Improve coordination of care
- Promote healthy lifestyle programs and policies in schools
- Promote long-term health and food security
- Improve access to behavioral health services
- Create healthier environment for youth
- Increase child and senior adult immunizations
- Improve emergency preparedness
- Reduce substance use and abuse
- Promote adequate physical exercise
- Prepare for impacts of climate change
- Prevent heart attacks and strokes
- Support student health, wellness and achievement
- Improve dental screening and care
- Increase # of Medicaid providers
- Increase routine cancer screenings

Priority Ranking Graph

0 5 10 15 20 25 30 35

www.OnStrategyHQ.com
Draft 2016-2018 Strategic Objectives

1. **Improve the health of our community by empowering individuals to live healthier lives.**
   a. How do we reduce the negative health and economic impacts of obesity/chronic disease?
   b. How can we reduce increasing rates of sexually transmitted disease?
   c. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
   d. How do we increase immunization rates and prevent the spread of disease?
   e. What can we do to improve access to health care?

2. **Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
   a. What is our plan to meet more strict air quality standards?
   b. What should we be doing to address drought/climate change?
   c. How can we better prevent food safety issues?
   d. How can we be better prepared for emergencies?

3. **Extend impact through partnerships.**
   a. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
   b. What can we do to reduce high suicide rates in our community, especially among youth?
   c. How can we best address increasing rates of drug use and abuse in our region?
   d. How can we improve the regional EMS System?

4. **Lead the creation of a local culture of health.**
   a. How can we establish a new and improved Health District identity/brand?
   b. How can we get the word out about all the great work we do?
   c. How can we encourage citizens to live healthier lifestyles every day?
   d. How can we make meaningful improvements in health policy?

5. **Achieve greater financial stability.**
   a. How do we achieve greater financial stability/predictability?
   b. Do we agree on our current local funding model for the Health District?

6. **Strengthen our workforce and increase operational capacity to support growing population.**
   a. How can we work better across divisions and interjurisdictionally?
   b. How can we continue to improve our process efficiency and use of technology?
   c. How can we provide more training and professional development opportunities for staff?
   d. What can we do to make the Health District facility more inviting?
   e. How can we create a culture of employee recognition, encouragement, and accountability?
   f. How can we become better leaders of our organization?
Improve the health of our comm. by empowering individuals to live healthier lives

Highlights from Board Interviews

- “We moved the needle on the Community Health Needs Assessment measures and Truckee Meadows Tomorrow quality of life indicators.”
- “We are a mentally and physically healthy community.”
- “There will be less smoking, drinking, obesity, suicide, food insecurity, etc. due to our education and program support.”
- “Most people don’t see it, but overdose rates are going up. We need to get on the front end of this rising problem.”

Strategic Issues

1. How do we reduce the negative health and economic impacts of obesity/chronic disease?
2. How can we reduce increasing rates of sexually transmitted disease?
3. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
4. How do we increase immunization rates and prevent the spread of disease?
5. What can we do to improve access to health care?

Program Expansion Recommendations

41.7% of respondents think that there are programs or services of the Health District that should be expanded. When asked which ones, key themes were:

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental Health Services (x3)
- Nutrition education (x2)
- Community and Clinical Health Services (x2)

New Program Recommendations

44.1% of respondents think that the Health District is providing all of the public health services it should be to properly serve the community. When asked which new programs or services are needed, the top responses were:

- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention
Relevant Findings from the Community Health Needs Assessment

Chronic Disease

The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately $2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state.

Chronic Disease Risk Factors

“Four health behaviors are responsible for nearly 70% of deaths in the US: Lack of physical activity, unhealthy diet, smoking tobacco, and excessive alcohol consumption. Research shows that by reducing or eliminating these four risk factors, anywhere from 40-80% of premature deaths related to heart disease, cancer, and cardiovascular deaths can be prevented.”

- **Physical activity**: “Less than 25% of adolescents and adults are getting the recommended daily amount of physical activity.”
- **Nutrition**: “Only 30.7% of youth could have met the recommended dietary guidelines for servings of fruit and only 12.9% could have met the rec. intake for vegetables over the course of the previous week.”
- **Obesity**: “Obesity may be the single largest threat in the country, not only to public health, but the economy as well.”
• **Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased since 2011. And in 2013 only 15.4% of adults indicated they were current smokers, which was lower than rates for both Nevada and the U.S.”
- **Alcohol**: “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”
Sexual Health

“Youth in Washoe County experience higher rates of intimate partner abuse, sexual contact and sexual penetration than youth nationwide. These rates correlate with findings from a 2011 national study that ranked Nevada as the second-worst state for sexual violence — especially against women.

The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races and ethnicities may be a result of several factors — an increase in the number of people who get screened, improved case reporting from laboratories and providers, or a true reflection in the number of infections.”
Maternal, Infant and Child Health

“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of participants has decreased. Fewer Hispanics and more Caucasian, non-Hispanic families have enrolled over the past six years. Improvements in maternal child health include fewer low birth-weight infants and a decrease in obesity among children who are enrolled in WIC.”

- **Maternal, infant and child health ranking**: “Nevada ranked 48 out of 50 states overall in 2014, with the state’s lowest scores in economic well-being and family and community, for which many of the indicators are based on the poverty rate and the proportion of children being raised in single-parent households.”
- **Prenatal care**: The percent of women receiving prenatal care in the first trimester has increased for all age groups since 2010.
- **WIC participation**: “Overall WIC enrollment has remained fairly stable since 2007: the number of children born in Washoe County has increased by about 3,000 since that year.”
- **WIC outcomes**: “Fewer low-birth-weight infants were born from 2007 to 2013.”

Immunizations

The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower than rates for Nevada and the US. Improvements in awareness and making it easier for seniors to access services are current priorities.
Health Access

“Historically Washoe County, like Nevada, has maintained a large population of uninsured residents who cannot afford healthcare. Since the passing of the Affordable Care Act (ACA) the numbers of uninsured have decreased dramatically. There exists, however, a shortage of available practitioners. One in five residents in Washoe County is enrolled in Medicaid, and many have experienced difficulty in finding providers who accept Medicaid and providers who are accepting new Medicaid patients.”

- **Primary care:** “Approximately, one-third of Washoe County residents live in a primary care provider or a dental care provider shortage area.”

- **Medicaid enrollment:** Enrollment in Medicaid increased 83.4% from September 2013-August 2014. “Accessing services is especially challenging for those covered by Medicare, Medicaid and other health plans that do not reimburse providers at equal amounts as do private insurers.”
Areas of Highest Need

“Although only 30% of Washoe County’s population lives in the five zip codes with highest need, this population accounted for 42.1% of hospital inpatient visits and 54% of ER visits during 2013 [Table 1.2]. All of these ZIP codes report higher than average hospitalization rates for chronic obstructive pulmonary disease (COPD), as well as higher than average mortality rates due to cancer, and accidents when compared to Washoe County averages. Higher proportions of the residents in these communities live in poverty, including children (<18 years) and seniors (65+ years), and more than a quarter of the population has not graduated from high school (GED or equivalent), with the exception of 89501.”
Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Highlights from Board Interviews

- “We are currently at 71 ppb (air quality). That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb.”
- “Water quality and quantity is an issue. The Health District should be on the forefront of this.”
- “The Health District will be supportive of growth but not at the expense of air quality and pollution.”

Strategic Issues

1. What is our plan to meet stricter air quality standards?
2. What should we be doing to address drought/climate change?
3. Should we increase efforts to better prevent food safety issues?
4. How can we be better prepared for emergencies?

Relevant Findings from the Community Health Needs Assessment

Air Quality

“Overall Washoe County’s ambient air quality is favorable with more than 250 days on average per year in the Good range. There are, however, some seasonal episodes when air quality varies and sometimes reaches unhealthy levels — typically in the summer when wildfires occur or winter during temperature inversions. Winds typical of the Washoe County area work to clear pollutants, and the location on the lee side of the Sierra Nevada serves to shelter the cities from some pollutants. Washoe County is currently meeting all air quality standards set by the EPA, but changes in standards could alter that status.”
Water Safety, Drought, and Climate Change

“Washoe County’s groundwater is safe, but it contains naturally occurring minerals that may affect the taste of the water. Residents reliant on well water are encouraged to test their water for potential unknown sources of groundwater contamination. Residents who receive their water through the municipal water supply have access to clean, regulated and frequently tested water.”

Relevant Excerpts Related to the Sustainability of Water Supplies from TMWA’s Draft 2016-2035 Water Resource Plan

Section 2.1 Sustainability of Source Water Supplies- Climate Variability

“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change will have on the region and its water resources over a long-term planning horizon.”

Section 2.2 Sustainability of Source Water Supplies- Drought Periods

“The region is in its fourth consecutive, low-precipitation year. The meteorological drought, begun in 2012, created hydrologic drought impacts in 2014 and 2015, which required TMWA to release some of its upstream drought reserves for the first time since 1992. As defined in TROA, the region has been in a Drought Situation (i.e., the level of Lake Tahoe is projected to be below elevation of 6223.5 feet on November 15 of a given year per TROA) since 2014. Unfortunately, it cannot be known with certainty the duration of the current drought. In addition, analysis has shown that under TROA operations water supplies and drought reserves accumulate to TMWA’s benefit under the 1987 to 1994 drought; in addition, even under a hypothetical drought hydrology, which repeated 2015 hydrology at 2015 demands for 10 years, TMWA would grow its reserves.”
Food Safety

“Foodborne illnesses are often underreported and are not all traceable to a particular restaurant or food handler. Illness may be a result of a food recall. While rates of foodborne illness in Washoe County have increased since 2013, this can be due to a variety of reasons and may not be a reflection of local food production or handling practices.”
Extend impact through partnerships

Highlights from Board Interviews

- “We should be integrating the decisions of the Health Board into other plans such as the regional plan, transportation plans, the school district, parks, etc.”
- “Investing to make WCHD the community’s Health District and not just the ‘County’s’ Health District.”
- “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”

Strategic Issues

1. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
2. What can we do to reduce high suicide rates in our community, especially among youth?
3. How can we best address increasing rates of drug use and abuse in our region?
4. How can we improve the regional EMS System?

Major Projects in Progress

- The Washoe County Health District successfully partnered with Renown Health to complete the Community Health Needs Assessment. This document continues to help inform individuals and organizations across the community.
- In partnership with Truckee Meadows Healthy Communities, the Washoe County Health District authored the Community Health Improvement Plan (CHIP). Representatives from the Health District sit on the CHIP steering committee with other community leaders from organizations such as the Regional Transportation Commission, the Washoe County School District, and the University of Nevada, Reno.
- The District Health Officer and the CEO of Renown are co-chairs of the Truckee Meadows Healthy Communities initiative, which strives to unite the health, education, and community development sectors in promoting a culture of health in the region.

Partnership Opportunities

45.2% of survey respondents believe that the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services. When asked which organizations the Health District could partner with, top responses were:

- UNR/TMCC (x5)
- The two cities (x3)
- Federally Qualified Health Centers (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)
• Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)

When asked which services could benefit most from partnerships, the top responses were:
• Developing consistent codes and requirements regionally (x5)
• WIC and HIV Prevention (x3)

Community Health Improvement Plan Priorities

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Goals</th>
</tr>
</thead>
</table>
| Access to Healthcare    | **GOAL 1**: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.  
| and Social Services     | **GOAL 2**: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community. |
|                         | **GOAL 3**: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.  
|                         | **GOAL 4**: Create a healthier environment for Washoe County youth.  
|                         | **GOAL 5**: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.  
|                         | **GOAL 6**: Improve health outcomes of Washoe County youth through educational attainment.  
|                         | **GOAL 7**: Support student health, wellness and achievement through nutritious eating habits and physical activity.  
|                         | **GOAL 8**: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.  
|                         | **GOAL 9**: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.  
| Behavioral Health       |                                                                                                                                 |
|                         |                                                                                                                                 |
| Education (K-12)        |                                                                                                                                 |
|                         |                                                                                                                                 |
| Food Security           |                                                                                                                                 |
Relevant Findings from the Community Health Needs Assessment

Food Insecurity

“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as medication, utilities and housing. Limited resources coupled with increasing demand could leave more families and children with fewer meals in the future. The physical layouts of the Reno-Sparks community relative to the major highways, which transect the city, bring sources of unhealthy food into the areas where many low-income people live.”

![Figure 1.4: Food Insecurity Rates, Washoe County, Total Population, 2012](source)

![Figure 1.6: Food Insecurity Among Children, Washoe County, 2012](source)
Behavioral Health

“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have some of the highest rates of suicide compared to Nevada and the rest of the U.S. Suicide among all ages is much higher in Washoe County than the rest of the country.”

- **Suicide rates:** At 22.3 per 100,000 population Adults in Washoe County have a much higher suicide rate that both Nevada and the United States.
- **Mental health provider access:** “All residents in Washoe County are living in a mental health provider shortage area.”
- **Youth suicide rates:** “The percentage of high school students in Washoe County who considered and/or attempted suicide in 2013 was considerably higher than the national average.”

Drug Use and Abuse

“Drug use among youth in Washoe County has not seen much of a decrease over the past decade, and some data indicate it may be rising — especially marijuana use. Overall drug overdose death rates have increased, although prescription drug deaths have fallen since 2007.”
**Education**

“Compared to people who have had some college, college graduates in Washoe County reported:

- Better perceived general health status
- More likely to be insured
- Higher rates of immunization
- Fewer poor mental health days
- Less likely to be overweight or obese
- Less likely to smoke cigarettes”

**Lead the creation of a local culture of health**

**Highlights from Board Interviews**

- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain the value that the Health District brings to the community in order to build up community support and trust.”
- “The Health District should be a hub for low-income people to get their needs met.”

**Strategic Issues**

1. How can we establish a new and improved Health District identity/brand?
2. How can we get the word out about all the great work we do?
3. How can we encourage citizens to live healthier lifestyles every day?
4. How can we make meaningful improvements in health policy?

**Perceived Strengths**

The top 4 strengths cited by survey respondents referred to the Health District’s ability to work with, inform, educate and engage the community it serves.

![Top Strengths](chart)

**Achieve Greater Financial Stability**

**Strategic Issues**

1. How do we achieve greater financial stability/predictability?
2. Do we agree on our current local funding model for the Health District?

**Highlights from Board Interviews**

- “Our fees should cover the true cost of providing the service.”
- “Being worried about potential cutbacks every year is a nightmare.”
• “Would like to see steady progress towards 25% general fund contribution.”
• “Making sure we’re never in a position where we have to eliminate critical services again.”

Current Health District Programs

Washoe County Health District Programs

Office of the District Health Officer

Administrative Health Services

Air Quality Management

Community and Clinical Health Services
- Chronic Disease Prevention
- Community & Clinical Health Services
- Family Planning
- Immunizations
- Maternal, Child & Adolescent Health
- Sexual Health – HIV
- Sexual Health – STD
- Tuberculosis
- Women, Infants and Children

Environmental Health Services
- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

Epidemiology and Public Health Preparedness
- Emergency Medical Services
- Epidemiology Surveillance
- Public Health Preparedness
- Vital Statistics
## Revenues and Expenditures by Division from FY 2016-2017 Recommended Budget

<table>
<thead>
<tr>
<th>Division</th>
<th>Revenue</th>
<th>% of Total Revenues</th>
<th>Expenditures</th>
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<tbody>
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### Current Budget and Three-Year Financial Projections

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<td><strong>Revenues:</strong></td>
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<td>500,000</td>
<td>490,000</td>
</tr>
<tr>
<td>Other Charges for Services</td>
<td>812,399</td>
<td>1,243,670</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>78,714</td>
<td>113,144</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>10,231,365</td>
<td>10,981,017</td>
</tr>
<tr>
<td><strong>General Fund (GF) transfer-Operating</strong></td>
<td>7,743,084</td>
<td>7,743,084</td>
</tr>
<tr>
<td><strong>Total General Fund transfer</strong></td>
<td>10,076,859</td>
<td>9,796,856</td>
</tr>
<tr>
<td><strong>Total Sources of Funds</strong></td>
<td>22,576,727</td>
<td>22,777,057</td>
</tr>
<tr>
<td><strong>USES OF FUNDS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Wages</td>
<td>9,953,764</td>
<td>10,367,158</td>
</tr>
<tr>
<td>Intermittent Hourly Positions</td>
<td>435,263</td>
<td>430,562</td>
</tr>
<tr>
<td>Group Insurance</td>
<td>1,566,651</td>
<td>1,741,217</td>
</tr>
<tr>
<td>OPEB Contribution (1)</td>
<td>-</td>
<td>1,181,460</td>
</tr>
<tr>
<td>Retirement</td>
<td>2,690,883</td>
<td>2,847,521</td>
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<tr>
<td>Other Employee Benefits</td>
<td>208,418</td>
<td>226,146</td>
</tr>
<tr>
<td>Contract/Professional Svcs</td>
<td>791,528</td>
<td>607,476</td>
</tr>
<tr>
<td>Chemical Supplies (Vector only)</td>
<td>249,309</td>
<td>231,500</td>
</tr>
<tr>
<td>Biologicals</td>
<td>259,529</td>
<td>257,496</td>
</tr>
<tr>
<td>Fleet Management billings</td>
<td>223,026</td>
<td>197,740</td>
</tr>
<tr>
<td>Outpatient</td>
<td>98,355</td>
<td>103,385</td>
</tr>
<tr>
<td>Property &amp; Liability billings</td>
<td>75,992</td>
<td>76,093</td>
</tr>
<tr>
<td>Other Services and Supplies</td>
<td>1,208,878</td>
<td>1,703,337</td>
</tr>
<tr>
<td>Indirect cost allocation</td>
<td>2,795,882</td>
<td>1,700,797</td>
</tr>
<tr>
<td>Capital</td>
<td>30,265</td>
<td>59,443</td>
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<tr>
<td><strong>Total Uses of Funds</strong></td>
<td>20,587,542</td>
<td>21,731,331</td>
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<tr>
<td><strong>Net Change in Fund Balance</strong></td>
<td>(279,321)</td>
<td>(943,458)</td>
</tr>
<tr>
<td><strong>Ending Fund Balance (FB)</strong></td>
<td>$1,989,185</td>
<td>$1,045,727</td>
</tr>
</tbody>
</table>

(1) Other Pay Employment Benefits (OPEB) was included in the indirect cost allocation to services and supplies prior to FY 17.
**Major Projects in Progress**

**Health District Cost Analysis**

The Health District completed a comprehensive analysis of the costs associated with all of its programs. As part of this analysis, the Health District compared its costs to national benchmarks in order to determine where efficiencies can be made. The completed reports are currently being used as a tool to improve the efficiency and effectiveness of its programs in order to provide a higher level of service to the community.

**Health District Fee Adjustments**

The Health District chose not to increase fees during the recession. However, in order to ensure businesses and individuals bear the proper proportion of the cost associated with the Health District’s services, on December 17, 2015, the Washoe County District Board of Health approved fee changes for Air Quality Management and Environmental Health Services. New fee rates will begin July 1, 2016, with an additional increase on July 1, 2017. Fees will be adjusted annually based on the Consumer Price Index, Western Region. The Health District is considering fee adjustments for other programs as well.
Strengthen our Workforce and increase Operational capacity to support growing population

Highlights from Board Interviews

- “The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District.”
- “We can’t expect everybody who comes to the region will have healthcare.”
- “Can we be sitting at the table with groups like EDAWN?”
- “Most health districts are reactive; we need to move towards more proactive.”
- “There are excellent people at the Health Department and we need to keep them around.”
- “Many people are getting ready to retire. We need to do a good job of training replacements.”
- “We need great staff and an adequate number of staff to be effective.”

Strategic Issues

1. How can we work better across divisions and interjurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
5. How can we create a culture of employee recognition, encouragement, and accountability?
6. How can we become better leaders of our organization?

Major Projects in Progress

- The Health District continues to implement the recommendations resulting from the fundamental review process that was completed in 2013.
- The Health District is participating in implementing Accela to improve the business permitting process.
Key Findings from the EPIC Study

- North Washoe and Sparks suburban will experience household growth of around 13% and will likely rely on new home construction sooner rather than later. Reno/Sparks MSA’s will see redevelopment and adaptive reuse.

Stakeholder Survey Results

Resource Adequacy

Only 35.6% of survey respondents said they had everything they needed to be effective in their positions. When asked what they would need to be more effective, their top responses were:

- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)
Employee Engagement

The Stakeholder Survey found that the Health District has a net engagement score of 18.9% compared to a national average of 14%.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Staff</th>
<th>Mgmt.</th>
<th>United States via Gallup 2014 *</th>
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</thead>
<tbody>
<tr>
<td>Promoters</td>
<td>40.5%</td>
<td>41.7%</td>
<td>35.7%</td>
<td>Engaged</td>
</tr>
<tr>
<td>Passively Satisfied</td>
<td>37.8%</td>
<td>36.6%</td>
<td>42.9%</td>
<td>Not engaged</td>
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<tr>
<td>Detractors</td>
<td>21.6%</td>
<td>21.7%</td>
<td>21.4%</td>
<td>Actively disengaged</td>
</tr>
<tr>
<td>Loyalty/recommend</td>
<td>18.9%</td>
<td>20.0%</td>
<td>14.3%</td>
<td>Net Engagement</td>
</tr>
</tbody>
</table>

Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

- *There is no doubt that the Health District demonstrates trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

This suggests that demonstrating higher levels of trustworthiness, encouraging professional development, and casting a clear, inspiring vision for the future will result in an increase in employee engagement.
Perceived Weaknesses
8 of the top 9 weaknesses cited by staff and management in the stakeholder survey related to the work environment of the Health District.

Top Weaknesses

- Promotion of Health District in Community
- Employee morale
- Employee accountability and engagement
- Working together across divisions
- Appearance, safety, and accessibility of facility
- Lack of positive encouragement from leadership
- Employee recognition, appreciation, and support
- Employee training
- Consistent, equitable treatment of employees
- Capturing and acting on citizen input
- Stability and level of financial resources
- Process efficiency
- Efficient, equitable resource allocation
- Customer service
- Soliciting and acting on employee input
- Employee communications
- Use of current technology
- Resources for chronic health disease prevention
- Working with external partners
- Bureacracy and red tape
- Lack of standard, defined processes
- Employee workloads
- Inability to cut unneeded services
Revised Strategic Plan Update

Catrina Peters MS, RD
Director of Programs and Projects
Office of the District Health Officer
Dec 14th, 2017
Revised Strategic Plan

- Based on the input given at the Nov 2, 2017 Strategic Plan Retreat revised plan is presented for approval

- Minor revisions
  - Added summary of new information shared at the retreat
  - New outcomes added based on information and emerging considerations
  - Updated staffing assigned
  - Added a table to show cross-divisional collaboration
Revised Strategic Plan

• New outcomes added:

  – Goal 2.2
    • Outcome 2.2.5 Decrease the number of inappropriate 911 calls

  – Goal 4.5
    • Outcome 4.5.1 Multiple community partners working collectively to implement the 2018-2020 Truckee Meadows Health Communities Community Health Improvement Plan
Revised Strategic Plan

- New outcomes added:
  - Goal 6.3
    - Improve internal processes to ensure policies and procedures meet National Public Health Accreditation standards
Revised Strategic Plan

• Cross collaboration table
  – Total of 19 goals
    • 12/19 involve more than 3 Divisions
    • 8/19 involve 4 or more Divisions
Questions?
Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
       (775) 328-2416, kdick@washoecounty.us
SUBJECT: Possible approval of the proposed 2018 Washoe County District Board of Health Meeting Calendar.

SUMMARY
A proposed DBOH meeting Calendar for 2018 is attached. Per the Rules, Policies and Procedures approved in 2016, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday. Due to the third Thursday in December 2017 falling on the 20th, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 13, 2018, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 1, 2018.

District Health Strategic Priority:
1. Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.
2. Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. Local Culture of Health: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.
4. Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. 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.
6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population

PREVIOUS ACTION
The DBOH approved the 2017 meeting calendar in December 2016.
BACKGROUND

The RPP’s approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. Due to the third Thursday in December 2018 falling on the 20th, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 13, 2018, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 1, 2018.

FISCAL IMPACT

- There is no additional fiscal impact to the FY18 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2018.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Approve the proposed DBOH meeting calendar for 2018.”
DBOH Meetings - Fourth Thursday of Each Month Except November and December*

*Holiday
*Tentative Meeting scheduled for November 2018
*Tentative Strategic Planning Retreat
*December 2018 DBOH meeting is scheduled on the 2nd Thursday due to holiday.
Staff Report  
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Chad Westom, EHS Division Director (775) 328-2644, cwestom@washoecounty.us
SUBJECT: Possible approval of the proposed appointment of two new Food Protection Hearing and Advisory Board Members to replace those who have resigned. Possible appointees are Mr. Chris Thompson, Mr. George Heinemann and Mr. Jesus Gutierrez.

SUMMARY
Recent resignations from the Food Protection Hearing and Advisory Board require the appointment of new Members. Current regulation requires that at least two (2) of the seven (7) members appointed represent industry – this requirement has been satisfied with continuing membership after the resignations.

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

PREVIOUS ACTION
The last action taken by the District Board of Health with respect to the FPHAB was the appointment of Mr. Sergio Guzman, Executive Steward with the Atlantis Hotel and Casino in October 2014. Mr. Guzman replaced Mr. Bill Miller who also served as a representative of the food industry.

BACKGROUND
The FPHAB consider appeals by aggrieved persons and variance applications pertaining to the Regulations of the Washoe County District Board of Health Governing Food Establishments. Vacancies exist due to the resignations of Mr. Vern Martin and Mr. Jerry Montoya. Staff will continue to gauge the interest of existing Board members and if additional appointments are necessary, recommendations will be presented to the Board of Health at future meetings.

Mr. Chris Thompson has been recommended as an appointee by Mr. Vern Martin who was a committed and respected member of the FPHAB for many years. Mr. Thompson has worked closely in the food establishment construction/design industry with Mr. Martin and we believe he would continue to provide a valuable perspective to the Board.

Mr. George Heinemann has experience managing new food establishment construction projects and has experience operating food establishments in Washoe County. Mr. Heinemann’s ability to evaluate issues from a variety of perspectives adds value to the Board.
Mr. Jesus Gutierrez has expressed interest in being a member of the FPHAB in the past and would still like to be considered. He currently owns and operates MariCHUY’s Mexican Kitchen in Reno and has a history of voluntary compliance with applicable food safety regulations. Mr. Gutierrez would bring the perspective of a current foodservice operator to the Board.

**FISCAL IMPACT**

- There will be no fiscal impact to the Washoe County Health District associated with new appointments.

**RECOMMENDATION**

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) appoint Mr. Chris Thompson to the Food Protection Hearing and Advisory Board. We would also support the appointment of either Mr. George Heinemann or Mr. Jesus Gutierrez for the other vacancy.

**POSSIBLE MOTION**

Should the Board agree with staff recommendations, a possible motion would be, “Move to appoint Mr. Chris Thompson and either Mr. George Heinemann or Mr. Jesus Gutierrez to the Food Protection Hearing and Advisory Board.”
This voice message was accepted as Mr. Montoya’s resignation.

Friday, December 8, 2017

“Hi Dave. Gerald Montoya calling. Uh, Dave, uh un I can’t accept the thing with the Health Department anymore. I’m kind of tied up and I have other problems – I can’t drive anymore so. I’m sorry but I have to decline it. But thank you anyway for the invite. If you have any questions you can call me back 829-0515. Thank you.”

I have since left messages for Jerry requesting a resignation letter, but haven’t heard back from him.

Hopefully this will suffice. Let me know please.

David McNinch, REHS
Environmental Health Specialist Supervisor | Environmental Health Services | Washoe County Health District
dmcninch@washoecounty.us | O: (775) 328-2645 | F: (775) 328-6176 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

WashoeEats.com
December 11, 2017

Tony Macaluso  
Environmental Health Supervisor  
Washoe County Health District  
1001 E. Ninth St., Bldg. B  
Reno, NV 89512

Dear Tony:

Due to serious health concerns and retirement considerations, please accept this as my formal resignation from the Washoe County Health District Food Protection Hearing Advisory Board, effective as of December 1, 2017.

It has been my distinct pleasure to work with the Hearing Board members and staff during my more than 20 years of participation.

Sincerely,

Vern Martin  
Vern Martin Design Associates
Christopher Thompson
3120 Dana Way
Sparks, NV 89431
775 - 501 - 0112
Chris@martinreno.com

Passionate * Dedicated * Consistent * Professional

Vern Martin Design Associates - Reno, NV  
Consultant
- Design Foodservice operations while ensuring Health and Building Department regulations are met for public safety
- Complete constructions drawings for mechanical, electrical, and plumbing connections, as well as building conditions
- Project Management- Maintain up to date technical knowledge of Foodservice equipment for construction oversite
- Equipment Installation
- Maintain budgetary restrictions while safeguarding client’s investments

Sushi Pier Tahoe - Stateline, NV
General Manager
- Motivated and Directed 11-18 employees for 150-300 covers per day
- Implement tracking methods for temperatures and sanitation to ensure safety
- Trimmed payroll by working Chef, Bartender, Server, and Kitchen positions when needed
- Annual sales increase of 5% while employed
- Assisted with Food and Beverage expansion
- Managed Marketing Strategy: Television, Print Ads, and Donations/Networking
- Expanded Annual Event from 75 to 400 attendees, helping raise $5k for local charities
- Maintained a 4★ Yelp Profile

Himmel Haus - South Lake Tahoe, CA
Sous Chef
- Promoted from Line Cook after 3 months
- Created and utilized Order Guides (FOH and BOH)
- Constant emphasis on cleanliness, proper thawing/cooking procedures, and presentation techniques
- Catered to Vegetarians dietary needs on the fly
- Created Seasonal Menu dishes

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- Created Seasonal Menu dishes
Morimoto - Napa Valley, CA  Nov 2011 – June 2012

Line Cook

• Omakase- Prepping, Cooking, and Plating all Meat dishes to order
• Garde Manger- 15+ hot/cold apps, salads, tempura, 110+ individual components
• Pastry- 10+ Dishes, Spherification, Baking, Sorbets, Gels, Hot/Cold Foams/Sauces
• Prep- Utilize knife skills and organization to finish Commis List in a timely manner
• Average 400 covers on weekends, 100-200 covers week days
• Organize, Clean, and Consolidate Protein, Dairy, and Produce Walk-ins daily

Sushi Pier 2 - Reno, NV  2005-2010

Manager

• Founded Midtown Merchant Association to gain exposure and generate profits
• Assisted with Food and Beverage expansion
• Voted Reno’s Best Sushi 2006, ‘07, ‘08 by Reno News and Review
• Motivated and Directed 15-20 employees for 200-400 covers per day
• Implement tracking methods for temperatures and sanitation to ensure safety
• Trimmed payroll by working Chef, Bartender, and Server positions when needed
• Inspected orders and monitored flow of food through kitchen to maintain highest quality

US Bank - San Diego CA  2003-2005

Branch Manager, de facto,

• Responsible for all keys, codes, and payroll
• Responsible for Highest Loan Growth Branch in the Southern CA Market 2004
• Trimmed payroll by working Loan Officer and Teller positions when needed
• Expanded customer base through Ocean Beach Merchant Association

Schooling

Le Cordon Bleu College of Culinary Arts - Sacramento, CA  2011

Professional Culinary Arts Diploma

• Fundamentals of- Knife Skills, Safety/Sanitation, Soups/Stock/Sauces, Grains/Legumes/Starches/Vegetables, Meat Fabrication/Cookery, Baking/Pastry, International Cuisine, and produced Canapés/Terrines/Chaud Froid/Forcemeats/Charcuterie/Buffets for 100, Wine and Beverage
• Cumulative GPA 4.0
• Mentor Program, Lead Mentor
• Escoffier Club, Member
Volunteer Work

- MidTown Merchants Association- Reno (Founder)
- Shred for Sushi Rail Jam- Lake Tahoe (4 years)
- Annual Gardnerville Gratuity Dinner (500+ people)
- Randy Peters Catering- Sacramento
- Pebble Beach Food and Wine Festival- Monterey Bay
- A Day on the Farm- Rancho Cordova
- LCB Chef Series- Sacramento
- Rhythms, Wine and Micro Brew Festival- South Lake Tahoe
- Ocean Beach Merchant Association- San Diego

Professional References available upon request
District Manager: accomplished Restaurant Executive with 30 plus years experience in strategic planning, improving operational efficiency, team building and project management for the hospitality industry. Able to quickly understand complex concepts, identify and solve problems, turn ideas into logical strategies, and implement systems that optimize productivity and customer satisfaction, decrease turn-over rates and increase bottom line.

Areas of Expertise

- Strategic / Tactical Planning
- Recruitment
- Regulatory Compliance
- Cost Control
- Performance Motivation
- Operations Management
- Quality Assurance
- Project Managing
- Employee Relations and Mediation
- Computer POS
- Team Building, Leadership
- Customer Service Satisfaction

Professional Experience

Field Consultant
Subway Development – Currently

Area Manager - General Manager 24 Hour Restaurant
The Original Mel’s Diner – Reno, NV

- Oversaw 3 locations with 7 million in revenue
- Opened new locations from start to finish with positive results with a short timelines
- Serve as a business partner to the owners in the strategic outlook in acquiring new properties.
- Optimized site processes to ensure high team performance
- Determine areas of improvement for cost control and initiate change.
- Conduct investigations in all employee related matters.
- Traveled to multiple sites to manage, address and resolve all operational issues company wide.
- Defined employee functions and kept individuals on task with training and motivation
- Facilitate employee growth through a culture of openness, continuous feedback, and a practice of consistent and prompt feedback.
- Implemented safety policies to reduce or eliminate incidents improve risk management
- Outlined site policies and optimal work and safety procedures.
- Achieved 3/5 % sales growth to budget annually
- Consistently maintained best in company cost of goods to budgeted goals.
- Increased hourly efficiency reducing labor costs by 2% while maintaining quality and service
- Facilitated vendor relationships for purchasing and cost control capitalizing on the economy scale.
- Analysed sales statistics to properly forecast, schedule and control labor costs.
George Heinemann

- Held key leadership role in the restaurant’s start-up including menu development, pricing, operational procedure development, building design, and restaurant workflow planning.
- Exceeded unit weekly sales expectations to $90,000 during the higher volume season.
- Worked seamlessly providing Hotel room service to 800 rooms high customer satisfaction

General Manager 24 Hour Restaurant

- Responsible for the restaurant operation
- Preparing & processed new hire documentation, background screenings and reference checks.
- Scheduling, training, motivating employee’s
- Implemented new on-boarding process for all new hires.
- Performed new hire orientations and trainings.
- Hands on in all aspects of the operation
- Outlined site policies and optimal work and safety features
- Consistently maintained best in company cost of goods to budgeted goals
- Developed full service all occasion catering specializing in weddings and corporate events with annual sales of 300K

General Manager

- New operations team trainer restaurant, bar, bakery. Traveled to multiple sites troubleshooting.
- Manager training location
- Facilitate employee growth through a culture of openness, continuous feedback, and a practice of consistent and prompt feedback.
- Determine areas of improvement for cost control and initiate change.
- Consistently maintained best in company standards, cost of goods to budgeted goals.
- Facilitated vendor relationships for purchasing and cost control capitalizing on the economy scale.
- Wholesale bakery production for Costco and Air Force Bases
- Implemented safety policies to reduce or eliminate incidents improve risk management
- Defined employee functions and kept individuals on task with training and motivation

Education

West Valley College  San Jose, Ca. 9/1973-6/1975

- Business Management
- Economics

Technical Skills
Adobe, Point, and Microsoft Office Applications: Excel, PowerPoint, Word, Access, Publisher, Outlook, Micros, Cad Design, Electrical, Plumbing, Equipment Pm, Project Manage, Plans and Construction, Serve Safe

PROFESSIONAL ORGANIZATIONS AND AFFILIATIONS

Society for Human Resource Management (SHRM)
Sacramento Area Human Resource Association
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Company/Restaurant</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON YAKEL</td>
<td>President</td>
<td>The Original Mels</td>
<td><a href="mailto:donyakel@comcast.net">donyakel@comcast.net</a></td>
<td>916-768-9947</td>
</tr>
<tr>
<td>FERENC SZONY</td>
<td>CEO</td>
<td>Truckee Gaming</td>
<td>ferenc@truckee肩膀.com</td>
<td>775-348-2281</td>
</tr>
<tr>
<td>TOM CHAN</td>
<td>CEO</td>
<td>General Produce</td>
<td><a href="mailto:genproinc@aol.com">genproinc@aol.com</a></td>
<td>916-441-6431</td>
</tr>
<tr>
<td>PETE ALLEN</td>
<td>President</td>
<td>Envserv</td>
<td><a href="mailto:enserve@sbcglobal.net">enserve@sbcglobal.net</a></td>
<td>775-329-6291</td>
</tr>
<tr>
<td>VERN MARTIN</td>
<td>President</td>
<td>Food Service Design</td>
<td><a href="mailto:vern@martinreno.com">vern@martinreno.com</a></td>
<td>775-240-2637</td>
</tr>
<tr>
<td>CHRIS MCCUAN</td>
<td>Owner</td>
<td>Mc Cuan Metals</td>
<td><a href="mailto:mccuanmetals@att.net">mccuanmetals@att.net</a></td>
<td>775-846-5037</td>
</tr>
<tr>
<td>JIM GIBBS</td>
<td>Owner/GM</td>
<td>Black Bear Diner</td>
<td><a href="mailto:jimgibbs_12@hotmail.com">jimgibbs_12@hotmail.com</a></td>
<td>916-677-9151</td>
</tr>
<tr>
<td>CHRIS CORDA</td>
<td>Owner</td>
<td>Hacienda Restaurant Folsom</td>
<td><a href="mailto:agedwine53@hotmail.com">agedwine53@hotmail.com</a></td>
<td>916-300-1800</td>
</tr>
<tr>
<td>STEPHEN WILLIAMS</td>
<td>Owner</td>
<td>Hillcrest Hospitality</td>
<td>Redwood Rotisserie</td>
<td>775-750-3605</td>
</tr>
<tr>
<td>ROB MEDEIROS</td>
<td>President</td>
<td>Boomtown Casino</td>
<td><a href="mailto:rmedeiros@btreno.com">rmedeiros@btreno.com</a></td>
<td>775-345-8710</td>
</tr>
</tbody>
</table>
JESUS "CHUY" GUTIERREZ

764 S. Virginia Street   Email: fresh.mex@live.com   Phone: (775) 322-6866
Reno NV 89501        Cell: (775) 287-6391

Married with two children.

Education

Universidad of Reno Nevada
Small Business Next Level

Truckee Meadow Community College
Culinary

Hug High School

Reno Sparks Chamber of Commerce

Community Involved

Professional Experience

2000 to present
Restaurant Chef Owner

1980 to 2005
Chef
ElDorado Hotel and Casino
Silver Legacy Hotel and Casino
AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 14, 2017

DATE: December 4, 2017

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. 2017 Year in Review

Upon review of the AQM 2017 activities, it became obvious the word of the year was Ozone. The challenge has been coordinating and balancing staff efforts in multiple directions at all levels of engagement, local, regional, and national. AQM has participated in efforts to reduce local sources of ozone, achieve attainment of the new National Ambient Air Quality Standard, and set plans in place to allow for future development without jeopardizing the overall health of the community, both citizens personal health and the economic health of the region.

   National - The challenges of a new Federal Administration reached down to the local level almost immediately. A proposed 30% cut to the local air grants resulted in letters being sent to the Nevada Congressional members to defend the funding of the air program. At this time, the efforts seem to have been well received as the House proposed level funding for FY18 and the Senate has actually proposed a 10% increase in the state/local air grants. The reality is nothing is secure until the final budget is adopted, so staff will remain vigilant.
The Administration added a few other challenges with the implementation of the 2015 ozone standard by postponing the October 1st effective date for a year on June 6th and then reversing the decision on August 2nd. In preparation for the new standard, AQM staff put in a herculean effort to submit two Exceptional Events Demonstrations to exclude wildfire impacted ozone data from the 2015 and 2016 California and Northwestern States fires. The wildfire ozone demonstrations became the first of their kind in the country to receive EPA concurrence under the new Exceptional Events Rule and Guidance. As a result, EPA has cited these demonstrations as a great example of solid technical work for other air agencies. AQM staff has been invited to present at a number of regional and national air agency coalition meetings to share insight on the path to a successful demonstration.

**Regional** - AQM participated in efforts to reduce emissions from heavy duty diesel trucks by signing the South Coast Air Quality Management District petition to EPA to establish ultra-low NOx (nitrogen oxides) emission limits. Recognizing on-road vehicles are the largest source of emissions in Washoe County and the current growth in warehousing, reducing emissions from heavy duty trucks will provide a significant emissions reduction for the Truckee Meadows. Following the submittal of the petition and meetings with EPA, the decision was made to grant the petition and begin the process of establishing the lower emission standards.

**Local** – Local efforts to reduce ozone have been focused on the implementation of the Ozone Advance Program through the development and submittal of the Path Forward. The goals in the Path Forward focus on reducing emissions from on-road and non-road motor vehicles; reducing the heat island effects that contribute to the formation of ozone; increasing the efficiency of buildings; and expanding air quality education and outreach programs. Staff has been successful in bringing these air quality issues into the regional planning efforts to help shape the future of the community with a focus on health in all policies.

As we celebrate 2017 and prepare for the challenges of 2018, AQMD is committed to our mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County. As always, we’ll work to help our community *Keep it Clean.*

Charlene Albee, Director
Air Quality Management Division
2. Divisional Update

a. Below are two charts summarizing 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 that the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, please visit OurCleanAir.com.
3. Program Reports

a. Monitoring & Planning

October and November Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the months of October and November 2017.

Upcoming Air Monitoring Network Modifications: The AQMD operates and maintains an air monitoring network in accordance with Code of Federal Regulation (CFR) requirements. Air pollutant data are collected 24/7 and used daily to inform the public of the AQI and wintertime burn codes. Data are also used to determine attainment or non-attainment with the NAAQS. The Environmental Protection Agency (EPA) ensures the monitoring program continues to meet these objectives through review of AQMD’s “Annual Network Plan” and triennial Technical System Audits. Any change to the network must be approved by EPA. EPA is currently reviewing and expected to approve a modification request. The request is to discontinue PM10 monitoring at the Plumb-Kit and South Reno stations. PM10 monitoring currently exceeds CFR requirements. This modification will also build capacity at two new stations - 1) Spanish Springs, which opened in 2017, and monitors for ozone, PM2.5, and PM10, and 2) West Reno, which is planned to be collecting ozone, PM2.5, and PM10 data in 2020. These modifications will provide better geographic coverage of southern Washoe County. Additional information about the AQMD’s monitoring program can be found at OurCleanAir.com under “Ambient Air Monitoring”.

Southwest Exceptional Events Working Group: AQMD Staff actively participate in this working group, most recently in November prior to the California Desert Air Working Group conference in Reno. It’s comprised of representatives from local/state air agencies in Nevada, California, and Arizona. EPA and the California Air Pollution Control Officers Association are also participants. The southwestern United States is vulnerable to wildfire PM2.5, wildfire ozone, high-wind PM10, and haboob PM10 exceptional events. Collaboration through this working group will help streamline the exceptional events demonstration process.

Daniel K. Inouye
Chief, Monitoring and Planning
b. Permitting and Enforcement

<table>
<thead>
<tr>
<th>Type of Permit</th>
<th>2017</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
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<td>October</td>
<td>YTD</td>
</tr>
<tr>
<td>Renewal of Existing Air Permits</td>
<td>74</td>
<td>900</td>
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<tr>
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<td>2</td>
<td>51</td>
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<tr>
<td>Dust Control Permits</td>
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<tr>
<td>(160 acres)</td>
<td>(2363 acres)</td>
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<td>(7 replacements)</td>
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<td>WS Notice of Exemptions</td>
<td>1294</td>
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<tr>
<td>(11 stoves removed)</td>
<td>(70 stoves removed)</td>
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<tr>
<td>Asbestos Assessments</td>
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<td>887</td>
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<tr>
<td>Asbestos Demo and Removal (NESHAP)</td>
<td>24</td>
<td>210</td>
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</table>

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

In October

Staff reviewed twenty-eight (28) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- In September gas station inspections were no longer separated as a single inspection category, but have been incorporated into the monthly inspection assignments.

Staff conducted sixty-two (62) stationary source inspections and five (5) initial compliance inspections in October 2017. Staff was also assigned twenty six (26) new asbestos related projects and seven (7) new construction/dust projects to monitor. Enforcement staff continues to monitor each asbestos and construction project until the projects are complete and the permit is closed.
<table>
<thead>
<tr>
<th>COMPLAINTS</th>
<th>2017</th>
<th>2016</th>
<th></th>
<th>Annual Total</th>
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<td>1</td>
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<tr>
<td>Odor</td>
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<td>13</td>
<td>1</td>
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<td>Spray Painting</td>
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<td>0</td>
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<td>Permit to Operate</td>
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<td>Woodstove</td>
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<td>Type of Permit</td>
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<td>2016</td>
<td></td>
<td></td>
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<tr>
<td>--------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td></td>
<td></td>
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<td>Renewal of Existing Air Permits</td>
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<tr>
<td>Dust Control Permits</td>
<td>16 (175 acres)</td>
<td>163 (2538 acres)</td>
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<td>Wood Stove (WS) Certificates</td>
<td>37</td>
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<td>434</td>
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<td>WS Dealers Affidavit of Sale</td>
<td>7 (4 replacements)</td>
<td>47 (35 replacements)</td>
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<td>81 (57 replacements)</td>
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<td>1148 (10 stoves removed)</td>
<td>8890 (80 stoves removed)</td>
<td>157 (10 stoves removed)</td>
<td>7523 (66 stoves removed)</td>
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<tr>
<td>Asbestos Assessments</td>
<td>74</td>
<td>961</td>
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<td>Asbestos Demo and Removal (NESHAP)</td>
<td>19</td>
<td>229</td>
<td>15</td>
<td>261</td>
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Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

In November

Staff reviewed forty-seven (47) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff has issued an Authority to Construct for the Air Curtain Incinerator (ACI) that was recently purchased by the Truckee Meadows Fire Protection District. Use of the ACI is mutually beneficial in that it helps to decrease the amount of smoke generated from the burning of vegetative matter, but also reduces the amount of fire on the ground and thus the chance for escape. All waste incinerators are classified by the Clean Air Act as major source polluters and therefore require a Title V, Part 70 permit. Now that we have this type incinerator in Washoe County AQMD is building a new component to our Part 70 rule. This new component will streamline the permitting of incinerators within Washoe County.
Staff conducted fifty six (56) stationary source inspections and two (2) initial compliance inspections in November 2017. Staff also were assigned twelve (12) new asbestos related projects and seven (7) new construction/dust projects to monitor. Enforcement staff continues to monitor each asbestos and construction project until the projects are complete and the permit is closed.

<table>
<thead>
<tr>
<th>COMPLAINTS</th>
<th>2017</th>
<th>2016</th>
<th>Annual Total</th>
</tr>
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<td>November</td>
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<tr>
<td>Asbestos</td>
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<tr>
<td>Burning</td>
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<td>9</td>
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<tr>
<td>Construction Dust</td>
<td>1</td>
<td>39</td>
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<td>Dust Control Permit</td>
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<tr>
<td>General Dust</td>
<td>1</td>
<td>53</td>
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<tr>
<td>Diesel Idling</td>
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<tr>
<td>Odor</td>
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<td>15</td>
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<tr>
<td>Spray Painting</td>
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<td>11</td>
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<td>Permit to Operate</td>
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<tr>
<td>Woodstove</td>
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<td><strong>TOTAL</strong></td>
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<th>YTD</th>
<th>November</th>
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<td>Citations</td>
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<td><strong>17</strong></td>
<td>0</td>
<td><strong>40</strong></td>
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*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
Chief, Permitting and Enforcement
Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: December 14, 2017

DATE: December 1, 2017  
TO: District Board of Health  
FROM: Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
SUBJECT: Divisional Update – World AIDS Day; Nurse Family Partnership; Data & Metrics; Program Reports

1. Divisional Update

   a. World AIDS Day –

December 1st marks the 29th annual observance of World AIDS Day, an international event dedicated to bringing awareness to advances in HIV/AIDS prevention and care, as well as celebrating the lives of those impacted by HIV. This year’s national theme, “Increasing Impact through Transparency, Accountability, and Partnerships” reflects the role of moving the epidemic from crisis to control through partnerships at the local, state, national and global levels. Of significance is the extensively researched role that medication plays in halting HIV transmission or acquisition, an unprecedented moment in the HIV response. As control of the epidemic develops through biomedical prevention strategies, it is within our collective ability to lay the groundwork to eliminate the epidemic.
Strong data supports the importance of identifying those infected with HIV that may not be aware of their status through testing. This includes targeted testing provided by local health departments and community based organizations, as well as engaging health care providers to offer broad based, opt-out testing in their clinical practices. The CDC recommends that everyone between the ages of 13-64 have at least one HIV test and then obtain testing more often, depending on an individual’s sexual and needle sharing risk.

Of the 1.2 million people living with HIV (PLWH) in the US, an estimated 86% were diagnosed, leaving 1 in 7 people living with HIV unaware of their infection. An estimated 40% of PLWH were engaged in HIV medical care, with 37% prescribed HIV medication. Of those, 30%, only 3 out of 10 PLWH, had achieved viral suppression due to taking their medication and being consistently engaged in HIV care. Unequivocal data indicates that when a person has achieved at least six months of viral suppression and maintains suppression, they are unable to transmit the virus. Conversely, being unaware of HIV status, and thus, not in HIV care and on medication, is a major contributor to HIV transmission. Studies estimate that 30% of new HIV infections are from people that are infected, yet unaware of their HIV status because they have not been tested.

An additional prevention tool has been proven to reduce HIV acquisition by up to 96%. HIV negative individuals that are at high risk for HIV acquisition can take an HIV medication as a pre-exposure prophylaxis (PrEP). Northern Nevada HOPES as well as other community providers have implemented PrEP. Activities that support the PLWH achieving sustained viral suppression and engage high-risk HIV negative individuals to initiate PrEP are being recognized as strategies that will turn the tide of the epidemic, if fully supported.

WCHD’s Sexual Health Program provides comprehensive HIV prevention and surveillance services that support identifying people at risk for HIV infection and those infected with HIV. Linkage to HIV care and supportive services, as well as partnering with HIV care providers to promote retention to care among newly diagnosed contribute to decreasing HIV transmissions in Washoe County. Staff also engage in activities to identify PLWH whom are out of HIV care and work with community partners and the client to reduce the barriers that may challenge active
engagement in care. In addition, partnerships with Northern Nevada HOPES and other community HIV specialists assist in the facilitation of linkage and retention to HIV care.

As an integrated program with STD and Family Planning, individuals that may benefit from addition risk reduction counseling and prevention education are given a “warm handoff” to HIV staff for the additional attention. HIV staff focus heavily on onsite testing of HIV and STDs at venues where high-risk populations are known to congregate. This free, confidential option for testing helps increase access and availability for community members. Utilizing rapid HIV testing, where the results are available within 15-20 minutes, also decreases barriers to testing. WCHD refers clients to HOPES to initiate PrEP and will also work with the client’s primary care provider regarding education for PrEP initiation and follow up.

Since 1983, a total of 1,549 cases of HIV infection have been reported in Washoe County, with 996 cases of advanced HIV infection, AIDS, being reported. The majority of cases are among males, of which the largest reported risk category are among men who have sex with men (MSM). In 2016, the majority of HIV cases were among 20-39 year olds. People of color continue to be disproportionately impacted by HIV infection, with Blacks representing a rate of 18 per 100,000 population, Hispanics’ rate of 14 per 100,000 population, American Indian/Alaskan Natives rate of 14 per 100,000 population compared to Whites reporting a rate of 7 per 100,000 population of HIV cases reported in 2016. AIDS cases have dramatically decreased due to the increased access to more effective anti-retroviral therapy that may halt a PLWH progressing to an AIDS diagnosis, or advanced HIV disease.

Rate of Reported Cases of HIV Infection, Washoe County, 2007-2016.

![Rate of Reported Cases of HIV Infection, Washoe County, 2007-2016.](image)

Reported Cases of HIV Infection by Exposure Category Represented as Percent of Total Cases, Washoe County, 2007-2016.
MsM (203)  IDU (30)  MsM/IDU (21)  Hemophiliac (1)  Heterosexual (68)  Blood Transfusion (2)  Not Identified (22)

58.5  8.6  6.1  0.3  19.6  0.6  6.3

Risk Factor

Source: WCHD, 2016 Annual Communicable Disease Summary Report.

**Nurse Family Partnership** – In February 2014 the District Board of Health accepted the Fundamental Review that had been conducted in 2013. In the review, it was recommended that “Consideration should be given to revamping the [perinatal home visitation] program to increase its overall efficiency, ability to generate revenue, and fidelity to a well evaluated effective model. If these changes cannot be accomplished, consideration should be given to discontinuing the program and investing in other impactful areas.” As there was no additional funding at that time to implement an evidence based Maternal Child (MCH) home visitation program, the program was phased out in the summer of 2014, with resources being distributed to other programs in CCHS. Consideration to implement an evidence based MCH home visitation program was discussed should an opportunity arise and funding identified.

Linda Gabor, MCH program supervisor, was contacted by the State’s Home Visiting Program asking the Health District to apply for funding to begin a MCH evidence based program, Nurse Family Partnership (NFP). While it was a somewhat hurried process with a very tight turnaround time, CCHS management partnered with Administrative Health Services and the District Health Officer to develop and submit a NFP application by December 1, 2017.

Funding for this program is a combination of monies from NFP, a private foundation that works with a variety of entities, and matching funds from the State’s Home Visiting Program. This grant is for a three year cycle, and we’ll be working the State to seek out additional funding sources to sustain the program, including Medicaid reimbursement for services, beyond the initial three years.

NFP’s mission is to positively transform the lives of vulnerable babies, mothers and families, and their vision is a future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken. We believe that both are a great fit with the Health District’s vision of a healthy community, and our vision to protect and enhance the well-being and quality
of life for all in Washoe County. We are very excited at this grant opportunity, and the positive and meaningful impact it would have for our community.

b. Data/Metrics

![Number of Visits by Program October 2016 and October 2017](image1)

![Number of Visits by Program November 2016 and November 2017](image2)
October data was unavailable at the time this report was written, but will be included in the January report.

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

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

## 2. Program Reports – Outcomes and Activities

a. **Sexual Health** – Staff participated in a program site visit with the Division of Public and Behavioral Health (DPBH). DPBH recommended re-evaluating the methodology for WCHD Outbreak Response Standard Operation Procedures (ORSOP) as the current ORSOP has not allowed WCHD to be out of outbreak status for syphilis since August 2013. Staff is working with EPHP to re-evaluate the methodology in order to improve allocation of resources and better track successful interventions. Staff also participated in an HIV site visit with DPBH in October with favorable results.

Staff attended the 18th Annual Autumn Update, Networking for HIV Care November 18th and November 19th. Topics presented included new information and concepts including treatment as prevention, that an undetectable viral load equals an un-transmittable virus, and the reinforcement of CDC’s recommendation of Pre-exposure prophylaxis (PrEP) for HIV infection as a prevention strategy.

b. **Immunizations** – Staff administered 97 vaccinations to 55 participants (12 children and 43 adults) at the Binational Health Week Event on Saturday, October 14, 2017. Sixty-three doses of flu vaccine were also administered at the Northern Nevada Children’s Cancer Foundation on October 17, 2017.
The School Located Vaccination Clinic (SLVC) season was kicked off at the Mariposa Academy on October 18, 2017, where a total of 99 doses of flu vaccine were administered to 55 children and 44 adults.

Six SLVCs were conducted in November, in partnership with Immunize Nevada, Washoe County School District and the State of Nevada Immunization Program. A total of 460 doses of flu vaccine were administered to 405 children and 55 adults. An additional 12 schools are scheduled in December 2017 – January 2018.

Staff attended the Nevada Health Conference in Henderson, Nevada, November 13-14, 2017. Staff attended a variety of sessions such as immunization updates, pertussis outbreak management, social determinants of health, maternal, child and adolescent health issues, as well as insurance billing and coding. Three staff were awarded scholarships by Immunize Nevada to attend this conference.

The immunization clerical area began utilizing a phone queue on November 29, 2017, to improve customer service, as had been successfully implemented in our Central Clinic in September 2017. Staff are expecting increased client satisfaction through this improved appointment scheduling process.

c. **Tuberculosis Prevention and Control Program** – Staff participated in an informal site visit with the Division of Public and Behavioral Health in October. The meeting enabled staff to meet the new Nevada TB Controller and Program Manager for the State, Susan McElhany, DMD. Currently staff have been preparing for the Annual TB Cohort Review that was hosted Thursday, November 30, 2017, at Washoe County Health District. There have been 17 active TB cases so far this year, and nine clients are presently receiving direct observation therapy. The TB team has experienced quite the diversity in disease sites this year with 10 pulmonary cases, three lymph node, two peritoneal (one with pulmonary and peritoneal), one spine also called Pott’s disease and two ocular cases.

d. **Family Planning/Teen Health Mall** – Staff participated in a site visit with the National Family Planning & Reproductive Health Association (NFPRHA). NFPRHA is a nonprofit membership organization established to ensure access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all. NFPRHA provided technical assistance for billing, coding, and other program related issues.

Christine Ballew, APRN, attended Contraceptive Technology training in Atlanta the week of October 30, 2017. Lisa Lottritz, Program Supervisor, is attending the NFPRHA seasonal meeting in New Orleans the week of December 4, 2017.
On November 27, 2017, staff provided education on abstinence, pregnancy choices, and birth control methods for teens at a local charter school and at Washoe County Juvenile Services.

e. **Chronic Disease Prevention Program (CDPP)** – The team is excited to welcome Huong Ngo to Intermittent Hourly Health Educator from Public Service Intern and welcomed Jordan Thomas as Public Service Intern. Both will be working on tobacco prevention and control activities.

Staff participated in an evaluation of bike share options with key community representatives. Among other potential benefits, bike share could increase levels of physical activity, decrease car emissions by reducing use, and improve public transit access and use.

CDPP staff celebrated the Great American Smoke Out on November 16, 2017, at Truckee Meadows Community College (TMCC). CDPP continues to work with TMCC as they educate students, staff and faculty about a tobacco free campus.

f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended a variety of trainings during this reporting period including Ages and Stages Questionnaire Training on October 6, 2017, National Governor’s Association – Improving Birth Outcomes: Addressing Substance Abuse on November 8, 2017, and a National Drug Endangered Children (DEC) presentation on November 15, 2017.

Reports have been requested from the State of Nevada to follow up on findings from the FY2017 FIMR report.

g. **Women, Infants and Children (WIC)** – After a full week of training by the entire WIC team, a new electronic records system was implemented in the on November 6th. The system, NV WISH, is being rolled out statewide and should increase efficiencies, reduce the need for paper records, and allow for increased communication among clinics. While there have been a few unexpected bumps staff have embraced the new system and are looking forward to eliminating all paper records over the next 6 months.
DATE: December 1, 2017  
TO: District Board of Health  
FROM: Chad Warren Westom, Division Director, Environmental Health Services (EHS)  
775-328-2644; cwestom@washoecounty.us  
SUBJECT: EHS Division and Program Updates – Community Development, Food, Land Development, Safe Drinking Water, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- NDEP, WCHD, and TMWA have negotiated an agreement and a waiver was issued on December 4, 2017, by WCHD, with NDEP support, to TMWA. The waiver exempts TMWA from the Health District Review of Water Projects for water main additions of 500 lineal feet or less (that are not associated with NRS/NAC 278 requirements for tentative or final maps) for TMWA System 190. Work on this priority has been completed.

- For Process Improvement, the City of Reno has agreed to provide daily delivery of commercial plans to the Health District to expedite the review process.

- The Health District is working with the City of Reno to establish an agreement for financial support from the City’s Building Enterprise fund to support Health District staff engaged in commercial plan review associated with economic development activities in the City of Reno.

PROGRAM UPDATES

Community Development

- The Health District routinely attends standing meetings at the City of Reno for Planning and Development at 8am every Monday. These meetings are drop-in and available for the development community to discuss ideas, present potential projects, or discuss current projects and issues under review.

- The Health District currently attends pre-development meetings scheduled up to twice a month with Washoe County Planning and Engineering to allow for potential development to hear concerns and issues from staff and to provide additional guidance and options for those projects and future development.

- Staff is working with all three building divisions on process and plan review improvements to help maintain consistent plan review processes and aid in the movement of plans.

- Currently all new commercial plans are reviewed in an average of 12.6 business days and revisions are completed within an average of 10 business days.
• Please see the Community Development table below for the specific number of plans per program, inspection, and the number of lots or units that were approved by month for construction within all of Washoe County:

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Food

• The Food Safety Program was selected to participate as a mentor in 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 has been matched with Mahoning County Board of Health, OH as the mentee. The Food Safety Program will provide guidance to the mentee on the development and implementation of a food inspection quality assurance program. The Mentorship Program award will also provide funding for: staff to attend the 2018 National Environmental Health Association (NEHA) Annual Educational Conference, three staff to sit for the Registered Environmental Health Specialist (REHS) exam, and educational outreach promotional items. Activities outlined in the work plan for the NACCHO Mentorship Program meets criteria of Standard 2 - Trained Regulatory Staff and Standard 7– Industry and Community Relations.

Pignic Pub & Patio, located at 235 Flint Street in Reno, had its Food Establishment permit suspended on November 17, 2017, because of their noncompliance and evidence of a substantial health hazard. Their bar permit remains in effect.

Pignic Pub & Patio will have a Variance Hearing on December 7, 2017. They are requesting a variance from Sections 200.055(B), Section 200.055(E), and Section 060.205(A) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. Pignic desires to allow customers to cook, baste and season food items they bring with them, rather than acquiring or purchasing the food items from the permitted food establishment. They also seek to allow customers grilling outside to use household type refrigerators and other equipment that is the required commercial grade equipment certified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

The background of the Pignic Pub & Patio, leading up to the Variance Hearing, is as follows. On October 9, 2014, Washoe County Health District (WCHD) staff issued a permit to operate a restaurant for Pignic Pub & Patio located at 235 Flint Street in Reno. It was noted during the permit issuance that Pignic Pub & Patio intended to conduct all cooking outdoors on grills and one electric range as well as allow patrons to bring and cook their own food.

In June 2015, the Washoe County District Board of Health approved a comprehensive revision of their regulations governing food establishments which included requirements that operators submit operational plans for certain activities such as barbecuing and special processes. New provisions also provided for conducting certain outdoor foodservice activities without having to meet standard “brick and mortar” construction requirements or having to routinely obtain temporary food permits. While these provisions became effective in June
2015, the WCHD has systematically addressed compliance, including operational plan submittal requirements, during permit issuance (new facilities) and annual routine inspections (existing facilities).

On June 15, 2016, WCHD staff conducted an annual routine inspection at which time several violations were noted, including two (2) critical items. It was also documented that no CFPM’s were on-site at the time of the inspection. As a Risk Category III facility, Pignic Pub & Patio is required to have a CFPM on-site at all times the facility is in operation. A re-inspection conducted June 23, 2016 validated that all items noted during the June 15, 2016 routine inspection had been corrected.

On February 1, 2017, WCHD staff conducted a site visit based on information that the facility was hosting a weekly event that included customers bringing food to share with other customers (i.e. potlucks). Because foods prepared in a private home and served at a food establishment are not considered to be from an approved source, Pignic Pub & Patio was issued a notice to cease and desist all potluck related activities at the facility. Subsequent to the notice, Pignic Pub & Patio advertised a “Valentine’s Day Edition Spaghetti Potluck” that included side dishes provided by guests. WCHD staff conducted a second site visit on February 13, 2017 and informed the operator that the notice to cease and desist all potluck related activities at the facility was still in effect. At the time of the second site visit, staff also addressed proper service of “communal” foods which were being prepared by Pignic Pub & Patio and provided to customers. Specifically, staff required that all foods being served communally be accompanied by tongs, toothpicks, spoons, etc. to prevent potential cross-contamination by customers serving themselves.

On February 14, 2017, WCHD staff conducted a site visit to validate compliance with the notice to cease and desist issued on February 1, 2017. Pignic Pub & Patio was noted as being compliant with the notice to cease and desist; however, staff observed bare hand contact with ready-to-eat foods (employees were chopping lettuce with bare hands) which is a critical item.

On February 23, 2017, WCHD staff conducted an annual routine inspection at which time several violations were noted including three (3) critical items that were required to be corrected on-site in order for Pignic Pub & Patio to remain in operation. In addition, 17 non-critical items were noted as being out of compliance including repeat violations from previous inspections (e.g. no CFPM on-site). Pignic Pub & Patio was also issued a notice to cease and desist outside barbecuing activities until such time as they had an approved operational plan.

On March 14, 2017, WCHD staff conducted a re-inspection and noted that several items from the February 23, 2017 inspection had not been corrected.

On March 27, 2017, WCHD staff conducted a second re-inspection (fee assessed) and noted that several items noted from the February 23, 2017 inspection had still not been corrected. The permit was suspended pending correction of all noted violations.

On April 13, 2017, WCHD staff conducted a third re-inspection (fee assessed) and noted that most of the remaining non-critical items had been corrected. The permit was reinstated with the requirement to correct the remaining items by April 20, 2017. WCHD staff also reiterated the continuation of the cease and desist notice regarding outdoor barbecuing activities as well, and required them to submit an operational plan.

On October 8, 2017, WCHD staff conducted a temporary food permit inspection for Rawbry at the Pignic Pub & Patio. During the inspection, it was noted that Pignic Pub & Patio was conducting barbecuing activities in violation of the cease and desist order issued on February
1, 2017. Due to the temporary food event occurring at Pignic at the time, staff completed a food safety inspection on Pignic’s foodservice activities and required them to retroactively obtain a temporary food permit. On October 10, 2017, a representative from Pignic Pub & Patio submitted the required temporary food application and remitted payment. Pignic Pub & Patio was also required to apply for two additional temporary food permits for events planned later that week.

On October 18, 2017, WCHD staff met with Mr. Ryan Goldhammer (owner of Pignic Pub & Patio) to discuss a variety of operational issues. On that day, Pignic Pub & Patio was also issued a notice to cease and desist cooking for customers on outside equipment, as well as allowing customers to bring their own food to the food establishment for preparation, storage, and service.

A representative of Pignic Pub & Patio subsequently addressed the Board of Health and met with the District Health Officer. Based on those communications, the District Health Officer agreed to hold the cease and desist notice issued October 18, 2017 in abeyance during the period that a variance was considered as long as both the variance was applied for, and the required operational plan was submitted by November 3, 2017. Pignic Pub & Patio submitted a variance application (without payment) and an operational plan. The Health District determined that both were insufficient to address the Health District’s concerns. Pignic Pub & Patio was encouraged to submit a revised variance request and apply for the variance, and they were required to submit an application for an outdoor food establishment.

Communications between Pignic Pub & Patio and the Environmental Health Services Division continued through November 14, 2017 at which time Pignic Pub & Patio was informed to submit and remit payment for a revised variance as well as submit an application for an Outdoor Food Establishment by early afternoon on Friday, November 17, 2017, in order to avoid enforcement action. When Pignic Pub & Patio did not submit or remit payment for a revised variance application or Outdoor Food Establishment application by early Friday afternoon on November 17, 2017 as requested, the Health District determined that sufficient progress had not been made and there was evidence of a substantial health hazard, so the permit to operate the restaurant was suspended in the late afternoon, pending submittal of written procedures that clearly define foodservice operations and how those operations will comply with pertinent food safety regulations.

Right after the suspension, a representative of Pignic Pub & Patio did submit a revised variance request and an application for an outdoor food establishment, but declined to remit payment at that time when notified that the permit suspension would remain in place until foodservice operations are clearly defined through approved applications (including variances) and operational plans. Payment for the variance request and outdoor food establishment application was remitted on Monday, November 20, 2017.

On November 6, 2017, the WCHD was informed by the City of Reno that Pignic Pub & Patio had been issued a cease and desist in June 2017 for using a non-licensed bar area in the attic. Operation of this area as a food establishment (including as a bar) would be a violation of WCHD regulations since it does not currently have a permit. During previous inspection of the facility, WCHD questioned the use of this area and was informed there were no keys available to unlock the door but that the area was office space only and that no food/beverage storage, service, or preparation was occurring. It is our understanding that plans have been submitted to bring the area in to compliance with the City’s requirements. The WCHD has not received an application to operate a second bar at Pignic Pub & Patio.
• **Special Events** – The final large scale special events of the year were Eldorado’s Great Italian Festival and Grand Sierra Resort’s Chili and Beer Festival, both of which occurred in October. With the close of the major outdoor event season, staff has focused attention on many craft fairs and tasting events that dominate the fall/winter season. Staff continues to track activities associated with the permitting of tasting events and intends to report results back to the District Board of Health (DBOH) in early 2018.

**Land Development**

• 785 septic plans have been received through December 1st versus 698 in 2016. For well plans, the numbers were 154 and 163 respectively. Well plans may have decreased because fewer well deepenings were needed after the record precipitation winter last year. With winter’s arrival slightly delayed, contractors continue to rush to get construction done and plans approved in order to place footings before the snow arrives.

• Accela record type testing has been delayed. Hopefully with the arrival of winter, work will resume on this shortly.

• Scanning of old paper copies of property information has begun. It is expected that by the end of the year, all old information will be transferred into digital format. Progress with Tech Services slowed due to construction activity and it is anticipated the project will resume in December.

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**Safe Drinking Water**

• All sanitary surveys were completed by the first week of November, meeting the team’s goal. Approximately ten reports are left to be written up and issued.

• The basic level of cross connection control trainings required by the State for its staff has now been completed by all team members. This was another goal of the group for the year. Trained staff will allow for better group discussions on approaches and consistency and should also improve efficiency into 2018.

**Vector-Borne Diseases**

• On June 23, 2016, the Vector-Borne Diseases Program provided a staff report to the Board of Health that included approval of an Interlocal Agreement between the Washoe County Health District and the City of Reno to stage, land and fly a helicopter at Fire Station 12. The purpose is for mosquito abatement of 700 acres in the South Meadows and Damonte Ranch area. In the fiscal section of the staff report it states that the helipad will be built in September 2016 by the Washoe County Roads Department with funds from CSD center 2116002. The helipad was not built during this period due to delays of approval from the FAA. The City of Reno also added requirements that included minimizing wash material from the landing and takeoff from the helicopter affecting Fire Station 12 and approval on the land use from Damonte Ranch. The staff report is to update the status to the City of Reno that the construction of the helipad will be built in 2018.
**Waste Management**

- The Household Hazardous Waste (HHW) collection event held by Waste Management and partnered with Clean Harbors collected over 51,000 pounds of HHW from the community on November 4, 2017. Types of waste collected included paints, toxic chemicals, and E-waste.

- Washoe County staff have received and reviewed the preliminary data collected from the first round of sampling from the Washoe County Waste Characterization Study. The second round of sampling is to occur in the Spring of 2018. A report compiling the data from the Fall 2017 and Spring 2018 event will be completed in the Summer of 2018.
DATE: December 4, 2017
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 October, the CD Program has opened 12 outbreak investigations. Of these outbreaks, nine (9) are viral gastroenteritis in schools, two (2) are Hand, Foot, and Mouth Disease (HFMD) in day care facilities, and one (1) is a febrile illness with unknown etiology. As of November 29, four outbreak investigations are still open.

Aseptic meningitis outbreak – As noted in October, the CD Program has seen a significant increase in aseptic meningitis cases since July 15 of this year. An extremely significant increase occurred from late August and is still ongoing. Between July 15 and November 29, a total of 54 cases have been reported. Historically between 2005 and 2016, there was an average of 11 cases reported per year (range: 5-23 cases per year). Of the 54 cases reported since July 15, 72% are children. School aged children (5-17 years of age) account for 50%. Enterovirus has been confirmed as the etiology for this outbreak. Echovirus 30, a part of the Enterovirus family, is the strain confirmed by CDC and matched with the viral meningitis outbreak strain in Lassen County. Echovirus 30 is a common cause for viral meningitis in the United States according to CDC. In addition, a couple of cases had Echovirus 9. As of November 29, a total of 14 risk communications and interventions have been completed by the Outbreak Response Team (ORT) members, which resulted in more than 100 stories generated from local media outlets. This outbreak is still ongoing but slowing down. The CD Program continues working with ORT members for outbreak investigations and takes appropriate actions when clusters are identified.

Acute Hepatitis A – The CD Program investigated a case of acute hepatitis A in an employee of Trader Joe’s. The case worked as a stocker/cashier while infectious and not wearing gloves. The CD Program coordinated with the EHS team, the communication manager, Trader Joe’s, and the headquarter office of Trader Joe’s for risk communication. Before Thanksgiving, a total of 29 informational letters were distributed to customers by the store. The monitoring is ongoing until December 20.
**Overall Communicable Disease Investigations** – As of November 29, a year-to-date total of 1,085 cases of reportable general communicable disease (CD) requiring follow up by the CD Program have been recorded in the log. This number does **not** include influenza, STD, HIV, TB, or animal bites. By way of comparison, during the same time period in 2016 there were 701 cases. This represents a workload increase of 55% (1,085 records in 2017 vs. 701 records in 2016). The CD log is a real-time system for CD staff to document all cases being investigated or needing follow-up activities.

**Seasonal Influenza Surveillance** – For the week ending November 25, 2017 (CDC Week 47) 12 participating sentinel providers reported a total of 151 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.3% (151/6,545) which is below the regional baseline of 2.4%. During the previous week (CDC Week 46), the percentage of visits to U.S. sentinel providers due to ILI was 2.0%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.7% to 4.5%.

Eight death certificates were received for week 47 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 47 was 115. This reflects a P&I ratio of 7.0%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 47. This reflects an overall P&I ratio of 7.0% (47/668).

**2016 CD Annual Summary** – The 2016 CD Annual Summary was published online in October. The attached three-page Epi-News provides highlights of findings from this more than 100 page document. This publication is also a good example of inter-divisional collaborative work. The Epi-News is scheduled to be distributed to local medical providers on December 8, 2017.

**Public Health Preparedness (PHP)**

On November 16 the PHEP program, in collaboration with State PHP, gave a presentation on the local release procedures for the CHEMPACK to local stakeholders. The CHEMPACK program maintains forward deployed medical countermeasures for chemical and nerve agent events for rapid use by Emergency Medical Services (EMS) responders and Emergency Department physicians. The focus of this presentation was to re-introduce our local area providers with these countermeasures and to provide up-to-date information on how to access these pharmaceuticals in an emergency.

On November 22, the PHP program gave a presentation to the Emergency Preparedness Council (EPC) which both discussed the programmatic activities of the PHP program as well as how to start on the development of a government personnel surge plan. The intent of this plan is to identify government employees across multiple jurisdictions that may be available to staff emergency operations in a major event. As current government employees are background checked and already familiar with governmental operations, they can be a key human resource asset.

The PHP Public Health Emergency Response Coordinator (PHERC) participated in the initial Nevada Threat and Hazard Identification and Risk Assessment (THIRA). This assessment provides information back to the State of Nevada which is then provided to the Federal Government. This documents and provides direction for the allocation of federal resources through grants based on identified hazards and risks in our State.
Emergency Medical Services (EMS)
The protocols task force convened on October 13 to discuss the final steps and logistics for executing the regional protocols for eight Washoe County agencies. It was determined that the group would meet on a biannual basis to review and revise protocols. The Washoe County Regional EMS Protocols were signed by all Medical Directors and are scheduled for training and implementation by April 1, 2018.

The EMS Coordinator and fiscal staff met with the Projects Manager of the Nevada Governor’s Council on Developmental Disabilities to discuss expectations, quarterly reports and documentation of progress for the grant the EMS Oversight Program received for the federal fiscal year. The EMS program started working on its first grant objective: a short training video that provides tips to fire, law enforcement and EMS personnel when responding to calls involving individuals with developmental disabilities.

EMS staff participated in a functional exercise with four skilled nursing/long term care facilities in the region on October 16. One facility used the Mutual Aid Evacuation Annex (MAEA) tagging system to evacuate approximately 60 “patients” and distribute them to three receiving facilities. The exercise allowed for additional testing of our healthcare tagging system and resulted in only minor process modifications.

The EMS Coordinator attended the Fire Shows West Conference from November 6-9. This annual conference offers a range of courses and had tracks that included hazmat, command, leadership, safety and health and wellness. The conference provided an opportunity to learn more about on-scene coordination, fire/hazmat responses and the incident command system.

The region continues to work on alternative responses to low acuity/priority 3 calls for service. At the November 13 meeting the group finished reviewing omega determinants and continued the discussion on skilled nursing facilities with the possibility of expanding to look at all facilities with medical personnel on staff. The group also decided to wait until January to address alpha calls.

In an effort to standardize the training EPHP receives to respond to the Regional Emergency Operations center (REOC) during a disaster, the EMS Coordinator created an EOC Handbook. This document includes basic information about ICS, EOC operations and all documents needed for the medical unit leader (MUL) position.

The EMS Program Manager and EMS Coordinator attended a Mass Casualty Response training on November 16. The training was designed for victim advocates and their critical response role to a disaster. This was a quality opportunity to learn other perspectives on disaster planning and response.

The EMS Coordinator and EMS Statistician attended the annual EMS Chiefs luncheon at Incline Village during the annual paramedic refresher conference on November 30. This was a great opportunity to network with regional EMS leadership.

The ED Consortium met on December 1 and the agenda included a continued discussion of the hospital diversion policy, status 99 reports and increasing agency representation/attendance.
**REMSA Percentage of Compliant Responses**

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<tr>
<th>Month</th>
<th>Zone A</th>
<th>Zone B</th>
<th>Zone C</th>
<th>Zone D</th>
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<td>91%</td>
<td>100%</td>
<td>93%</td>
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<tr>
<td>September 2017</td>
<td>92%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
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<td>October 2017</td>
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<td>91%</td>
<td>100%</td>
<td>92%</td>
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<td><strong>YTD</strong></td>
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<td>93%</td>
<td>95%</td>
<td>100%</td>
<td>93%</td>
<td>92%</td>
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**REMSA 90th Percentile Responses**

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*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 exceed the 30:59 time requirement.*
District Health Officer Staff Report  
Board Meeting Date: December 14, 2017  

TO: District Board of Health  
FROM: Kevin Dick, District Health Officer  
       (775) 328-2416, kdick@washoecounty.us  
SUBJECT: District Health Officer Report – Water Projects, 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.

Water Projects

I provided a presentation to the NDEP Administrator and TMWA General Manager at a Concurrent Meeting held between Reno and Sparks City Councils, the Board of County Commissioners, and the TMWA Board on Water Project Plan review on November 6, 2017. EHS staff and I coordinated closely with NDEP and TMWA Administration and staff to continue to resolve issues with water project review. A thirty-day status report was provided on December 4, 2017 as requested by these bodies during the Concurrent Meeting.

Strategic Planning Update

District Board of Health (DBOH) held a strategic plan retreat on November 2, 2017. The strategic plan was refreshed and updated based on discussion and input at the meeting for acceptance by the DBOH at the December 14 meeting.

Public Health Accreditation

The PHAB team met on November 20th to review current progress and discuss breaking up internal due dates to distribute the work load of reviewing documents more evenly. Further documents have been submitted and we now have roughly 24 of the needed 213 documentation examples gathered. Staff will travel to the in-person Public Health Accreditation Board (PHAB) training in February 2018.

Quality Improvement

The QI team is working to revamp the project submission and charter forms to improve usability and increase utilization. CCHS has completed a large QI project to improve the phone answering system and is close to completing a Sexual Health staffing improvement project to increase program revenue and improve customer satisfaction.
Community Health Needs Assessment

Work continues to complete the Community Health Needs Assessment. Sections were distributed to subject matter experts for review and comment so their input can be incorporated in the final document. The CHNA is expected to be completed by the end of the month.

Community Health Improvement Plan

Data is being gathered to start drafting the 2017 CHIP Annual Progress Report which should be complete by early March 2018. While much of the data will be gathered by mid-December, key data from the Youth Risk Behavior Survey won’t be available until February to complete the 2017 Annual Progress Report.

Truckee Meadows Healthy Communities (TMHC) has agreed to serve as the backbone organization for development and implementation of a Community Health Improvement Plan. The approach was discussed during the November 30th TMHC Board Meeting. The identification of priorities for the plan and the establishment of Committees to further develop strategies, partnerships, and outcomes to achieve through the 2018-2020 CHIP will occur during the January 10, 2018 TMHC Steering Committee Meeting.

Truckee Meadows Healthy Communities

The IRS approved TMHC’s application for 501(c)(3) status. Sharon Zadra, TMHC Director, traveled to Baltimore Maryland December 4-6 with the TMHC Collaborating for Communities (C4C) Grant project team for a final meeting with the Arnold/Annie E Casey Foundations and the other 4 project teams from different communities across the country.

A combined meeting of the TMHC Board and Steering Committee occurred on October 31, 2017 for a presentation on the C4C grant project.

Other Events and Activities

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<tr>
<th>Date</th>
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<tr>
<td>10/31/17</td>
<td>EHS Staff Meeting with new EHS Division Director</td>
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<td>Special Joint Meeting-TMHC Board of Directors and Steering Committee</td>
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<td>10/31/17</td>
<td>Strategic Plan Preparation Meeting</td>
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<td>OnStrategy Strategic Plan Update Meeting</td>
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<td>11/2/17</td>
<td>Strategic Planning Retreat</td>
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<td>11/3/17</td>
<td>DD/DHO Board Member Meeting - EPHP</td>
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<td>11/3/17</td>
<td>UNR School of Community Health Sciences (SCHS) Advisory Board Meeting</td>
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<td>11/6/17</td>
<td>Concurrent Meeting-Water Projects</td>
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11/8/17  Department Heads Meeting
11/8/17  Nevada Health Authorities Conference Call
11/13/17  Strategic Plan Debrief Meeting with OnStrategy
11/14/17  Health District Base Budget Discussion with County Manager Representatives
11/14/17  Meeting with UNR SCHS Development Coordinator re: Board Scholarship Endowment
11/15/17  DHO/DD/Board Member Meeting – CCHS
11/16/17  Washoe County Strategic Plan-Quarterly Review w/Dave Solaro
11/29/17  NV Association of Local Health Officials (NALHO) Conference Call
11/30/17  TMHC Board of Directors Meeting
12/1/17  Assistant Manager Dave Solaro Monthly Meeting
12/4/17  WCHD Vector Program Meeting with City of Sparks
12/5/17  Accela Regional Project Management Oversight Group Quarterly Meeting
12/7/17  Washoe County Staff Recognition Breakfast
12/7/17  Food Protection Hearing and Advisory Board Meeting
12/7/17  Human Network Meeting w/Chair Jung
12/7/17  NV Health Authorities Conference Call
12/8/17  State Board of Health Meeting
12/12/17  Local Health Authorities meeting with NV HHS and DPBH Administration
12/13/17  Department Heads Meeting
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Press Releases/Media Advisories/Editorials/Talking Points

- 10/30/2017 Health District encourages free household hazardous waste... Ulibarri
- 10/30/2017 Keep It Clean-Know the Code-Burn Notifications begin ... Ulibarri
- 10/16/2017 More viral meningitis cases recorded in Washoe County Ulibarri
- 10/10/2017 Washoe County records second hantavirus case Ulibarri
- 10/3/2017 Viral Meningitis on the rise in Washoe County Ulibarri

Social Media Postings

- Facebook: AQMD/CCHS/ODHO 102 (CCHS 16 EHS 16 ODHO 3 AQM 67)
- Twitter: AQMD/CCHS 50 (AQM 46 CCHS 4)
- Grindr: CCHS 5
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11/29/2017    Westom named EHS Director for Washoe County Health District Ulibarri

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